Problem Inventory
Women's Health Innovations of Arizona

CURRENT / PAST PROBLEMS

Check all that apply. (C = Current problem, P = Past problem)

C	P		C	P	
❑	❑	Marital relationship problems	❑	❑	Feeling the urge to do something unnecessary
❑	❑	Physical abuse	❑	❑	Checking, hand washing, hair pulling
❑	❑	Problems on the job			
❑	❑	Losing someone or something close to me (person, job, pet, moving, etc.)	❑	❑	People following me, out to hurt me, or talking about me
❑	❑	Problems with my children	❑	❑	People reading my thoughts
❑	❑	Sexual abuse	❑	❑	Hearing voices
❑	❑	Current problems from past sexual abuse	❑	❑	Thoughts being put into my head, controlling me, making me do things
❑	❑	Alcohol abuse			
❑	❑	Drug abuse	❑	❑	Special messages to me from TV or radio
❑	❑	Feeling guilty about past misdeeds	❑	❑	Feeling emotionally "numb"
❑	❑	Feeling that I am no good	❑	❑	Recurring nightmares
❑	❑	Feeling the need to get more sleep	❑	❑	Frequently feeling startled
❑	❑	Losing pleasure in my daily activities	❑	❑	Being troubled by painful memories
❑	❑	Often feeling restless or irritable			
❑	❑	Thinking about dying or killing myself	❑	❑	Parts of my body not functioning well
❑	❑	Trouble keeping my mind on a task	❑	❑	Feeling aches and pains all over my body
❑	❑	Feeling sad or "down in the dumps"	❑	❑	Often feeling sickly
			❑	❑	Fear of having or getting a disease
❑	❑	Preoccupied with sexual thoughts or urges			
❑	❑	Needing less sleep than usual	❑	❑	Problems with my memory
❑	❑	Spending sprees	❑	❑	Problems with knowing where or who I am
❑	❑	Trouble making myself slow down or talk less	❑	❑	Getting lost or confused
❑	❑	Fear of crowds or public places	❑	❑	Having trouble remembering my past
❑	❑	Specific fear of a thing or place	❑	❑	Finding things I don't remember having
❑	❑	Attacks of fearfulness where I feel I need to run	❑	❑	Feeling that I've lost time
❑	❑	Heart palpitations			
❑	❑	Chest pains or discomfort	❑	❑	Urges to do something harmful to myself or others
❑	❑	Feeling dizzy or unsteady			
❑	❑	Feeling things that aren't there	❑	❑	Urges to set fires
❑	❑	Tingling in hands or feet	❑	❑	Difficulty controlling my temper
❑	❑	Hot or cold flashes	❑	❑	Feeling anger or resentment
❑	❑	Trouble breathing			
❑	❑	Feeling trembly or shaking	❑	❑	Taking laxatives to control my weight
❑	❑	Fears of dying or going crazy	❑	❑	Vomiting to control my calorie intake
			❑	❑	Exercising frequently and vigorously
❑	❑	Feeling the urge to avoid certain places or objects	❑	❑	Fasting in order to control my weight
❑	❑	Feeling troubled by repetitive thoughts	❑	❑	Feeling helpless about my eating habits
❑	❑	Feeling anxious and nervous	❑	❑	Extreme changes in my weight
❑	❑	Worrying about things over and over			

Any other problems not mentioned above? _____

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