



Self-Look at Do I Need Therapy?

The 12 items below refer to how you have felt and behaved **DURING THE PAST MONTH**. For each item, indicate the extent to which it is true, by circling the appropriate word.

1. I am concerned about a behavior, feeling, or something I am doing.

Not at all Just a little Somewhat Moderately Quite a lot Very much

2. This behavior or feeling has been getting worse in the past few weeks.

Not at all Just a little Somewhat Moderately Quite a lot Very much

3. I have tried stopping or reducing this behavior or feeling on my own.

Not at all Just a little Somewhat Moderately Quite a lot Very much

4. My attempts at stopping or reducing this behavior or feeling have been successful.

Not at all Just a little Somewhat Moderately Quite a lot Very much

5. I rely on my friends or family to help me with my current troubles.

Not at all Just a little Somewhat Moderately Quite a lot Very much

6. I am finding it more difficult to cope with things than usual.

Not at all Just a little Somewhat Moderately Quite a lot Very much

7. I am having trouble concentrating at work or school.

Not at all Just a little Somewhat Moderately Quite a lot Very much

8. I like to think things through or talk about things that bother me.

Not at all Just a little Somewhat Moderately Quite a lot Very much

9. I have talked to my family doctor or healthcare professional about the behavior or feeling that's troubling me.

Yes No

10. I have talked to my friends or family about the behavior or feeling that's troubling me.

Yes No

11. I have read books or went on the Internet to discover more about the behavior or feeling that's troubling me.

Not at all Just a little Somewhat Moderately Quite a lot Very much

12. I've been in therapy before and it's helped me.

Never Yes, but it didn't help Yes, somewhat Yes, moderately Yes, Quite a lot Yes, very much

Call Phoenix Associates, Inc. at 260.424.0411 to discuss your results.