_____

_____

B

_____ I _____ M _____H _____

_____

_____

B C

1. _____

_____

B _____

_____

2. _____

_____

B _____

_____

B S _____ H _____

C _____

_____

NBIOABNM H ?B PCILM

J

F		____L	____M	___		____
C		____L	____M	___		____
H		____L	____M	___		____
C		____L	____M	___		____
G	/	____L	____M	___	____	
C		H ____L	____M	____		____
C		H ____L	____	____		____
C		H ____L	y____M	____		____
C		H ____L	____M	____		____
C	/	H ___	___	____	___	
C		H ____L	___	___		___

12. God is disappointed. Never____Rarely____Sometimes____Frequently ____
13. I can't be forgiven. Never____Rarely____Sometimes____Frequently ____
14. Why am I so different? Never____Rarely____Sometimes____Frequently ____
15. I can't do anything right. Never____Rarely____Sometimes____Frequently ____

16. People hear my thoughts. Never ____ Rarely ___Sometimes ____ Frequently ___
17. I have no emotions. Never ____ Rarely ___Sometimes ____ Frequently ___
18. Someone is watching me. Never ____ Rarely ___Sometimes ____ Frequently___
19. I hear voices in my head. Never ____ Rarely ___Sometimes ____ Frequently___
20. I am out of control. Never ___ Rarely ___Sometimes ____Frequently ___

Please comment (e.g., examples, frequency, duration, effects on you) about each of the above thoughts that occur frequently or are of concern to you. Use the back of this sheet if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SYMPTOMS

Please check the behaviors and symptoms that occur more often than you would like:

_____ Aggression
_____ Alcohol Dependence
_____ Anger
_____ Antisocial Behavior
_____ Anxiety
_____ Avoiding People
_____ Chest Pain
_____ Depression
_____ Disorientation
_____ Distractibility
_____ Dizziness
_____ Drug Dependence
_____ Eating Disorder
_____ Elevated Mood
_____ Fatigue
_____ Hallucinations
_____ Heart Palpitations
_____ High Blood Pressure
_____ Hopelessness
_____ Impulsivity
_____ Irritability
_____ Judgment Errors
_____ Loneliness
_____ Memory Impairment
_____ Mood Shifts
_____ Panic Attacks
_____ Phobias/Fears
_____ Recurring Thoughts
_____ Sexual Difficulties
_____ Sick Often
_____ Sleeping Problems
_____ Speech Problems
_____ Suicidal Thoughts
_____ Thoughts Disorganized
_____ Trembling
_____ Worrying
_____ Withdrawing
_____ Other (Please specify)
_____
_____
_____
_____
_____

Please give examples of how each of the symptoms that you checked impairs your ability to function (i.e., socially, emotionally, occupationally, physically, etc.) on the following page. Use the back of the page if necessary.

SPECIFIC PROBLEM AREAS

Please check any of the following that are currently troubling you:

_____ Abortion
_____ Abandonment issues
_____ Adoption
_____ Addiction(s)
_____ Alcoholism
_____ Anger
_____ Anxiety
_____ Apathy
_____ Bitterness/Resentment
_____ Burnout/Stress
_____ Change of Lifestyle
_____ Child Abuse
_____ Children/Discipline
_____ Children/School
_____ Children/Rebellion
_____ Communication
_____ Confusion
_____ Crisis/Conflict
_____ Death of Loved One
_____ Depression
_____ Divorce
_____ Eating Disorder
_____ Envy/Jealousy
_____ Family Issues
_____ Father Issues
_____ Fear of Rejection
_____ Fear (general)
_____ Finances/Debt
_____ Forgiveness
_____ Frustration
_____ Gambling
_____ Guilt
_____ Health/Medical
_____ Honesty
_____ Infidelity
_____ In-Laws
_____ Job Problems
_____ Legal Issues
_____ Loneliness
_____ Loss of Appetite
_____ Loss of Control
_____ Loss of Concentration
_____ Loss of Energy
_____ Loss of Memory
_____ Loss of Sleep
_____ Loss of Temper
_____ Loss of Trust
_____ Marriage
_____ Medication/Drugs
_____ Mid-life
_____ Mother Issues
_____ Obsessive Thoughts
_____ Obsessive Actions
_____ Panic Attacks
_____ Physical Abuse
_____ Pornography Use
_____ PMS/Hormones
_____ Religion/Faith Issues
_____ Same-Sex Attraction
_____ Self-Injury (cutting, burning, etc.)
_____ Separation
_____ Sexual Abuse/Rape
_____ Sexual Addiction
_____ Sexual Compulsion
_____ Sexual Issues (other)
_____ Single Parent
_____ Singleness
_____ Spouse Abuse
_____ Substance Abuse
_____ Suicidal Thoughts
_____ Self-Esteem
_____ Rejection
_____ Violence/Rage
_____ Withdrawal
_____ Worry
_____ Other (please list below)

Other specific areas of concern:

Please circle your top three areas of current concern (above). How long have these problems existed_____

Indicate everything that you have experienced in the past three years:

- ☐ Adopting Children
- ☐ Affair
- ☐ Blended Family
- ☐ Changes in marital status
- ☐ Death of a spouse/partner/friend
- ☐ Death of a family member
- ☐ Family problems
- ☐ Financial Problems
- ☐ Fostering Children
- ☐ Legal Problems
- ☐ Loss of job
- ☐ Major illness or injury (self)
- ☐ Major illness or injury (family)
- ☐ Marriage problems
- ☐ Move to another city or state

CURRENT ISSUES

Rate your current level of marital happiness by checking the number in the box below that corresponds with your current feelings about your relationship.

0	1	2	3	4	5	6	7	8	9	10
Completely Unhappy	Extremely Unhappy	Very Unhappy	Fairly Unhappy	A Little Unhappy	Content	Fairly Happy	Happy	Very Happy	Extremely Happy	Completely Happy

What are your top three most frequent arguments in your marriage about?

1) _____

2) _____

3) _____

Have you/your spouse ever threatened to divorce or separate due to current or past issues?

Please explain: _____

_____

_____

Have you/your spouse ever consulted a lawyer about divorce? Please explain: _____

_____

_____

SEXUAL INVENTORY

Rate your current level of sexual satisfaction in your marriage by checking the number in the box below that corresponds with your current feelings about it.

0	1	2	3	4	5	6	7	8	9	10

Completely Unhappy	Extremely Unhappy	Very Unhappy	Fairly Unhappy	A Little Unhappy	Content	Fairly Happy	Happy	Very Happy	Extremely Happy	Completely Happy

Currently, how often do you and your spouse have sexual intercourse? _____

_____

Do you and your spouse have open communication about sex?_____

_____

How supportive are your parents concerning your marriage?_____

_____

How supportive are your in-laws concerning your marriage? _____

_____

Did your immediate family members attend your wedding? Yes____ No _____If not, please explain._____

_____

Do you have relationships you do not maintain with any family members? Yes _____ No_____

If yes, please explain. _____

_____

EMERGENCY CONTACT

Whom should we contact in case of emergency?

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____