

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Date: \_\_\_\_\_

### What Brings You in Now?

Please rate your concern for each of the following issues

	<u>N/A</u>	<u>Low</u>		<u>High</u>
Performance anxiety.....	0	1	2	3
Difficulty with work demands.....	0	1	2	3
Difficulty with elite performer lifestyle demands.....	0	1	2	3
Issues within colleagues and/or with coworkers.....	0	1	2	3
Communication difficulties.....	0	1	2	3
Motivation for work.....	0	1	2	3
Performance slump.....	0	1	2	3
Media exposure.....	0	1	2	3
Difficulty with travel demands.....	0	1	2	3
Concentration training.....	0	1	2	3
Goal Setting training.....	0	1	2	3
Imagery, Visualization training.....	0	1	2	3
Relaxation training.....	0	1	2	3
Retirement.....	0	1	2	3
Confidence.....	0	1	2	3
Schoolwork, grades.....	0	1	2	3
Procrastination, time management.....	0	1	2	3
Stress management.....	0	1	2	3
Decisions about major/career.....	0	1	2	3
Concern for welfare of another person.....	0	1	2	3
Relationship with colleague(s).....	0	1	2	3
Relationship with roommate(s).....	0	1	2	3
Relationship with supervisor(s).....	0	1	2	3
Relationship with spouse/significant other.....	0	1	2	3
Relationship with parents, family.....	0	1	2	3
Gay/lesbian/bisexual issues.....	0	1	2	3
Shyness, being assertive.....	0	1	2	3
Self-esteem, self-confidence.....	0	1	2	3
Loneliness, homesickness.....	0	1	2	3
Feeling down, sad, depressed.....	0	1	2	3
Fears, worries, anxiety.....	0	1	2	3
Irritable, angry, hostile feelings.....	0	1	2	3
Injury, fear of injury.....	0	1	2	3
Chronic physical problem (e.g., asthma).....	0	1	2	3
Physical stress (headaches, stomach pains, muscle tension, etc.).....	0	1	2	3
Sleep difficulties.....	0	1	2	3
Eating/body image, weight issues.....	0	1	2	3
Suicidal feelings or behavior.....	0	1	2	3