

EMOTIONAL CHECKLIST - ADULT

Name _____ Date of Birth _____ Age _____ Sex _____

Today's Date _____ Client Number _____ Diagnosis _____

Please write a score of 0-10 after each question**NOT AT ALL****SOMEWHAT****MODERATELY****A LOT**

0 _____ 5 _____ 10

1) Do you worry about family, friends, self, events, future Etc?	
2) Do you get self-critical and blame yourself for everything?	
3) Have you been feeling resentful or angry?	
4) Do you find it hard to get a good night sleep?	
5) Have you been feeling sad or do you feel your future is hopeless?	
6) Do you feel inferior to others or think of yourself as a failure?	
7) Have you lost your interest in your career, hobby, family or friends?	
8) Do you feel overwhelmed and have to push yourself hard to do things?	
9) Have you lost your appetite or do you compulsively overeat?	
10) Do you have trouble making up your mind?	
11) Do you have feelings of hatred toward anyone, anything or yourself?	
12) Do you feel life is not worth living?	
Total	

BEHAVIOR CONTROL CHECKLIST

1) How would you rate your understanding of how the subconscious works?	
2) How would you rate your ability to restructure subconscious processes?	
3) Please rate your ability to maintain your most powerful emotional state?	
4) How would you rate your confidence in achieving your goals?	
5) How would you rate your self-motivation and ability to stay focused?	
Total	

RELATIONSHIP SATISFACTION SCALE

1) How would you rate your communication with people closest to you?	
2) Resolving conflicts and arguments with people closest to you?	
3) Satisfaction with your role in the relationships of the people closest to you?	
4) Satisfaction with the other people's role in your relationships?	
5) Love for people closest to you?	
Total	