

EMOTIONAL CHECKLIST – AGES 7-17

Name _____ Date of Birth _____ Age _____ Sex _____

Today's Date _____ Email _____

Address _____ Day Time Phone _____

City _____ State _____ Zip _____

Please write a score of 0-10 that indicates how you felt in the past week

NEVER | ALMOST NEVER | ONCE IN A WHILE | A LOT OF THE TIME | ALL THE TIME

0 _____ 5 _____ 10 _____

1) I worry about my family, friends, self, future, Etc.	
2) I am hard on myself (self-critical) and blame myself for everything.	
3) I feel resentful or angry.	
4) I feel sad or down in the dumps.	
5) I feel inadequate (less important) or inferior to others.	
6) My future looks hopeless, or my future doesn't look good.	
7) I feel like I can't do anything right.	
8) I have lost interest in school, my hobbies, family or friends.	
9) I feel overwhelmed and have to push myself hard to do things.	
10) I have lost my appetite, or lost my hunger for food.	
11) I eat too much and eat too often.	
12) I don't sleep through the night or I awake up in the middle of the night.	
13) I am always tired and sleep too much.	
14) I have trouble making up my mind.	
15) I have thoughts that life is not worth living.	
16) I feel hatred toward myself, others, or anything.	
17) I feel unattractive and unpopular.	
Total	

BEHAVIOR CONTROL CHECKLIST AGES 7-17

Please write a score of 0-10 after each question

NOT AT ALL

A LITTLE BIT

SOMEWHAT

A LOT

0 ————— 5 ————— 10

1) I understand how my mind works.	
2) I know how to change my thoughts and thinking.	
3) I can change my feelings or the way I feel.	
4) I have control over my mind.	
5) I know I can do or be anything I want if I work hard and stay focused.	
6) People understand what I am trying to tell them and I understand myself.	
7) I can control my eating habits.	
8) I can get myself to do the things I need to do.	
9) I can make complete changes in the way I eat and exercise.	
Total	

RELATIONSHIP SATISFACTION SCALE AGES 7-17

Please write a score of 0-10 indicating your degree of satisfaction

NEVER

ALMOST NEVER

ONCE IN A WHILE

A LOT OF THE TIME

ALL THE TIME

0 ————— 5 ————— 10

1) My family understands what I am trying to tell them.	
2) My teacher understands what I am trying to tell them.	
3) I am good at resolving (fixing) conflicts, disagreements and arguments.	
4) I understand what my family tells me.	
5) I understand what my teacher tells me.	
6) My friends understand what I try to tell them.	
7) People understand what I am trying to tell them, I understand what people are trying to tell me.	
Total	