

THE BURRIS LIFE COACH
EMOTIONAL CHECKLIST - ADULT

Name _____ Date of Birth _____ Age 14 Sex F

Today's Date 6-22-02 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?	10
2) Does the future look hopeless?	10
3) Do you feel worthless or think of yourself as a failure?	10
4) Do you feel inadequate or inferior to others?	10
5) Do you get self-critical and blame yourself for everything?	5
6) Do you have trouble making up your mind?	10
7) Have you been feeling resentful or angry?	10
8) Have you lost your interest in your career, hobby, family or friends?	10
9) Do you feel overwhelmed and have to push yourself hard to do things?	5
10) Do you think you look unattractive?	10
11) Have you lost your appetite or do you overeat or binge compulsively?	10
12) Do you suffer from insomnia or find it hard it hard to get a good night sleep? Or are you excessively tired and sleeping too much?	5
13) NA	
14) Do you find yourself worrying about family friends, self, future Etc?	10
15) Do you have thoughts that life is not worth living and you would be better off dead?	10
16) Do you ever have feelings of hatred toward anyone, anything or yourself?	10
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?	0
2) How would you rate your ability to unlearn behaviors that do not work for you?	5
3) How do you rate your ability to regulate your emotional state?	0
4) How much control do you feel you have over your thoughts?	5
5) How much would you rate your confidence in achieving your goals?	0
6) How would you rate your ability to communicate effectively with yourself and other people?	0
7) How would you rate the control you have over your eating habits?	0
8) How would you rate your ability of self-motivation for exercise?	0
9) How confident do you feel in making a permanent change in your diet and exercise program?	0
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?	NA
2) Resolving conflicts and arguments?	NA
3) Degree of affection and caring?	NA
4) Intimacy and closeness?	NA
5) Satisfaction with your role in the relationship?	NA
6) Satisfaction with your partner's role in the relationship?	NA
7) Overall satisfaction with your relationship?	NA
Total	