

Name: _____

Date: _____



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— PSYCHOLOGIST —

Individual Problems 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?
Have people annoyed you by criticizing your drinking or drug use?
Have you ever felt bad or guilty about your drinking or drug use?
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?



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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. _____