

PROBLEM ASSESSMENT

In an effort to evaluate your needs please take a few minutes to complete this confidential assessment. For the following, please read each item carefully, and circle the response that best represents to what extent you've experienced the problem **over the last two weeks**.

1= not at all 2= a little bit 3= moderately 4= quite a bit 5= extremely					
1. Feeling irritable or on edge	1	2	3	4	5
2. Unrealistic or excessive anxiety & worry	1	2	3	4	5
3. A loss of interest in most activities	1	2	3	4	5
4. Problems at work/school because of drug/alcohol use	1	2	3	4	5
5. Difficulty controlling anxiety & worry	1	2	3	4	5
6. Sleeping more or less than usual	1	2	3	4	5
7. Fatigue or loss of energy nearly every day	1	2	3	4	5
8. Feelings of guilt because of drug/alcohol use	1	2	3	4	5
9. Muscle tension	1	2	3	4	5
10. Feelings of worthlessness or hopelessness	1	2	3	4	5
11. Unable to concentrate	1	2	3	4	5
12. Problems with personal relationships because of drug/alcohol	1	2	3	4	5
13. Fear of doing something uncontrolled	1	2	3	4	5
14. Periods of terror or panic	1	2	3	4	5
15. Appetite disturbances	1	2	3	4	5
16. Problems with daily functioning because of drug/alcohol use	1	2	3	4	5
17. Dizziness or faintness	1	2	3	4	5
19. General feelings of sadness	1	2	3	4	5
20. Health problems associated with drug/alcohol use	1	2	3	4	5
21. Feeling nervous or shaky inside	1	2	3	4	5
22. Difficulty making decisions	1	2	3	4	5
23. Thoughts of ending your life	1	2	3	4	5

Using the same scale as above, indicate to what extent you've been DISSATISFIED with the following aspects of your life over the past two weeks.

24. Your overall job satisfaction	1	2	3	4	5
25. Your overall job performance	1	2	3	4	5
26. Your overall quality of life	1	2	3	4	5