

Recent Difficulties-Stressors

Name: _____

Date: _____

Below is a list of problems and complaints that people sometimes have. Read each one carefully, and check the one response that best describes HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST 3 MONTHS INCLUDING TODAY.

In the past 3 months have you had any problems with?

		No problems	Some problems	A lot of problems
1.	Changes in your health			
2.	Your health care providers or medical appointments			
3.	Managing or taking your prescribed medications			
4.	Increase in drinking and/or drug use			
5.	Problems functioning because of drinking and/or drug use			
6.	Spending too much money on gambling or lotto			
7.	Spending too much time on the internet			
8.	Controlling your sexual behavior or # of sexual partners			
9.	Buying or collecting (hoarding) too many things			
10.	Difficulties or stress with your partner or family			
11.	Eating habits (such as using vomiting, laxatives or diuretics to try to maintain or lose weight)			
12.	Performing at work or at home or school			
13.	Stress at home, work or school			
14.	Handling your free time or keeping busy			
15.	Irritability to or difficulty with controlling your temper			
16.	Sitting still in meetings or at work or school			
17.	Organizing your work, home or activities			
18.	Getting started with tasks or completing them			
19.	Staying awake or falling asleep at the wrong time			
20.	Having low or no energy			
21.	Housing or food problems			
22.	Financial problems or worries			
23.	Spiritual problems			
24.	Having no one to turn to when you have a problem			

In the past 3 months:

	Yes	No
Has anything bad happened to you or someone close to you?		
Have you gotten into an argument or fight with anyone?		
Have you been hit, slapped, kicked or hurt by someone?		
Have you been forced to have sex or engage in a sexual activity by anyone?		

The questions on the next page are meant to begin to bring awareness to how thoughts and situations are impacting you – positively and negatively. You don't have to fill in something for every descriptive word. You can even cross out a word and put in another one, or add another if you think it would be helpful for me to learn more about you.

Recent Difficulties-Stressors

What things/thoughts/people/situations/habits are causing you the most...

Worry _____

Fear _____

Pain _____

Sadness _____

Difficulty _____

Frustration _____

Anger _____

What are the things/thoughts/people/situations/habits that give you the most...

Satisfaction _____

Comfort _____

Fulfillment _____

Pleasure _____

Happiness _____

Ease _____

Growth _____

SELF ACCEPTANCE

What are the things/behaviors you dislike most about yourself/find most unacceptable?

1. _____

2. _____

3. _____

4. _____

5. _____

What are the things you like most about yourself/take greatest pride, joy or satisfaction in?

1. _____

2. _____

3. _____

4. _____

5. _____
