

## 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    ☐ 1 ☐ 2 ☐ 3
- ☐ excessive worrying    ☐ 1 ☐ 2 ☐ 3
- ☐ not being able to relax    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling panicky    ☐ 1 ☐ 2 ☐ 3
- ☐ unable to calm yourself down    ☐ 1 ☐ 2 ☐ 3
- ☐ dwelling on certain thoughts or images    ☐ 1 ☐ 2 ☐ 3
- ☐ fearing something terrible about to happen    ☐ 1 ☐ 2 ☐ 3
- ☐ avoiding certain thoughts or feelings    ☐ 1 ☐ 2 ☐ 3
- ☐ having strong fears    ☐ 1 ☐ 2 ☐ 3
- ☐ worrying about a nervous breakdown    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling out of control    ☐ 1 ☐ 2 ☐ 3
- ☐ avoiding being with people    ☐ 1 ☐ 2 ☐ 3
- ☐ fears of being alone or abandoned    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling guilty    ☐ 1 ☐ 2 ☐ 3
- ☐ having nightmares    ☐ 1 ☐ 2 ☐ 3
- ☐ flashbacks    ☐ 1 ☐ 2 ☐ 3
- ☐ troubling or painful memories    ☐ 1 ☐ 2 ☐ 3
- ☐ missing periods of time - can't remember    ☐ 1 ☐ 2 ☐ 3
- ☐ trouble remembering things    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling numb instead of upset    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling detached from all or part of body    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling unreal, strange, or foggy    ☐ 1 ☐ 2 ☐ 3

#### Behavioral and Physical Concerns

- ☐ not having an appetite    ☐ 1 ☐ 2 ☐ 3
- ☐ eating in binges    ☐ 1 ☐ 2 ☐ 3
- ☐ self-induced vomiting for weight control    ☐ 1 ☐ 2 ☐ 3
- ☐ using laxatives for weight control    ☐ 1 ☐ 2 ☐ 3
- ☐ eating too much    ☐ 1 ☐ 2 ☐ 3
- ☐ eating too little    ☐ 1 ☐ 2 ☐ 3
- ☐ losing weight - how much? \_\_\_\_\_
- ☐ gaining weight - how much? \_\_\_\_\_
- ☐ trouble sleeping    ☐ 1 ☐ 2 ☐ 3
- ☐ trouble falling asleep    ☐ 1 ☐ 2 ☐ 3
- ☐ early morning awakening    ☐ 1 ☐ 2 ☐ 3
- ☐ sleeping too much    ☐ 1 ☐ 2 ☐ 3
- ☐ sleeping too little    ☐ 1 ☐ 2 ☐ 3
- ☐ # of hours I usually sleep: \_\_\_\_\_
- ☐ lack of exercise    ☐ 1 ☐ 2 ☐ 3
- ☐ not having leisure activities    ☐ 1 ☐ 2 ☐ 3
- ☐ smoking cigarettes    ☐ 1 ☐ 2 ☐ 3
- ☐ often spending in binges    ☐ 1 ☐ 2 ☐ 3
- ☐ temper outbursts    ☐ 1 ☐ 2 ☐ 3

#### Intimate Relationship Concerns

- ☐ feeling misunderstood in relationship    ☐ 1 ☐ 2 ☐ 3
- ☐ not feeling close to partner    ☐ 1 ☐ 2 ☐ 3
- ☐ trouble communicating with partner    ☐ 1 ☐ 2 ☐ 3

- ☐ not trusting partner    ☐ 1 ☐ 2 ☐ 3
- ☐ lack of respect by partner    ☐ 1 ☐ 2 ☐ 3
- ☐ partner being secretive    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling depressed or sad    ☐ 1 ☐ 2 ☐ 3
- ☐ being tired or lacking energy    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling unmotivated    ☐ 1 ☐ 2 ☐ 3
- ☐ loss of interest in many things    ☐ 1 ☐ 2 ☐ 3
- ☐ having trouble concentrating    ☐ 1 ☐ 2 ☐ 3
- ☐ having trouble making decisions    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling the future looks hopeless    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling worthless or a failure    ☐ 1 ☐ 2 ☐ 3
- ☐ being unhappy all the time    ☐ 1 ☐ 2 ☐ 3
- ☐ dissatisfied with physical appearance    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling self-critical or blaming yourself    ☐ 1 ☐ 2 ☐ 3
- ☐ having negative thoughts    ☐ 1 ☐ 2 ☐ 3
- ☐ crying often    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling empty    ☐ 1 ☐ 2 ☐ 3
- ☐ withdrawing inside yourself    ☐ 1 ☐ 2 ☐ 3
- ☐ thinking too much about death    ☐ 1 ☐ 2 ☐ 3
- ☐ thoughts of hurting yourself    ☐ 1 ☐ 2 ☐ 3
- ☐ thoughts of killing yourself    ☐ 1 ☐ 2 ☐ 3
- ☐ frequent mood swings    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling resentful or angry    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling irritable or frustrated    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling rage    ☐ 1 ☐ 2 ☐ 3
- ☐ feeling like hurting someone    ☐ 1 ☐ 2 ☐ 3
- ☐ aggressive toward others    ☐ 1 ☐ 2 ☐ 3
- ☐ impulsive reactions    ☐ 1 ☐ 2 ☐ 3
- ☐ trouble finishing things    ☐ 1 ☐ 2 ☐ 3
- ☐ working too hard    ☐ 1 ☐ 2 ☐ 3
- ☐ using alcohol too much    ☐ 1 ☐ 2 ☐ 3
- ☐ being alcoholic    ☐ 1 ☐ 2 ☐ 3
- ☐ using drugs    ☐ 1 ☐ 2 ☐ 3
- ☐ driving under the influence    ☐ 1 ☐ 2 ☐ 3
- ☐ blackouts - after drinking    ☐ 1 ☐ 2 ☐ 3

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?    ☐ Yes ☐ No

- ☐ lack of fairness in relationship      ☐ 1 ☐ 2 ☐ 3
- ☐ problems with dividing household tasks ☐ 1 ☐ 2 ☐ 3
- ☐ disagreeing about children ☐ 1 ☐ 2 ☐ 3
- ☐ lack of affection ☐ 1 ☐ 2 ☐ 3
- ☐ unsatisfactory sexual relationship ☐ 1 ☐ 2 ☐ 3
- ☐ lack of time together      ☐ 1 ☐ 2 ☐ 3
- ☐ lack of shared interests      ☐ 1 ☐ 2 ☐ 3
- ☐ lack of positive interaction      ☐ 1 ☐ 2 ☐ 3
- ☐ lack of time with other couples ☐ 1 ☐ 2 ☐ 3
- ☐ jealousy in relationship      ☐ 1 ☐ 2 ☐ 3
- ☐ frequent arguments      ☐ 1 ☐ 2 ☐ 3
- ☐ trouble resolving conflict      ☐ 1 ☐ 2 ☐ 3
- ☐ partner being demanding and controlling ☐ 1 ☐ 2 ☐ 3
- ☐ partner putting you down      ☐ 1 ☐ 2 ☐ 3
- ☐ violent arguments      ☐ 1 ☐ 2 ☐ 3
- ☐ emotional abuse in relationship      ☐ 1 ☐ 2 ☐ 3
- ☐ physical abuse in relationship      ☐ 1 ☐ 2 ☐ 3
- ☐ sexual abuse in relationship      ☐ 1 ☐ 2 ☐ 3

#### **Sexual Concerns**

- ☐ worrying about getting pregnant ☐ 1 ☐ 2 ☐ 3
- ☐ having miscarriage(s) ☐ 1 ☐ 2 ☐ 3
- ☐ choice of birth control ☐ 1 ☐ 2 ☐ 3
- ☐ having an abortion ☐ 1 ☐ 2 ☐ 3
- ☐ not able to become pregnant ☐ 1 ☐ 2 ☐ 3
- ☐ not enjoying sexual affection ☐ 1 ☐ 2 ☐ 3
- ☐ too tired to have sex ☐ 1 ☐ 2 ☐ 3

