

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

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 school, hobby, family or friends?	
9) Do you feel overwhelmed and have to push yourself hard to do things?	
10) Have you lost your appetite?	
11) Do you overeat or binge compulsively?	
12) Do you find it hard it hard to get a good night sleep?	
13) Are you excessively tired and sleeping too much?	
14) Do you have trouble making up your mind?	
15) Do you have thoughts that life is not worth living?	
16) Do you have feelings of hatred toward anyone, anything or yourself?	
Total	

BEHAVIOR CONTROL CHECKLIST AGES 7-17

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?	
Total	

RELATIONSHIP SATISFACTION SCALE AGES 7-17

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

NOT AT ALL SOMEWHAT MODERATELY A LOT
 0 _____ 5 _____ 10

1) How would you rate your communication with your family?	
2) How would you rate your communication with your teachers?	
3) How would you rate your ability for resolving conflicts and arguments?	
4) How would you rate your family's communication with you?	
5) How would you rate your teacher's communication with you?	
6) How would you rate your communication with your friends?	
7) Please rate your overall satisfaction with your communication skills?	
Total	