



Counseling Ministry of Charlottesville
Personal Wellness Checklist & History

Name: _____

Date of Birth: _____

Date: _____

Emotional Concerns

- feeling anxious or uptight
- excessive worrying
- not being able to relax
- feeling panicky
- unable to calm yourself down
- dwelling on certain thoughts or images
- fearing something terrible is about to happen
- avoiding certain thoughts or feelings
- having strong fears
- worrying about a nervous breakdown
- feeling out of control
- fears of being alone or abandoned
- feeling guilty
- having nightmares
- flashbacks
- troubling or painful memories
- missing periods of time - can't remember
- trouble remembering things
- feeling numb instead of upset
- feeling detached from all or part of your body
- having obsessive/ruminating thoughts
- feeling unreal, strange or foggy
- feeling unmotivated
- loss of interest in many things
- having trouble concentrating
- having trouble making decisions
- feeling the future looks hopeless
- feeling worthless or like a failure
- being unhappy all the time
- dissatisfied with physical appearance
- feeling self critical or blaming yourself
- having negative thoughts
- crying often
- feeling empty
- withdrawing inside yourself
- thinking too much about death
- thoughts of hurting yourself
- thoughts of killing yourself
- frequent mood swings
- feeling resentful or angry feeling irritable or frustrated
- feeling rage feeling like hurting someone

Behavioral and Physical Concerns

- not having an appetite
- having obsessive behaviors such as: hand-washing, checking, counting, etc.
- eating in binges
- self induced vomiting for weight control
- using laxatives for weight control
- eating too much
- eating too little
- losing weight - how much?
- gaining weight - how much?
- avoiding being with people
- being tired and lacking energy
- excessive exercise
- trouble finishing things
- cutting or harming self
- trouble sleeping
- trouble falling asleep early
- morning awakening
- sleeping too much
- sleeping too little
- number of hours I usually sleep:
- aggressive toward others
- impulsive reactions
- working too hard
- using alcohol
- too much being alcoholic
- using drugs
- driving under the influence
- blackouts - after drinking
- lack of exercise
- not having leisure activities
- smoking cigarettes
- often spending in binges
- Have you ever felt you ought to cut down on your drinking or drug use? Yes No
- Have people annoyed you by criticizing your drinking or drug use? Yes No
- Have you ever felt bad or guilty about your drinking or drug use? Yes No
- Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? Yes No

Intimate Relationship Concerns

- feeling misunderstood in relationship
- not feeling close to partner
- trouble communicating with partner
- not trusting partner
- lack of respect by partner
- partner being secretive
- lack of fairness in relationship
- problems with dividing household tasks
- disagreeing about children
- lack of affection
- unsatisfactory sexual relationship
- lack of time together
- lack of shared interests
- lack of positive interaction
- lack of time with other couples
- jealousy in relationship frequent arguments
- trouble resolving conflict partner
- being demanding and controlling
- partner putting you down
- violent arguments
- emotional abuse in relationship
- physical abuse in relationship
- sexual abuse in relationship
- partner having alcohol or drug problem
- self or partner having an affair feeling
- uncommitted to relationship
- wanting to separate
- discussing separating or divorce
- problems with in-laws
- problems with ex-partner
- problems with step parents
- children having special problems

Sexual Concerns

- worrying about getting pregnant
- having miscarriage(s)
- choice of birth control and/or abortion
- not able to become pregnant
- not enjoying sexual affection
- too tired to have sex
- too anxious to have sex
- feeling a lack of sexual desire
- wanting to have sex more often
- feeling neglected sexually
- feeling used sexually
- feeling unable to have orgasm
- being unable to sustain an erection
- feeling negatively about sex

When Growing Up to Present Time

- being physically abused - by whom?
- being emotionally abused - by whom?
- being sexually abused - by whom?
- having an alcoholic parent - which?
- having a drug abusing parent - which? _____
- having a depressed parent - which? _____
- having a parent with emotional problems - which? _____
- having parents separate or divorce - your age at time of divorce? _____
- close family member dying - who? _____ age at time of death? _____
- felt neglected or unloved - by whom?
- having an unhappy childhood
- having serious medical problems - what?
- having drug or alcohol problem
- frequent moves
- having learning problems - what? _____
- having emotional problems
- having attempted suicide - when/age? _____

Stresses During the Past Several Years

- death of family member or friend - who?
- birth or adoption of child self or family member hospitalized - who?
- moved/changed address
- being harassed or assaulted
- frequent family or couple arguments
- separation/divorce an important relationship ending - who?
- losing or changing job financial trouble legal problems
- natural disaster serious or chronic illness - what? Other

Goals for Therapy:

1. _____
2. _____
3. _____

Additional Concerns:

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Your journey toward contentment.