#### **When Growing Up to Present Time:**

- ☐ being physically abused - by whom? ☐ 1 ☐ 2 ☐ 3
  
- ☐ being emotionally abused - by whom? ☐ 1 ☐ 2 ☐ 3
  
- ☐ being sexually abused - by whom? ☐ 1 ☐ 2 ☐ 3
  
- ☐ having an alcoholic parent - which? ☐ 1 ☐ 2 ☐ 3
  
- ☐ having a drug abusing parent - which? ☐ 1 ☐ 2 ☐ 3
  
- ☐ having a depressed parent - which? ☐ 1 ☐ 2 ☐ 3
  
- ☐ having a parent with emotional problems ☐ 1 ☐ 2 ☐ 3
- ☐ having parents separate or divorce ☐ 1 ☐ 2 ☐ 3

#### **Stresses During the Past Several Years:**

- ☐ death of family member or friend - who?

#### **Please State Your Goals for Therapy:**

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

#### **Additional Comments:**

- ☐ birth or adoption of child
- ☐ self or family member hospitalized - who? ☐ 1 ☐ 2 ☐ 3
- ☐ moved      ☐ 1 ☐ 2 ☐ 3
- ☐ being harassed or assaulted      ☐ 1 ☐ 2 ☐ 3
- ☐ frequent family or couple arguments      ☐ 1 ☐ 2 ☐ 3
- ☐ separation/divorce      ☐ 1 ☐ 2 ☐ 3
- ☐ partner having alcohol or drug problem      ☐ 1 ☐ 2 ☐ 3
- ☐ self or partner having an affair      ☐ 1 ☐ 2 ☐ 3
- ☐ feeling uncommitted to relationship      ☐ 1 ☐ 2 ☐ 3
- ☐ wanting to separate      ☐ 1 ☐ 2 ☐ 3
- ☐ discussing separating or divorce      ☐ 1 ☐ 2 ☐ 3
- ☐ problems with in-laws ☐ 1 ☐ 2 ☐ 3
- ☐ problems with ex-partner ☐ 1 ☐ 2 ☐ 3
- ☐ problems with step-parents ☐ 1 ☐ 2 ☐ 3
- ☐ children having special problems ☐ 1 ☐ 2 ☐ 3
- ☐ too anxious to have sex ☐ 1 ☐ 2 ☐ 3
- ☐ feeling a lack of sexual desire ☐ 1 ☐ 2 ☐ 3
- ☐ wanting to have sex more often ☐ 1 ☐ 2 ☐ 3
- ☐ feeling neglected sexually ☐ 1 ☐ 2 ☐ 3
- ☐ feeling used sexually ☐ 1 ☐ 2 ☐ 3
- ☐ feeling unable to have orgasm ☐ 1 ☐ 2 ☐ 3
- ☐ being unable to sustain an erection v
- ☐ feeling negatively about sex ☐ 1 ☐ 2 ☐ 3
- ☐ close family member dying - who? ☐ 1 ☐ 2 ☐ 3
  
- ☐ felt neglected or unloved - by whom? ☐ 1 ☐ 2 ☐ 3
  
- ☐ having an unhappy childhood ☐ 1 ☐ 2 ☐ 3
- ☐ having serious medical problems - what? ☐ 1 ☐ 2 ☐ 3
- ☐ having drug or alcohol problem v
- ☐ frequent moves ☐ 1 ☐ 2 ☐ 3
- ☐ having learning problems - what? ☐ 1 ☐ 2 ☐ 3
  
- ☐ having emotional problems ☐ 1 ☐ 2 ☐ 3
- ☐ having attempted suicide - when? ☐ 1 ☐ 2 ☐ 3
  
- ☐ an important relationship ending - who? ☐ 1 ☐ 2 ☐ 3
- ☐ losing or changing job
- ☐ financial trouble
- ☐ legal problems
- ☐ natural disaster
- ☐ serious or chronic illness -what:

☐ other: