

Client Self-Assessment Checklist

CLIENT NAME: _____ TODAY'S DATE: _____

Please answer the following questions by filling in the bubbles completely, one bubble per question: ●

| | <u>Not at All</u> | <u>Just a Little</u> | <u>Pretty Much</u> | <u>Very Much</u> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel down/depressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experience feelings of hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel tired or have little energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am experiencing a loss of interest/ pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel irritable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have suicidal thoughts | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experience crying spells or tearfulness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have experienced changes in my eating habits/appetite changes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have engaged in self injurious behavior in the last 6 months | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experience mood swings/highs and lows | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experience racing thoughts/flights of ideas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I find myself acting impulsively | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have difficulty making decisions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have difficulty concentrating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experience sleep difficulties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experience frequent worries/fears | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Worrying prevents me from doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have difficulty controlling fears and worries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am experiencing physical symptoms of anxiety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have difficulty relaxing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am experiencing difficulty at work/school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am experiencing difficulty with my relationships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My distress is impacting my life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| | <u>Not at All</u> | <u>Just a Little</u> | <u>Pretty Much</u> | <u>Very Much</u> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| I often lose/misplace things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experience mental restlessness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experience physical restlessness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I find myself shifting from one task to the next | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am easily distracted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a hard time reading social cues which affects my social interactions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have difficulty making or keeping friendships with people outside my family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I worry or others complain that I spend too much time with on-line entertainment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that I need to cut down on my alcohol/substance use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel annoyed when people criticize my alcohol/substance use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel embarrassed or guilty about my alcohol/substance use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please answer the following questions by filling in the bubbles completely, one bubble per question: ●

| I am currently distressed by a major life event: | <u>N/A</u> | <u>Not at All</u> | <u>Just a Little</u> | <u>Pretty Much</u> | <u>Very Much</u> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Loss/death/grief | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trauma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Divorce/major relationship change | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Change of school/job/move | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Birth of child/sibling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical issue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involvement in a controlling/volatile relationship | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |