

THE BURRIS LIFE COACH
EMOTIONAL CHECKLIST - ADULT

Name _____ Date of Birth _____ Age 51 Sex F

Today's Date 9-30-04 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) Have you been feeling sad or down in the dumps?	5
2) Does the future look hopeless?	0
3) Do you feel worthless or think of yourself as a failure?	2
4) Do you feel inadequate or inferior to others?	0
5) Do you get self-critical and blame yourself for everything?	2
6) Do you have trouble making up your mind?	4
7) Have you been feeling resentful or angry?	0
8) Have you lost your interest in your career, hobby, family or friends?	2
9) Do you feel overwhelmed and have to push yourself hard to do things?	2
10) Do you think you look unattractive?	0
11) Have you lost your appetite?	0
12) Do you overeat or binge compulsively?	0
13) Do you find it hard it hard to get a good night sleep?	0
14) Or are you excessively tired and sleeping too much?	2
15) Have you lost your interest in Sex?	0
16) Do you find yourself worrying about family friends, self, future Etc?	0
17) Do you have thoughts that life is not worth living and you would be better off dead?	0
18) Do you ever have feelings of hatred toward anyone, anything or yourself?	0
Total	

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 a behavior works?	9
2) How would you rate your ability to unlearn behaviors that do not work for you?	9
3) How do you rate your ability to regulate your emotional state?	9
4) How much control do you feel you have over your thoughts?	9
5) How much would you rate your confidence in achieving your goals?	8
6) How would you rate your ability to communicate effectively with yourself and other people?	9
7) How would you rate the control you have over your eating habits?	5
8) How would you rate your ability of self-motivation for exercise?	2
9) How confident do you feel in making a permanent change in your diet and exercise program?	5
Total	

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?	10
2) Resolving conflicts and arguments?	9
3) Degree of affection and caring?	10
4) Intimacy and closeness?	10
5) Satisfaction with your role in the relationship?	0
6) Satisfaction with your partner's role in the relationship?	0
7) Overall satisfaction with your relationship?	2
Total	