

Questionnaire

Please answer to the best of your ability – be as honest as possible

Common Problem Areas

Below is a list of different problem areas that affect Mind & Body. Please take a moment and check all that apply either currently or within the past 90 days (3 month).

- | | | |
|--|---|--|
| <input type="checkbox"/> Abuse (emotional, physical, sexual) | <input type="checkbox"/> Faith / Spirituality | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Aging / Getting older | <input type="checkbox"/> Family | <input type="checkbox"/> Past Hurts |
| <input type="checkbox"/> Alcohol / Drugs | <input type="checkbox"/> Fear(s) (known or unknown) | <input type="checkbox"/> Phobia |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Finances / Money | <input type="checkbox"/> Pre-Marriage |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Future (unsure about, fearful) | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Attracting negatives (e.g. people) | <input type="checkbox"/> Gender Identification | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Being Single | <input type="checkbox"/> Grief / Loss | <input type="checkbox"/> School |
| <input type="checkbox"/> Being a single Parent | <input type="checkbox"/> Habits (that you want to change) | <input type="checkbox"/> Self-Esteem / Self-Worth |
| <input type="checkbox"/> Beliefs | <input type="checkbox"/> Health Issues | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> In-Laws | <input type="checkbox"/> Sexual Issues |
| <input type="checkbox"/> Children | <input type="checkbox"/> Intimacy | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Co-Dependency | <input type="checkbox"/> Lack of Direction | <input type="checkbox"/> Traumatic Experience(s) |
| <input type="checkbox"/> "Coming out" | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Marriage | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Work |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Negative Self-Talk | <input type="checkbox"/> Other concerns - Please list: |
| <input type="checkbox"/> Emotional Pain | <input type="checkbox"/> No Children | _____ |
| <input type="checkbox"/> Extra-Marital | <input type="checkbox"/> Physical Pain | |

Feelings & Thoughts

Below is a list of different feelings and thoughts that affect Mind & Body. Please take a moment and check all that apply either currently or within the past 90 days (3 month).

- | | | |
|--|--|---|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Helpless | <input type="checkbox"/> Racing Thoughts |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Homicidal (want to hurt somebody) | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Honest | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Bullied | <input type="checkbox"/> Hopeful | <input type="checkbox"/> Scared |
| <input type="checkbox"/> Burdened | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Clumsy | <input type="checkbox"/> Humiliated | <input type="checkbox"/> Shameful |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Hurt | <input type="checkbox"/> Sick |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Impatient | <input type="checkbox"/> Stressed |
| <input type="checkbox"/> Conspicuous | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Stuck |
| <input type="checkbox"/> Defensive | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Suicidal (want to hurt myself) |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Inferior | <input type="checkbox"/> Tearful |
| <input type="checkbox"/> Desperate | <input type="checkbox"/> Irritated | <input type="checkbox"/> Trapped |
| <input type="checkbox"/> Dirty | <input type="checkbox"/> Lonely | <input type="checkbox"/> Unappreciated |
| <input type="checkbox"/> Disconnected | <input type="checkbox"/> Lost | <input type="checkbox"/> Unattractive |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Misunderstood | <input type="checkbox"/> Uneasy |
| <input type="checkbox"/> Disrespected | <input type="checkbox"/> Moody | <input type="checkbox"/> Unfulfilled |
| <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Nervous | <input type="checkbox"/> Unhappy |
| <input type="checkbox"/> Empty | <input type="checkbox"/> No Energy | <input type="checkbox"/> Unintelligent |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Not valued | <input type="checkbox"/> Unlovable |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Numb | <input type="checkbox"/> Unworthy |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Obsessive | <input type="checkbox"/> Weary |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Out of Control | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Worthless |
| <input type="checkbox"/> Heavy Hearted | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Other - Please list: _____ |

Client Record