

DESCRIPTION OF PRESENTING PROBLEMS

Please describe the nature of your main problems \_\_\_\_\_

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On the scale below, please indicate the severity of your problems:

\_\_\_ mildly upsetting    \_\_\_ moderately upsetting    \_\_\_ severe    \_\_\_ extremely severe

When did your problems begin? \_\_\_\_\_

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What seems to worsen your problems? \_\_\_\_\_

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What have you tried that has been helpful? \_\_\_\_\_

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How satisfied are you with your life as a whole?

Not Satisfied    1    2    3    4    5    6    7    8    9    10    Very Satisfied

How would you rate your overall level of stress during the past month?

Relaxed    1    2    3    4    5    6    7    8    9    10    Stressed

EXPECTATIONS REGARDING THERAPY

In a few words, what do you hope to accomplish in therapy? \_\_\_\_\_

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