

# EMOTIONAL CHECKLIST - ADULT

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**

**NOT AT ALL**                      **SOMEWHAT**                      **MODERATELY**                      **A LOT**  
 0 \_\_\_\_\_ 5 \_\_\_\_\_ 10

1) Do you find yourself worrying about family, friends, self, future Etc?	
2) Do you get self-critical and blame yourself for everything?	
3) Have you been feeling resentful or angry?	
4) Have you been feeling sad or down in the dumps?	
5) Do you feel inadequate or inferior to others?	
6) Does your future look hopeless?	
7) Do you feel worthless or think of yourself as a failure?	
8) Have you lost your interest in your career, hobby, family or friends?	
9) Do you feel overwhelmed and have to push yourself hard to do things?	
10) Do you think you look old or unattractive?	
11) Have you lost your appetite?	
12) Do you overeat or binge compulsively?	
13) Do you find it hard it hard to get a good night sleep?	
14) Are you excessively tired and sleeping too much?	
15) Have you lost interest in sex?	
16) Do you have trouble making up your mind?	
17) Do you have thoughts that life is not worth living?	
18) Do you have feelings of hatred toward anyone, anything or yourself?	
<b>Total</b>	

## BEHAVIOR CONTROL CHECKLIST - ADULT

Please write a score of 0-10 after each question

NOT AT ALL                      SOMEWHAT                      MODERATELY                      A LOT  
 0 \_\_\_\_\_ 5 \_\_\_\_\_ 10

1) How would you rate your understanding of how the subconscious works?	
2) How would you rate your ability to unlearn subconscious programming?	
3) How do you rate your ability to regulate your emotional state?	
4) How much control do you feel you have over your subconscious?	
5) How would you rate your confidence in achieving your goals?	
6) How would you rate your ability to communicate effectively with yourself and other people?	
7) How would you rate the control you have over your eating habits?	
8) How would you rate your ability of self-motivation?	
9) How confident do you feel in making a permanent change in your food and fitness program?	
<b>Total</b>	

## RELATIONSHIP SATISFACTION SCALE - ADULT

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

NOT AT ALL                      SOMEWHAT                      MODERATELY                      A LOT  
 0 \_\_\_\_\_ 5 \_\_\_\_\_ 10

1) Communication and openness with your partner?	
2) Resolving conflicts and arguments?	
3) Degree of affection and caring?	
4) Intimacy and closeness?	
5) Satisfaction with your role in the relationship?	
6) Satisfaction with your partner's role in the relationship?	
7) Overall satisfaction with your relationship?	
<b>Total</b>	