Personal Assessment – Identification of Problem Areas

Name: ____ **Date:** ___________________________________

Describe current symptoms/problems:

- ☐ Anxiousness
- ☐ Appetite Disruption
- ☐ Decreased Energy
- ☐ Depressed Mood
- ☐ Disruption of Thoughts
- ☐ Elevated Mood
- ☐ Financial Issues
- ☐ Parenting
- ☐ Occupational Problems
- ☐ Inattention Problems
- ☐ Homicidal
- ☐ Hopelessness
- ☐ Hyperactivity
- ☐ Impaired Concentration
- ☐ Impaired Memory
- ☐ Impulsiveness
- ☐ Irritability
- ☐ Manic
- ☐ Marital Issues
- ☐ Obsessions/Compulsions
- ☐ Distractibility
- ☐ Panic Attacks
- ☐ Paranoia
- ☐ Phobias
- ☐ Legal Contact
- ☐ Poor Judgement
- ☐ School/Home/Community Issues
- ☐ Self-Injury
- ☐ Sexual Issues
- ☐ Sleeplessness
- ☐ Relationship Problems
- ☐ Gender Identity/Orientation
- ☐ Hallucinations
- ☐ Substance Abuse
- ☐ Suicidal
- ☐ Tearful
- ☐ Violence
- ☐ Worthlessness
- ☐ Guilt
- ☐ Oppositional
- ☐ Other

Severity of Symptoms: ☐ **Mild (>2 weeks)** ☐ **Moderate (2-4 weeks)** ☐ **Severe (1-6 months)**

Please answer the following questions that apply to you. Your answers will help us understand and address your concerns.

1. In addition to the symptoms/problems listed, please let us know of any other physical problems or health concerns you may have.

2. Describe any significant life events that may be influencing your current problem(s). (Examples: past abuse, loss of family member, divorce):____

3. What are your goals for psychotherapy?

4. What do you anticipate as barriers/strengths toward progress?

Barriers:____

Strengths:____

Thank you for completing this questionnaire. Please give this form to your counselor when you are finished.