

Self Assessment

** Please complete all questions on this form **

What is happening in your life that resulted in this appointment? _____

What do you want to accomplished in therapy? _____

Previous Counseling

Therapist Name	Dates of Treatment	Address	What was accomplished?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Self Assessment Checklist

Name: _____

Date: _____

Please read this checklist. For each item circle the rating of how much it has been of concern to you in the last month.

- | | | | | |
|---|---|---|---|---|
| 1. Not being the kind of person I want to be | 1 | 2 | 3 | 4 |
| 2. Too tired to do anything | 1 | 2 | 3 | 4 |
| 3. Unhappy with my physical appearance/weight | 1 | 2 | 3 | 4 |
| 4. Discouraged about the future | 1 | 2 | 3 | 4 |
| 5. Financial problems | 1 | 2 | 3 | 4 |
| 6. Dissatisfied or bored with everything | 1 | 2 | 3 | 4 |
| 7. Concerned about physical health | 1 | 2 | 3 | 4 |
| 8. Feel guilty all the time | 1 | 2 | 3 | 4 |
| 9. Concerned over living situation | 1 | 2 | 3 | 4 |
| 10. Lost my interest in other people | 1 | 2 | 3 | 4 |
| 11. Came from alcoholic family | 1 | 2 | 3 | 4 |
| 12. Can't make decisions anymore | 1 | 2 | 3 | 4 |
| 13. Too little or too much social life | 1 | 2 | 3 | 4 |
| 14. Appetite disturbance (more/less) | 1 | 2 | 3 | 4 |
| 15. Feelings too easily hurt | 1 | 2 | 3 | 4 |
| 16. Sleep problems | 1 | 2 | 3 | 4 |
| 17. Feel that others do not like me | 1 | 2 | 3 | 4 |
| 18. Thoughts of hurting myself | 1 | 2 | 3 | 4 |
| 19. Thoughts of hurting someone | 1 | 2 | 3 | 4 |
| 20. Can't seem to do my work effectively | 1 | 2 | 3 | 4 |
| 21. Absent from work/school too often | 1 | 2 | 3 | 4 |
| 22. Worrying about my work performance | 1 | 2 | 3 | 4 |
| 23. Unable to concentrate very well | 1 | 2 | 3 | 4 |
| 24. Conflict with co-workers, family members | 1 | 2 | 3 | 4 |
| 25. Indecision about future career plans | 1 | 2 | 3 | 4 |
| 26. Being talked about or made fun of | 1 | 2 | 3 | 4 |
| 27. Feeling that nobody understands me | 1 | 2 | 3 | 4 |
| 28. Nervousness | 1 | 2 | 3 | 4 |
| 29. Unhappy too much of the time | 1 | 2 | 3 | 4 |
| 30. Worrying about unimportant things | 1 | 2 | 3 | 4 |
| 31. Unsure about current career choices | 1 | 2 | 3 | 4 |
| 32. Afraid of making mistakes | 1 | 2 | 3 | 4 |
| 33. Not mixing well with others | 1 | 2 | 3 | 4 |
| 34. Concerned about sexual matters | 1 | 2 | 3 | 4 |
| 35. Relationship problems | 1 | 2 | 3 | 4 |

1 = does not apply 2 = little concern 3 = moderate concern 4 = significant concern

36. Headaches	1	2	3	4
37. Lacking love and affection	1	2	3	4
38. Pressure or conflict with employer	1	2	3	4
39. Family problems	1	2	3	4
40. Belonging to a minority group	1	2	3	4
41. Confused in my religious beliefs	1	2	3	4
42. Fearing failure or rejection	1	2	3	4
43. Having difficulty trusting other people	1	2	3	4
44. Feeling blank; don't know what to do	1	2	3	4
45. Feeling inferior	1	2	3	4
46. Getting into arguments	1	2	3	4
47. Too easily influenced by others	1	2	3	4
48. Concerned about my use of drugs/alcohol	1	2	3	4
49. Feel a great sense of loss or grief	1	2	3	4
50. Wonder whether to get/stay married	1	2	3	4
51. Excessive behaviors (spending, gambling)	1	2	3	4
52. Concerned about my thoughts racing	1	2	3	4
53. Physical and/or sexual abuse	1	2	3	4
54. Feel that I or things around me are not real	1	2	3	4
55. Concerned about blackouts	1	2	3	4
56. Feel I might be going crazy	1	2	3	4
57. Wonder if what I do is obsessive/compulsive	1	2	3	4
58. Concerned about legal issues	1	2	3	4
59. Excessive use of prescription medication	1	2	3	4
60. Other problems/symptoms listed below	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4

1 = does not apply
2 = little concern
3 = moderate concern
4 = significant concern

Substance Use History

Substance	Amount	Frequency	Age First Used	Age Last Used
Caffeine	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Hallucinogens	_____	_____	_____	_____
Methamphetamine	_____	_____	_____	_____
Other Substances	_____	_____	_____	_____