

AREAS OF CONCERN FOR _____

Completed by _____ Date _____

Please indicate if any of the following are symptoms or problems by indicating:

0) no effect 1) some effect 2) moderate effect 3) significant effect

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|--|-------------------------------------|
| _____ Appetite Disturbances | _____ Anxiousness |
| _____ eating less | _____ Anger or Hostility |
| _____ eating more | _____ Guilt or Shame |
| _____ weight change # _____ lbs. | _____ Isolation/Withdrawal |
| _____ bingeing _____ purging | _____ Self Harm |
| _____ Sleep Disturbances | _____ Spending sprees |
| _____ trouble falling asleep | _____ Flashbacks |
| _____ trouble staying asleep | _____ Racing thoughts |
| _____ nightmares | _____ Failure or fear of failure |
| _____ Tearfulness or chronic sadness | _____ Impaired impulse control |
| _____ Decreased interest in activities | _____ Hyperactive or hyper vigilant |
| _____ Decreased energy and fatigue | _____ Prolonged fear worry |
| _____ Sexual disturbances/dissatisfaction | _____ Mood swings |
| _____ Hopelessness or helplessness | _____ Procrastination |
| _____ Decreased attention span | _____ Obsessive |
| _____ Inattention or easily distracted | _____ Compulsive |
| _____ Disturbed memory, short or long term | _____ Stealing |
| _____ Difficulty planning ahead | _____ Impaired self-care |
| _____ Panic attacks; frequency _____ | _____ Suicidal thoughts/attempts |
| _____ Emotional or physical abuse | _____ Fertility problems |
| _____ Motivation | _____ Menopause |
| _____ Grief | |

AREAS OF IMPACT

Rate how these problems or symptoms are impacting areas of your functioning:

0) no effect 1) some effect 2) moderate effect 3) serious effect

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|--|--------------------------------------|
| _____ Marriage or primary relationship | _____ Clubs or group memberships |
| _____ Occupational or work | _____ Legal problems |
| _____ School or study problems | _____ Leisure activities |
| _____ Family relationships | _____ Housing or living arrangements |
| _____ Friendship or peer problems | _____ New baby adjustment |
| _____ Financial concerns | _____ Empty nest adjustment |
| _____ Social activities and interests | _____ Sexual relationship |
| _____ Parenting | _____ Extended Family |
| _____ Co-Parenting | _____ Retirement |
| _____ Illness | _____ Other _____ |