



Individual Problem Checklist

Directions:

Select the number next to any item that describes your experience

1 = Mildly, 2 = Moderately, 3 = Severely

Emotional Concerns

	1	2	3
<i>Feeling</i> anxious or uptight			
Excessive worrying			
Not being able to relax			
<i>Feeling</i> panicky			
Unable to calm yourself down			
Dwelling on certain thoughts or images			
Fearing something terrible is about to happen			
Avoiding certain thoughts and feelings			
Having strong fears			
Worrying about nervous breakdown			
<i>Feeling</i> out of control			
Avoiding being with people			
Fears of being alone or abandoned			
Feeling guilty			
Having nightmares			
Flashbacks			
Troubling or painful memories			
Unable to calm yourself down			
Feeling anxious or uptight			

	1	2	3
<i>Feeling</i> depressed or sad			
Being tired or lacking energy			
<i>Feeling</i> unmotivated			
Loss of interest in many things			
Having trouble concentrating			
Having trouble making decisions			
<i>Feeling</i> the future looks hopeless			
<i>Feeling</i> worthless or a failure			
Being unhappy all the time			
Dissatisfied with physical appearance			
Feeling self-critical or blaming yourself			
Having negative thoughts			
Crying often			
<i>Feeling</i> empty			
Withdrawing inside yourself			
Thinking too much about death			
Thoughts of hurting yourself			
Frequent mood swings			
<i>Feeling</i> resentful or angry			
<i>Feeling</i> irritable or frustrated			
<i>Feeling</i> rage			
<i>Feeling</i> like Hurting someone			
Unable to calm yourself down			

Excessive worrying			
Not being able to relax			
<i>Feeling</i> panicky			
Unable to calm yourself down			
Dwelling on certain thoughts or images			
Fearing something terrible is about to happen			
Avoiding certain thoughts and feelings			
<i>Feeling</i> guilty			
Having nightmares			
Missing periods of time can't remember			
Trouble remembering things			
<i>Feeling</i> numb instead of upset			

Dwelling on certain thoughts or images			
Fearing something terrible is about to happen			
Avoiding certain thoughts and feelings			
Having strong fears			
Worrying about nervous breakdown			
<i>Feeling</i> out of control			
Avoiding being with people			
Fears of being alone or abandoned			
Flashbacks			
Troubling or painful memories			
<i>Feeling</i> detached from all or part of body			
<i>Feeling</i> unreal, strange or foggy			

Behavioral and Physical Concern

	1	2	3
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			
Aggressive towards others			

	1	2	3
<i>Working too hard</i>			
Using alcohol too much			
Being alcoholic			
Using drugs			
Driving under the influence			
Blackouts - after drinking			
Impulsive reactions			
Trouble finishing things			

Yes No Have you ever felt you ought 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 Relationships

	1	2	3
<i>Feeling</i> 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 shared interests			
Lack of positive interactions			
Lack of time with other couples			
Jealousy in relationship			
Problems with ex-partner			
Problems with step parents			

	1	2	3
Frequent arguments			
Trouble resolving conflict			
Partner being demanding and controlling			
Partner putting you down			
Violent arguments			
Emotional abuse in relationship			
Physical abuse in relationship			
Sexual abuse in relationship			
Partner having alcohol or drug problem			
Self or partner having an affair			
<i>Feeling</i> uncommitted to relationship			
Wanting to separate			
Discussing separating or divorce			
Problems with in laws			
Children having special problems			

Sexual Concerns

	1	2	3
Worrying about getting pregnant			
Having miscarriages(s)			
Choice of birth control			
Having an abortion			
Not able to become pregnant			
Not enjoying sexual affection			
Too tired to have sex			

	1	2	3
Too anxious to have sex			
Feeling a lack of sexual desire			
Wanting to have sex more often			
<i>Feeling</i> neglected sexually			
<i>Feeling</i> used sexually			
<i>Feeling</i> unable to have orgasm			
Being unable to sustain an erection			
<i>Feeling</i> negative about sex			

When Growing Up to Present Time

Being physically abused - by whom
 Being emotionally abused - by whom
 Being sexually abused - by whom
 Having an alcoholic parent - which
 Having a drug abusing parent - which
 Having a depressed parent - which
 Having a parent with emotional
 Problems having parents separate or divorce

1	2	3

Close family member dying - who
 Felt neglected or unloved - by whom
 Having an unhappy childhood
 Having serious medical problems - what
 having drug or alcohol problems
 Frequent moves
 Having learning problems - what
 Having emotional problems

1	2	3

Stresses During the Past Year

Death of a family member or friend - who
 Birth or adoption of child
 Self or family member hospitalized - who
 Moved
 Being harassed or assaulted
 Frequent family or couple arguments
 Separation/divorce
 An important relationship ending - who
 Losing or changing job
 Financial Trouble

1	2	3

Having attempted suicide - when
 legal problems
 Natural disaster
 Serious or chronic illness -what
 Other

1	2	3

Please state your goals for Therapy:

- 1.
- 2.
- 3.

Additional Comments: