

Issues Questionnaire

Please CIRCLE the extent to which you are CURRENTLY CONCERNED about EACH of the following issues. Please respond to EVERY item.

EXTENT: 0 = none 1 = some 2 = much 3 = very much

- | | | | | |
|---|---|---|---|---|
| 1. Career or life goals..... | 0 | 1 | 2 | 3 |
| 2. Motivation..... | 0 | 1 | 2 | 3 |
| 3. Romantic relationship..... | 0 | 1 | 2 | 3 |
| 4. Relationship with parents/family | 0 | 1 | 2 | 3 |
| 5. Relationship with friends..... | 0 | 1 | 2 | 3 |
| 6. Feeling dependent on others..... | 0 | 1 | 2 | 3 |
| 7. Difficulty asserting myself..... | 0 | 1 | 2 | 3 |
| 8. Difficulty expressing my feelings..... | 0 | 1 | 2 | 3 |
| 9. Social skills..... | 0 | 1 | 2 | 3 |
| 10. Feeling isolated or lonely..... | 0 | 1 | 2 | 3 |
| 11. Fear of close relationships..... | 0 | 1 | 2 | 3 |
| 12. Dealing with anger..... | 0 | 1 | 2 | 3 |
| 13. Thoughts of harming others..... | 0 | 1 | 2 | 3 |
| 14. Breakup of intimate relationship..... | 0 | 1 | 2 | 3 |
| 15. Grief over loss..... | 0 | 1 | 2 | 3 |
| 16. Physical or sexual abuse..... | 0 | 1 | 2 | 3 |
| 17. Emotional abuse..... | 0 | 1 | 2 | 3 |
| 18. Sex or sexuality..... | 0 | 1 | 2 | 3 |
| 19. Out of touch with my feelings | 0 | 1 | 2 | 3 |
| 20. Confused about beliefs or values..... | 0 | 1 | 2 | 3 |
| 21. Difficulty making decisions..... | 0 | 1 | 2 | 3 |
| 22. Dislike myself..... | 0 | 1 | 2 | 3 |
| 23. Self-identity..... | 0 | 1 | 2 | 3 |
| 24. Physical appearance..... | 0 | 1 | 2 | 3 |
| 25. Anxiety, worry..... | 0 | 1 | 2 | 3 |
| 26. Stress, tension..... | 0 | 1 | 2 | 3 |
| 27. Specific fears or phobias..... | 0 | 1 | 2 | 3 |
| 28. Unhappy much of the time..... | 0 | 1 | 2 | 3 |
| 29. Depression..... | 0 | 1 | 2 | 3 |
| 30. Feeling unworthy, inferior, guilty..... | 0 | 1 | 2 | 3 |
| 31. Thoughts of harming myself..... | 0 | 1 | 2 | 3 |
| 32. Alcohol..... | 0 | 1 | 2 | 3 |
| 33. Drugs..... | 0 | 1 | 2 | 3 |
| 34. Eating..... | 0 | 1 | 2 | 3 |
| 35. Weight..... | 0 | 1 | 2 | 3 |
| 36. Sleep..... | 0 | 1 | 2 | 3 |
| 37. Health..... | 0 | 1 | 2 | 3 |
| 38. Financial/legal problems..... | 0 | 1 | 2 | 3 |
| 39. Other, please list _____ | 0 | 1 | 2 | 3 |