

## 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 about to happen
- \_\_\_ avoiding certain thoughts or feelings
- \_\_\_ having strong fears
- \_\_\_ worrying about a nervous breakdown
- \_\_\_ feeling out of control
- \_\_\_ avoiding being with people
- \_\_\_ fears of being alone or abandoned
- \_\_\_ feeling guilty
- \_\_\_ having nightmares
- \_\_\_ flashbacks
- \_\_\_ troubling or painful memories
- \_\_\_ missing periods of time - can't remember
- \_\_\_ 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

**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
- \_\_\_ # 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 alcoholic
- \_\_\_ using drugs
- \_\_\_ driving under the influence
- \_\_\_ blackouts - after drinking

\_\_\_ 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 Relationship Concerns**

- \_\_\_ feeling misunderstood in 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 interaction

- lack of time with other couples
- jealousy in relationship
- 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
- feeling uncommitted to relationship
- wanting to separate
- discussing separating or divorce
- problems with in-laws
- problems with ex-partner
- problems with step parents
- children having special problems

**Sexual Concerns**

- worrying about getting pregnant
- having miscarriage(s)
- choice of birth control
- having an abortion
- not able to become pregnant
- not enjoying sexual affection
- too tired to have sex

- too anxious to have sex
- feeling a lack of sexual desire
- wanting to have sex more often
- feeling neglected sexually
- feeling used sexually
- feeling unable to have orgasm
- being unable to sustain an erection
- feeling negatively 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

- close family member dying - who?
- felt neglected or unloved - by whom?
- having an unhappy childhood
- having serious medical problems - what?
- having drug or alcohol problem
- frequent moves
- having learning problems - what?
- having emotional problems
- having attempted suicide - when?

**Stresses During the Past Several Years:**

- death of 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
- legal problems
- natural disaster
- serious or chronic illness -what: \_\_\_\_\_
- other

**Please State Your Goals for Therapy:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Additional Comments:**