1400 N. Broadway | Anderson, IN 46012

COMMON PROBLEM INVENTORY

Client's Name:________________________________Date: ____________________

Please read over the following list of possible problem areas. Using the scale below, rate the areas which have been a concern for you in the past few weeks. If an item is not a concern, leave it blank. All responses will be kept strictly confidential. (Note: Please complete front and back)

1 2 3 4 5

Slight Problem Very Important

___Feeling depressed, sad, dejected

___Eating, appetite, or weight problems

___Use of marijuana or other drugs

___Problems at church

___Questioning religious beliefs

___Feeling overwhelmed

___Problems managing time

___Suicidal thoughts or feelings

___Feeling fearful

___Feel I'm “going to pieces”

___Indecision or concern about choices in life

___Marital or sexual problems

___Concerns about physical health

___Blaming, criticizing, or condemning myself

___Loss of loved one

___Confusion about sexual identity

___Coping with victimization (rape, assault, etc.)

___Difficulty caring about or concentrating on anything

___Trouble sleeping

___Drinking too much, too often

___Difficulty getting along with others

___Unsure about salvation

___Children are having problems

___Financial concerns

___Feeling discouraged or like a failure

___Feeling irritable, tense, or nervous

___Spells of terror or panic

___Problems at work

___Family problems

___Feeling lonely or isolated

___Headaches, faintness, or dizziness

___Overuse of prescribed drugs

___Coping with a divorce or separation

___Dealing with past or present abuse

___Outburst of anger or mood swings

Impact of Life Circumstance

Please check any LOSSES you have experienced:

- ❑ Spouse
- ❑ Father
- ❑ Grandparent
- ❑ Separation
- ❑ Miscarriage
- ❑ Bankruptcy
- ❑ Other ____________________
- ❑ Mother
- ❑ Brother
- ❑ Divorce
- ❑ Suicide
- ❑ Infertility
- ❑ Career/Job
- ❑ Child
- ❑ Sister
- ❑ Friend
- ❑ Broken Engagement
- ❑ Abortion
- ❑ Home

Please check any VICTIMIZATIONS you have experienced, been involved with, or are currently experiencing:

- ❑ Physical Abuse
- ❑ Abandonment
- ❑ Assault
- ❑ Major Illness
- ❑ Alienation
- ❑ Sexual Abuse/Incest
- ❑ Robbery
- ❑ Auto or Industrial Accident
- ❑ Physical Disability
- ❑ Emotional Abuse
- ❑ Rape
- ❑ Suicide Attempt
- ❑ Surgery
- ❑ Other ____________________________________

Check any PROBLEMS that concern you now:

Relationship(s) with:

- ❑ Spouse
- ❑ In-laws
- ❑ Teachers
- ❑ Children
- ❑ Co-workers
- ❑ Parents
- ❑ Friends

Other Areas:

- ❑ Alcohol
- ❑ Binge Eating
- ❑ Procrastination
- ❑ Anger
- ❑ Sex
- ❑ Mood Swings
- ❑ Stress
- ❑ Feelings about Church or God
- ❑ Street Drugs
- ❑ Shopping
- ❑ Communication
- ❑ Grief
- ❑ Career
- ❑ Self-esteem
- ❑ Fear
- ❑ Prescription Drugs
- ❑ Working too much
- ❑ Depression
- ❑ Gender Identity
- ❑ Loneliness
- ❑ Codependency
- ❑ Anxiety
- ❑ Excessive Dieting/Exercising
- ❑ Other ____

____ ______________________________

Client or Parent/ Guardian Date

Common Problem Inventor adapted from " A New System o f Conceptualizing College Student's Problems: Types of Crisis and the Inventory of Common Problems" by J..A. Hoffman and B. Weiss, 1986, *Journal of American College Health, 34,* p. 262.