

**IV. REASONS FOR SEEKING COUNSELING/PSYCHOLOGICAL/PSYCHIATRIC SERVICES**

Using the scale provided, place a check mark next to each of the following items as they apply to you.		Not at all	A Little	Moderately	Quite A Bit	Extreme
1.	Cannot seem to budget my time/money					
2.	Anxious and/or worried about everything most of the time					
3.	Obsessive or repetitive thoughts/images/impulses that are distressing					
4.	Thoughts of death or dying					
5.	Academic/job performance too low, - or - can't seem to work/study effectively					
6.	Have fears that seem unrealistic or excessive, that interfere with my life					
7.	Not interested in activities/relationships that usually (or used to) interest me					
8.	Worry about my drinking/smoking/drug use					
9.	Problems in romantic relationships					
10.	Have a pattern of intense, stormy relationships and/or extreme behavior in relationships					
11.	Having difficulty with learning math, foreign language, spelling, writing, etc.					
12.	Feel intense dislike for some people or someone					
13.	Don't know what I want out of life					
14.	Feel that others do not like me/no one seems to really care about me					
15.	Low self-esteem -or - Worry about what others think of me					
16.	Feel lonely					
17.	Have trouble making decisions					
18.	Worry about my physical health					
19.	Problems with sleeping - or - Decreased need for sleep (indicate which)					
20.	Feeling as if my thoughts are not my own, or that others can hear/know them					
21.	Feel that nothing I do seems meaningful or important					
22.	Feel very anxious in new situations					
23.	Distressing rituals or behaviors I cannot control, or that take up excessive time					
24.	Doubt my ability to meet goals/standards					
25.	Feel that others have wronged me, are out to get me, or trying to bring me down					
26.	Confused about questions of morals/religion/spirituality					
27.	Feel depressed or sad to the point that it's interfering with my life/activities					
28.	Having difficulty concentrating, focusing, and/or remembering things					
29.	Feel tired, dizzy, and/or weak					
30.	Have difficulty trusting other people					
31.	Having urges to beat, injure, or harm someone					
32.	"Revved up," little need for sleep, annoying to others, and/or out of control periods					
33.	Concerned with sexual functioning/identity/thoughts/feelings/behaviors					
34.	Have periods of odd, strange, or unusual sensations of experiences that others might not believe					
35.	Easily annoyed, irritated, or frustrated					
36.	Thoughts or feelings about ending my life					
37.	At times I feel I have special abilities, knowledge, or power					
38.	In some ways I feel I am superior to other people					
39.	Having urges to throw, break or smash things					
40.	Difficulties related to my weight/physical appearance and/or my eating habits					
41.	Sometimes I feel others have wronged me					
42.	Experience dramatic and or erratic mood swings					
43.	Can't stand up for myself or assert myself					
44.	Feeling hopeless about the future					
45.	Suffer uncomfortable sensations of panic					