



## 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:**