\*Please put an “X” beside those difficulties you most want to address.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Seldom** | **Sometimes** | **Often** | **Always** |
| Depression |  |  |  |  |  |
| Low self-esteem |  |  |  |  |  |
| Feelings of loss or grief |  |  |  |  |  |
| Anxiety or tension |  |  |  |  |  |
| Angry feelings |  |  |  |  |  |
| Sexual difficulties |  |  |  |  |  |
| Suicidal thoughts |  |  |  |  |  |
| Fears |  |  |  |  |  |
| Drinking or drug problems |  |  |  |  |  |
| Voices or hallucinations |  |  |  |  |  |
| Difficulty socializing |  |  |  |  |  |
| Job or school difficulty |  |  |  |  |  |
| Domestic violence |  |  |  |  |  |
| Sex, physical abuse as child |  |  |  |  |  |
| Verbal abuse as child |  |  |  |  |  |
| Problems w/ partner, spouse |  |  |  |  |  |
| Difficulty parenting |  |  |  |  |  |
| Problems with food |  |  |  |  |  |
| Problems with parents |  |  |  |  |  |
| Health problems |  |  |  |  |  |

I get irritated when:

I really like it when:

I hate it when:

I’m comforted by: