

ISSUES INVENTORY Name _____ Date _____

Below you will find a list of problems people frequently need help with. Look down the list and rate yourself as to the degree of severity that each subject presents. Check the numbers from 1 (no problem) to 5 (severe problem) that apply.

Subject	No Problem					Severe
	1	2	3	4	5	

Crying for no Reason						
Can't enjoy myself						
Feeling lonely						
Feeling down/ depressed						
Feeling hopeless						
Low self-esteem/ self-confidence						
Feeling unhappy about myself						
Difficulty expressing feelings						
Dealing with traumatic experiences						
Feeling anxious						
Feeling angry						
Feeling out of control						
Absentmindedness						
Can't make decisions						
Intrusive thoughts						
Difficulty concentrating						
Racing Thoughts						
Thinking about suicide						
Thinking about hurting someone else						
Trouble controlling aggression						
Impulsivity or recklessness						
Thoughts that confuse or scare me						
Difficulty being assertive						
Concerns re. use of pornography						
Balancing responsibilities						
Procrastination/Lack of motivation						
Problems with grades/school work						
Time management						
Easily distracted						
Disorganization						
Test anxiety						
Anxiety re. public speaking						

Perfectionism					
Worried about future career					
Feeling rejected by others					
Trouble making or keeping friends					
Difficulty with authority					
Sexual issues					
Racial/ethnic/cultural issues					
Relationships with females					
Relationships with males					
Relationship with roommate/friend					
Relationship with family					
Relationship with romantic partner					
Relationship with my children					
Premarital					
Substance use of family member					
Substance use of friend					
Own use of alcohol/drugs					
Own use of internet/gaming					
Difficulty with sleep (sleeping too much; difficulty falling asleep or staying asleep)					
Problems with eating					
Struggles with body image					

Please indicate below those parts of your life that give you pain or that you struggle with. Then show the desired change in yourself or your behavior that you wish to accomplish through therapy. Problems and struggles may involve internal factors such as thoughts, values, feelings, intentions, etc. Or the issues may involve external factors such as your relationships with others, school, jobs, etc.

Problem	Desire Changed

After making your list above, please go back and number the problems in order of importance to you.