

Name: _____ Date: _____

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: