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 irrational 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: