

Name _____ Date _____

Information for above person given by: Self Wife Husband Mother Father Other: _____

INSTRUCTIONS: To better understand your health stresses, concerns and needs, please take 5-12 minutes to identify on this questionnaire two specific responses:

FIRST, underline all of the following life concerns that pertain to you, or to the person you are observing.

SECOND, in front of each life concern you have underlined, identify its rate of distressing severity as follows:

1 = Mildly distressing 2 = Moderately 3 = Seriously 4 = Severely 5 = Very severely distressing

Medical struggles Family struggles Marital struggles Sexual struggles
 Financial struggles Occupational struggles Communication struggles Legal struggles

Dwelling on problems Restless/Edginess Nervous/tense Feeling panicky
 Shakiness or trembling Breathing difficulty Chills/hot spells Sweating
 Persistent anger/irritability Muscle aches/pains Diminishes awareness Fear of dying
 Chest pain/discomfort Feeling of choking Accelerated heart beat Thoughts are racing
 Lightheaded/dizzy Excessive worry Feelings of helplessness Numbness/tingling
 Problems controlling thoughts/urges/images Stomach upset, pain or nausea Absence of emotional responsiveness Driven to repetitive behaviors
 Feeling detached from yourself Memory problems: _____Recent/_____Remote Fear of losing control Avoid social situations
 Recent traumatic event Hard to trust anyone Hard to make friends Headaches

↓↑ Difficulty Concentrating Sleep disturbance Easily tired/fatigued ↓↑
 Depressed/sad feelings Indecisiveness Easily distractible Excessive sleeping
 Decreased sleep need Low self-esteem Inflated self-esteem Loss of weight
 Gain of weight Loss/Gain of appetite Feeling worthless **Feeling suicidal**
 Lack of interest/enjoyment Less energy than usual More energy than usual Very talkative
 Drawing away from people Quick change of moods Feeling guilty Feeling lonely
 Feeling negative about future Engaging fun activities with risky outcomes **Homicidal thoughts/feelings** Feeling ignored or abandoned

See/hear strange things Confused often Laugh without reason Impulsive
 Feel used by people **Feeling others are out to get me** **Watched/talked about by others**

Belligerent attitude Rapidly changing moods Thinking impairment
 Impaired decision-making Impaired social functioning Impaired work functioning Impaired relationship functioning
 Failure to fulfill major role expectations: work, home, school, socially, etc. Engage in physically hazardous activities: driving or boating after substance use, etc. Substance-related legal problems: DUIs, arrests, accidents, etc.
 Need increased amounts to get desired feelings Diminished effect with continued use Decreased use causes distress or impairment Engage in more use than intended
 Important activities are given up or reduced Continued use despite persistent or recurrent problems in life Persistent desire or unsuccessful effort to quit or control use Devote noticeable time to obtain items or recover from use