

**BREE KALB, LCSW**

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**New Client Problem Check List**

The following items describe problems many people experience. How much has *each* problem distressed, worried or bothered you in the past few weeks? Please *circle the answer* that is most nearly correct for you.

	Not at all 1	A little bit 2	Moderately 3	Quite a bit 4	Very much 5
<b>CIRCLE the best answer</b>					
1. Feeling depressed, sad, dejected?	1	2	3	4	5
2. Blaming, criticizing, or condemning myself?	1	2	3	4	5
3. Feeling discouraged or like a failure?	1	2	3	4	5
4. Suicidal thoughts or concerns?	1	2	3	4	5
5. Feeling irritable, tense, or nervous?	1	2	3	4	5
6. Feeling fearful?	1	2	3	4	5
7. Spells of terror or panic?	1	2	3	4	5
8. Feel like I'm "going to pieces"?	1	2	3	4	5
9. Problems with work or school?	1	2	3	4	5
10. Difficulty caring about or concentrating on studies or work?	1	2	3	4	5
11. Feeling like I'm not doing as well in school or work as I should?	1	2	3	4	5
12. Performing poorly on tests? (if a student)	1	2	3	4	5
13. Problems with romantic or sexual relationships?	1	2	3	4	5
14. Family problems?	1	2	3	4	5
15. Difficulty getting along with others?	1	2	3	4	5
16. Feeling lonely or isolated?	1	2	3	4	5
17. Physical health problems?	1	2	3	4	5
18. Headaches, faintness or dizziness?	1	2	3	4	5
19. Trouble sleeping?	1	2	3	4	5
20. Trouble eating?	1	2	3	4	5
21. Temper outbursts that you cannot control?	1	2	3	4	5
22. Urges to hit, injure or harm someone?	1	2	3	4	5
23. Other symptoms (please describe below)	1	2	3	4	5