

# Presenting Problems

Name \_\_\_\_\_

**INSTRUCTIONS:** Below is a list of problems people sometimes face. Carefully read each problem. Then for each problem which is currently causing you distress, circle the appropriate response to the right indicating the current amount of distress. Then circle the appropriate response which indicates how long you have had this problem. If a problem is not causing you distress, then do not rate the duration of concern.

HOW MUCH ARE YOU CURRENTLY DISTRESSED BY:	CURRENT AMOUNT OF DISTRESS					DURATION OF CONCERN (If a problem is not causing you distress, do not rate the duration of concern.)					
	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	LESS THAN A WEEK	1 TO 4 WEEKS	1 TO 6 MONTHS	½ TO 1 YEAR	1 TO 3 YEARS	OVER 3 YEARS
1. Academics/school work/grades	0	1	2	3	4	1	2	3	4	5	6
2. Adjustments to the university	0	1	2	3	4	1	2	3	4	5	6
3. Alcohol/drugs	0	1	2	3	4	1	2	3	4	5	6
4. Anxiety, fear, worries, nervousness	0	1	2	3	4	1	2	3	4	5	6
5. Assertiveness	0	1	2	3	4	1	2	3	4	5	6
6. Breakup/loss of a relationship	0	1	2	3	4	1	2	3	4	5	6
7. Concentration	0	1	2	3	4	1	2	3	4	5	6
8. Confusion about beliefs/values	0	1	2	3	4	1	2	3	4	5	6
9. Dating concerns	0	1	2	3	4	1	2	3	4	5	6
10. Death or impending death of significant person	0	1	2	3	4	1	2	3	4	5	6
11. Decisions about career/major	0	1	2	3	4	1	2	3	4	5	6
12. Depression	0	1	2	3	4	1	2	3	4	5	6
13. Developing independence from your family	0	1	2	3	4	1	2	3	4	5	6
14. Ethnic/racial discrimination	0	1	2	3	4	1	2	3	4	5	6
15. Eating problems	0	1	2	3	4	1	2	3	4	5	6
16. Finances	0	1	2	3	4	1	2	3	4	5	6
17. Homesickness	0	1	2	3	4	1	2	3	4	5	6
18. Irritability, anger, hostility	0	1	2	3	4	1	2	3	4	5	6
19. Making friends	0	1	2	3	4	1	2	3	4	5	6
20. Perfectionism	0	1	2	3	4	1	2	3	4	5	6
21. Physical health problems (e.g., headaches, stomach pains, etc.)	0	1	2	3	4	1	2	3	4	5	6
22. Pregnancy	0	1	2	3	4	1	2	3	4	5	6
23. Procrastination/getting motivated	0	1	2	3	4	1	2	3	4	5	6
24. Rape/sexual assault/unwanted sex	0	1	2	3	4	1	2	3	4	5	6
25. Reading/study skills problems	0	1	2	3	4	1	2	3	4	5	6
26. Relationship with family/parents/siblings/children	0	1	2	3	4	1	2	3	4	5	6
27. Relationship with friends/roommates/peers	0	1	2	3	4	1	2	3	4	5	6
28. Relationship with romantic partner/spouse	0	1	2	3	4	1	2	3	4	5	6
29. Religious/spiritual concerns	0	1	2	3	4	1	2	3	4	5	6
30. Self-esteem/self-confidence	0	1	2	3	4	1	2	3	4	5	6
31. Sexual concerns	0	1	2	3	4	1	2	3	4	5	6
32. Sexual identity/orientation issues	0	1	2	3	4	1	2	3	4	5	6
33. Sexually transmitted disease(s)	0	1	2	3	4	1	2	3	4	5	6
34. Shyness, being ill at ease with people	0	1	2	3	4	1	2	3	4	5	6
35. Sleeping problems	0	1	2	3	4	1	2	3	4	5	6
36. Stress management	0	1	2	3	4	1	2	3	4	5	6
37. Suicidal feeling/thoughts	0	1	2	3	4	1	2	3	4	5	6
38. Test anxiety/speech anxiety/performance anxiety	0	1	2	3	4	1	2	3	4	5	6
39. Time management	0	1	2	3	4	1	2	3	4	5	6
40. Uncertain about future/life after college	0	1	2	3	4	1	2	3	4	5	6
41. Weight problems/body image	0	1	2	3	4	1	2	3	4	5	6

## Family Experiences

**INSTRUCTIONS:** Below is a list of experiences which may occur in families. Read each experience carefully. Some of these may have been true at one point in your life but not true in another point. Think about your childhood and your adolescence. If the experience happened in your family during either of these periods, please circle the number labeled "Yes." If the experience never happened in your family, please circle the number labeled "No." If you are unsure whether or not the experience occurred in your family at some time, please circle the number labeled "Unsure."

DID THE FOLLOWING OCCUR IN YOUR FAMILY?	YES	NO	UN-SURE
1. Parents divorced or permanently separated	0	1	2
2. Family frequently moved	0	1	2
3. Parent(s) unemployed for an extended period of time	0	1	2
4. Frequent, hostile arguing among family members	0	1	2
5. Death of parent(s)	0	1	2
6. Parent(s) with a drinking problem	0	1	2
7. Parent(s) with a drug problem	0	1	2
8. Parent(s) with a gambling problem	0	1	2
9. Physical abuse in your family	0	1	2
10. Sexual abuse in your family	0	1	2
11. Rape/sexual assault of yourself or family member	0	1	2
12. Family member hospitalized for emotional problems	0	1	2
13. Family member diagnosed with a mental disorder	0	1	2
14. Family member attempted suicide	0	1	2
15. Family member committed suicide	0	1	2
16. Family member with a debilitating illness, injury or handicap	0	1	2
17. Family member prosecuted for criminal activity	0	1	2
18. Family member with an eating problem	0	1	2
19. Other significant family experiences: _____ _____			

## Substance/Alcohol Use

PLEASE TELL US ABOUT YOUR USE OF ALCOHOL/SUBSTANCE:	NEVER	SELDOM	ONCE A MONTH	TWICE OR MORE PER MONTH	WEEKLY	DAILY
1. I drink five or more drinks in a 24-hour period. (men)	0	1	2	3	4	5
2. I drink four or more drinks in a 24-hour period. (women)	0	1	2	3	4	5
3. I have missed a class due to drinking.	0	1	2	3	4	5
4. After drinking, I have forgotten where I was or what I did.	0	1	2	3	4	5
5. I currently use recreational drugs.	0	1	2	3	4	5