

**Pre-Therapy Self-Assessment  
Counseling Solutions, Inc.**

Please complete the below assessment as a starting point for your session with Nina Flowers, LPC. This will give a basis for beginning counseling. Please be as complete and honest as possible.

Rate the following items based on your current condition:

<b>Activities:</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Decrease in energy or feeling of fatigue	◇	◇	◇	◇
Hyperactivity or unable to settle down	◇	◇	◇	◇
Impulsiveness or recklessness	◇	◇	◇	◇
Increased social activity	◇	◇	◇	◇
Increased occupational activity	◇	◇	◇	◇
Increased sexual activity	◇	◇	◇	◇
Agitation	◇	◇	◇	◇
Restlessness	◇	◇	◇	◇

Please list any of these activity levels that represent a change in the last year:

<b>Behavior:</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Academic or work inhibition	◇	◇	◇	◇
Aggression or rage	◇	◇	◇	◇
Antisocial	◇	◇	◇	◇
Compulsions	◇	◇	◇	◇
Deceitfulness	◇	◇	◇	◇
Breaking rules/rights of others	◇	◇	◇	◇
Theft	◇	◇	◇	◇
Destructive	◇	◇	◇	◇
Disorganized	◇	◇	◇	◇
Defiant	◇	◇	◇	◇
Self-injurious	◇	◇	◇	◇
Withdrawn	◇	◇	◇	◇

Please list any of these activity levels that represent a change in the last year:

<b>Abuse:</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Verbal	◇	◇	◇	◇
Physical	◇	◇	◇	◇
Emotional	◇	◇	◇	◇
Sexual	◇	◇	◇	◇

Please specify if any of these experiences are new, recent or long term:

**Sleep Patterns/Disturbances:**

	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Poor or Interrupted Sleep	◇	◇	◇	◇
Excessive Sleep	◇	◇	◇	◇
Problems getting to sleep	◇	◇	◇	◇
Hard time getting out of bed	◇	◇	◇	◇
Not getting the amount of sleep you need	◇	◇	◇	◇
Wake up and can't get back to sleep	◇	◇	◇	◇

Please provide an explanation if any of these sleep patterns are new and, if known, the cause for this change.

**Moods:**

	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Anger or hostility	◇	◇	◇	◇
Apathy or lack of interest	◇	◇	◇	◇
Depressed	◇	◇	◇	◇
Elevated mood	◇	◇	◇	◇
Excitability	◇	◇	◇	◇
Feeling of guilt	◇	◇	◇	◇
Feeling worthless	◇	◇	◇	◇
Helplessness	◇	◇	◇	◇
Hopelessness	◇	◇	◇	◇
Irritability	◇	◇	◇	◇
Low self-esteem	◇	◇	◇	◇
Marked mood shifts	◇	◇	◇	◇
Anxious	◇	◇	◇	◇
Nervous	◇	◇	◇	◇

Please provide an explanation if any of these moods are new and, if known, the cause for this change.

**Memory/Thought Process:**

	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Diminished ability to think	◇	◇	◇	◇
Distracted	◇	◇	◇	◇
Poor concentration	◇	◇	◇	◇
Impaired abstract thinking	◇	◇	◇	◇
Racing thoughts	◇	◇	◇	◇
Incoherence of thoughts	◇	◇	◇	◇
Thinking in generalities	◇	◇	◇	◇
Indecisiveness	◇	◇	◇	◇
Memory loss	◇	◇	◇	◇
Memory impairment	◇	◇	◇	◇
Impaired judgment	◇	◇	◇	◇
"Losing" periods of time	◇	◇	◇	◇

Please provide an explanation if any of these symptoms are new and, if known, the cause for this change.

**Anxiety, Phobia or Perceptions:**

	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Anxiety	◇	◇	◇	◇
Fear of separation	◇	◇	◇	◇
Anxiety or panic attacks	◇	◇	◇	◇
Constant worrying	◇	◇	◇	◇
Phobic responses to situations	◇	◇	◇	◇
Delusions	◇	◇	◇	◇
Depersonalization	◇	◇	◇	◇
Hallucination	◇	◇	◇	◇
Obsessions	◇	◇	◇	◇
Paranoia	◇	◇	◇	◇
Constant thought of distressful events	◇	◇	◇	◇

Please provide an explanation if any of these symptoms are new and, if known, the cause for this change.

**Eating Disturbances:**

	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Binge eating	◇	◇	◇	◇
Purging	◇	◇	◇	◇
Decreased appetite	◇	◇	◇	◇
Increased appetite	◇	◇	◇	◇
Unable to maintain normal weight	◇	◇	◇	◇
Frequently skipping meals	◇	◇	◇	◇
Recent significant weight loss	◇	◇	◇	◇
Recent significant weight gain	◇	◇	◇	◇

Please provide an explanation if any of these symptoms are new and, if known, the cause for this change.

**Substance Use:**

	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>N/A</b>
Use illegal substances	◇	◇	◇	◇
Overuse of prescription drugs	◇	◇	◇	◇
Smoking	◇	◇	◇	◇
Use despite potential negative effects	◇	◇	◇	◇
Impact daily functions	◇	◇	◇	◇
Unable to decrease use	◇	◇	◇	◇
Persistent desire to have substances	◇	◇	◇	◇
Tolerance to substances	◇	◇	◇	◇
Experience withdrawal if cease use	◇	◇	◇	◇