

Problem Checklist:

Please indicate the extent to which each is (or is not) a problem for you at the present time.

0 = not a problem or not applicable

1 = slight problem

2 = moderate problem

3 = serious problem

4 = severe problem

___ Time management, procrastination, getting motivated

___ Pressures from family for success

___ Decisions about work/job/career

___ Loneliness

___ Relationships with friends

___ Relationship with romantic partner/spouse

___ Break up, separation, or divorce

___ Self-confidence and self-esteem issues

___ Anxiety, fears, worries

___ Feeling overwhelmed

___ Generally unhappy, dissatisfied

___ Confusion over personal/religious values/beliefs

___ Gay/Lesbian issues/concerns

___ Depression

___ Grief over death or loss

___ Suicidal thoughts/feelings

If other than "0", please indicate your overall risk of suicide:

___ very low risk

___ low

___ moderate

___ high

___ very high risk

___ Eating concerns

___ Alcohol/drug problem

___ Alcohol/drug problem in family

___ Sexual abuse or assault, as a child or adult

___ Physical abuse or assault, as a child or adult

___ Concern about physical health, medical problems

___ Sleep problems

___ Sexual matters

___ Pregnancy concerns

___ Anger/ irritability concerns

___ Violent thoughts, feelings or behaviors