

Name: _____

Date: _____

_____ I am very critical of myself.

_____ I worry about things all the time.

_____ I have thoughts of suicide.

_____ I feel sad or blue often.

_____ I often feel tense and nervous.

_____ I try to avoid people or places where there are lots of people.

_____ I am often hopeless about the future and don't believe things can improve.

_____ My use of drugs or alcohol are a problem.

_____ I never know whether I am going to be happy, sad, or angry.

_____ I am angry all the time.

_____ I get in trouble because I act without thinking.

_____ My spouse/partner and I have trouble getting along.

_____ I am having trouble with my children.

_____ I frequently feel lonely.

_____ I lack self-confidence.

_____ My problems are hurting my work performance.

_____ I have not been taking care of my health.

_____ I wish I had more friends.

_____ I frequently go out of my way to avoid any conflict.

_____ I don't have any energy.

_____ My friends and/or family are worried about me.

_____ I act in ways I regret later.

_____ I have problems with food or eating.

_____ I see or hear things that others don't.

_____ I have panic attacks.

Other problems I would like to mention: _____