

# MIDWEST CENTER FOR TRAUMA AND EMOTIONAL HEALING

## CONFIDENTIAL DISTRESS CHECKLIST

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 1. Are you experiencing?

- \_\_\_\_\_ appetite/eating problems
- \_\_\_\_\_ sleep difficulties
- \_\_\_\_\_ headaches
- \_\_\_\_\_ stomachaches
- \_\_\_\_\_ fatigue/over tired
- \_\_\_\_\_ sadness
- \_\_\_\_\_ worry
- \_\_\_\_\_ indecision
- \_\_\_\_\_ depression
- \_\_\_\_\_ fear
- \_\_\_\_\_ irritability
- \_\_\_\_\_ feeling numb
- \_\_\_\_\_ low self esteem
- \_\_\_\_\_ weight gain or loss
- \_\_\_\_\_ anger
- \_\_\_\_\_ relationship problems
- \_\_\_\_\_ concerns about sexuality
- \_\_\_\_\_ anxiety
- \_\_\_\_\_ panic
- \_\_\_\_\_ crying easily
- \_\_\_\_\_ odd body pains
- \_\_\_\_\_ moodiness
- \_\_\_\_\_ disorientation or confusion
- \_\_\_\_\_ slowed thoughts/ racing thoughts
- \_\_\_\_\_ thought of hurting yourself
- \_\_\_\_\_ thoughts of death or dying
- \_\_\_\_\_ hearing voices or loud thoughts
- \_\_\_\_\_ suicidal thinking
- \_\_\_\_\_ thoughts of harming another person
- \_\_\_\_\_ dizziness
- \_\_\_\_\_ being easily startled
- \_\_\_\_\_ self consciousness

2. Have you experienced any major life change in the past year? Yes \_\_\_\_ No \_\_\_\_  
{examples are things such as marriage, divorce, graduation, death of loved one etc}  
If so, please indicate.

3. In general, would you say your health is:

Excellent      Very Good      Good      Fair      Poor

4. During the past 4 weeks how much difficulty did you have doing your work or school or other regular daily activities as a result of your physical health?

None At All      A Little Bit      Some      Quite a Bit      Could Not Do Daily Work

5. During the past 4 weeks how much difficulty did you have doing your work or school or other regular daily activities as a result of your emotional state?

Not At All      A Little Bit      Some      Quite a Bit      Could Not Do Daily Work

6. In the past 4 weeks has your physical or emotional health interfered with normal social activities with family, friends, neighbors or groups?

Not At All      A Little Bit      Some      Quite a Bit      Significant problem

7. How many days have you been unexpectedly tardy or absent in the last 30 days? \_\_\_\_\_

8. Do you have any medical conditions?

9. Are you taking any medication? \_\_\_\_\_

List please: \_\_\_\_\_  
\_\_\_\_\_

10. Do you have a physician? \_\_\_\_\_

Would it be ok for me to contact her/him? \_\_\_\_\_

If yes, please list:

Name:

Phone:

11. Have you ever attempted suicide? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, please indicate when.

12. Have you ever been hospitalized for a psychiatric condition? Yes\_\_\_ No\_\_\_\_. If so, please indicate for what, where, and approximately when.

13. Do you live alone?\_\_\_\_\_

14. Do you feel that you are in danger of being hurt?\_\_\_\_\_

15. Do you feel concerned about alcohol or drug use?\_\_\_\_\_

16. Have you had previous counseling? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, please indicate when and with whom.

If yes, was it helpful?

What are you wanting from this current counseling experience?

What characteristic/qualities are you hoping for in your new therapist?

17. Are your parents: alive\_\_\_ deceased\_\_\_ married\_\_\_ divorced\_\_\_ other\_\_\_

18. Do you have siblings? If yes where do you fall in birth order?

19. Who took care of you as a child?

20. Are you aware of anyone in your family of origin experiencing {mark X}:  
depression\_\_\_ anxiety\_\_\_ eating disorders\_\_\_ schizophrenia\_\_\_  
bi-polar\_\_\_ learning disabilities\_\_\_ chemical/alcohol abuse\_\_\_  
obsessive/compulsive issues\_\_\_ dissociative abilities\_\_\_

21. Current Family Status: single\_\_\_ partnered\_\_\_ married\_\_\_ divorced\_\_\_  
separated\_\_\_ widowed\_\_\_ remarried\_\_\_ How long in the current status\_\_\_\_\_

22. Do you have children/ step children? Yes\_\_\_ No\_\_\_

23. Do you have concerns about your current family? Yes\_\_\_ No\_\_\_ If yes, please indicate.

24. What is your current occupation [being a student counts]?

25. How long have you been in your position?

26. Are you satisfied with your work?

27. Have you had legal problems? Yes \_\_\_\_ No \_\_\_\_ . If yes, please describe.

28. Have you ever been convicted of a criminal charge? Yes \_\_\_\_ No \_\_\_\_ . If yes, please describe.

29. Are you involved in current litigation or legal situation? Yes \_\_\_\_ No \_\_\_\_ .

30. What do you do when you want to have fun?

31. Do you find it difficult to maintain supportive relationships? Yes \_\_\_\_ No \_\_\_\_

32. Is there someone who you can count on if you need help? Yes \_\_\_\_ No \_\_\_\_ If yes, who?

33. Who should be contacted in case of an emergency?

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Client Signature