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

**Individual Problem Checklist**

**Directions:**

**Put a number next to any item which you experience… 1 = Mildly, 2 = Moderately, 3 = Severely**

**Emotional Concerns**

\_\_\_Feeling anxious or uptight

\_\_\_Excessive worrying

\_\_\_Not being able to relax

\_\_\_Feeling panicky

\_\_\_Unable to calm yourself down

\_\_\_Dwelling on certain thoughts or images

\_\_\_Fearing something terrible is about to happen

\_\_\_Avoiding certain thoughts or feelings

\_\_\_Having strong fears

\_\_\_Worrying about a nervous breakdown

\_\_\_Feeling out of control

\_\_\_Avoid being with people

\_\_\_Fears of being alone or abandoned

\_\_\_Feeling guilty

\_\_\_Having nightmares

\_\_\_Flashbacks

\_\_\_Troubling or painful memories

\_\_\_Missing periods of time

\_\_\_Trouble remembering things

\_\_\_Feeling numb instead of upset

\_\_\_Feeling detached from all or part of body

\_\_\_Feeling unreal, strange or foggy

\_\_\_Feeling depressed or sad

\_\_\_Being tired or lacking energy

\_\_\_Feeling unmotivated

\_\_\_Loss of interest in many things

\_\_\_Having trouble concentrating

\_\_\_Having trouble making decisions

\_\_\_Feeling the future looks hopeless

\_\_\_Feeling worthless or a failure

\_\_\_Being unhappy all the time

\_\_\_Dissatisfied with physical appearance

\_\_\_Feeling self-critical or blaming yourself

\_\_\_Having negative thoughts

\_\_\_Crying often

\_\_\_Feeling empty

\_\_\_Withdrawing inside yourself

\_\_\_Thinking too much about death

\_\_\_Thoughts of hurting yourself

\_\_\_Thoughts of killing yourself

\_\_\_Frequent mood swings

\_\_\_Feeling resentful or angry

\_\_\_Feeling irritable or frustrated

\_\_\_Feeling rage

\_\_\_Feeling like hurting someone

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**Behavioral and Physical Concerns**

\_\_\_Not having an appetite

\_\_\_Eating in binges

\_\_\_Self-induced vomiting for weight control

\_\_\_Using laxatives for weight control

\_\_\_Eating too much

\_\_\_Eating too little

\_\_\_Losing weight – How much? \_\_\_

\_\_\_Gaining weight – How much?\_\_\_

\_\_\_Trouble Sleeping

\_\_\_Trouble Falling asleep

\_\_\_Early morning awakening

\_\_\_Sleeping too much

\_\_\_Sleeping too little

\_\_\_Number of hours I usually sleep: \_\_\_

\_\_\_Lack of exercise

\_\_\_Not having leisure activities

\_\_\_Smoking cigarettes

\_\_\_Often spending in binges

\_\_\_Temper outbursts

\_\_\_Aggressive toward others

\_\_\_Impulsive reactions

\_\_\_Trouble finishing things

\_\_\_Working too hard

\_\_\_Using alcohol too much

\_\_\_Being an Alcoholic

\_\_\_Using Drugs

\_\_\_Driving under the influence

\_\_\_Blackouts – after drinking

\_\_Yes \_\_No Have you ever out to cut down on your drinking or drug use?

\_\_Yes \_\_No Have people annoyed you by criticizing your drinking or drug use?

\_\_Yes \_\_No Have you ever felt bad or guilty about your drinking or drug use?

\_\_Yes \_\_No Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

**Intimate Relationship Concerns**

\_\_\_Feeling misunderstood in a relationship

\_\_\_Not feeling close to partner

\_\_\_Trouble communicating with partner

\_\_\_Not trusting partner

\_\_\_Lack of Respect by partner

\_\_\_Partner being secretive

\_\_\_Lack of fairness in relationship

\_\_\_Problems with dividing household tasks

\_\_\_Disagreeing about children

\_\_\_Lack of affection

\_\_\_Unsatisfactory sexual relationship

\_\_\_Lack of time together

\_\_\_Lack of sharing interests

\_\_\_Lack of positive interaction