

Functional Emotional Fitness™ Checklist - Adults

Name _____ Date of Birth _____ Age ____ Sex ____ Today's Date _____

Please write a score of 1-10 after each question

NOT AT ALL

SOMEWHAT

MODERATELY

A LOT

1 _____ 5 _____ 10 _____

Emotional Checklist

1) Do you worry about family, friends, self, events, future etc.?	
2) Do you get self-critical and blame yourself for everything?	
3) Have you been feeling resentful or angry?	
4) Do you find it hard to get a good night sleep?	
5) Have you been feeling sad or do you feel your future is hopeless?	
6) Do you feel inferior to others or think of yourself as a failure?	
7) Have you lost your interest in your career, hobbies, family or friends?	
8) Do you feel overwhelmed and have to push yourself hard to do things?	
9) Have you lost your appetite or do you compulsively overeat?	
10) Do you have trouble making up your mind?	
11) Do you have feelings of hatred toward anyone, anything or yourself?	
12) Do you feel life is not worth living?	
Total	

Behavior Control Checklist

1) How would you rate your understanding of how thought, emotion and behavior work?	
2) How would you rate your ability to restructure subconscious processes?	
3) How would you rate your ability to maintain the emotional state of love?	
4) How would you rate your confidence in achieving your goals?	
5) How would you rate your self-motivation and ability to stay focused?	
Total	

Relationship Satisfaction Scale

1) How would you rate your communication with the people closest to you?	
2) Resolving conflicts and arguments with the people closest to you?	
3) Satisfaction with your roles in the relationships with the people closest to you?	
4) Satisfaction with the other people's role in your relationships?	
5) Love for people closest to you?	
Total	