**PRACTICAL PROBLEMS CHECKLIST**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle any area(s) of difficulty (*you may elaborate if you like*):

Addiction (alcohol, drugs, food, sex, porn, shopping)

Anxiety

Depression/Moodiness

Blaming others

Blaming self

Low energy/ Lack of motivation

Easily distracted

Hyperactivity

Disorganization/ Problems with organization

Time management issues/ Procrastination

Low Self-Esteem

Money management/ Impulsive spending/ Overspending

Poor temper control/ Anger management

Irritability

Daydreaming

Forgetfulness

Poor communication

Interpersonal relationship problems

Family of origin concerns or problems

Impatience

Risky behaviors

Problems sleeping

Overeating/ Undereating

Chronic pain

Impulsivity