

## Self-Assessment of Current Life Situation

Please rate all issues you and/or your family are experiencing by circling the appropriate number.

	NOT AN ISSUE	MILD	MODERATE	SEVERE
1. Feelings of depression or sadness	0	1	2	3
2. Feelings of anxiety or tension	0	1	2	3
3. Feelings of stress	0	1	2	3
4. Feelings of anger or resentment	0	1	2	3
5. Feelings of fear or dread	0	1	2	3
6. Issues with spouse/partner	0	1	2	3
7. Family relationships	0	1	2	3
8. Issues in relating to others	0	1	2	3
9. Issues with money management	0	1	2	3
10. Issues with addictive behaviors	0	1	2	3
11. Sexual concerns	0	1	2	3
12. Work-related difficulties	0	1	2	3
13. Court-related concerns	0	1	2	3
14. Spiritual concerns	0	1	2	3
15. Physical health concerns	0	1	2	3
16. Meaning in life	0	1	2	3
17. Grief-related difficulties	0	1	2	3

What concerns brought you to counseling?

What do you want to see happen as a result of coming here?

List some positive characteristics, attributes, or life circumstances that you feel good about related to yourself and/or family.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_