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Behavior/Emotions Inventory

Name: _____

Please mark all that apply at this time and how long this has been a concern/issue:

FEELINGS

- SAD FEARFUL ANXIOUS DEPRESSED LONELY GUILTY SELF-CRITICAL
 ANGRY REVENGEFUL IRRITABLE OTHER: _____

SOCIAL

- ARGUES LACKS COOPERATION FEW FRIENDS EVASIVE CLINGY ACTS YOUNG
 WITHDRAWN STRUGGLES WITH SIBLING RELATIONSHIPS STRUGGLES WITH PEER RELATIONSHIPS
 LACKS CARE/CONCERN FOR OTHERS OTHER: _____

PHYSICAL

- FREQUENT HEADACHES FREQUENT STOMACHACHES SOILS WETS SLEEP PROBLEMS
 NIGHTMARES ISSUES w/FOOD/EATING LOW ENERGY SUBSTANCE USE UNDER/OVER WEIGHT

BEHAVIORS

- FIRE-SETTING HURTS ANIMALS LIES STEALS DESTROYS PROPERTY RUNS AWAY
 DEMANDING PHYSICALLY AGGRESSIVE OPPOSITIONAL/DEFIANT LEGAL VIOLATIONS
 EXCESSIVE OBSCENE LANGUAGE ARGUES SUICIDAL THOUGHTS/ATTEMPT IMPULSIVE
 HYPERACTIVE INATTENTIVE COMPULSIVE/REPETITIVE ACTIONS
 SUBSTANCE USE/ABUSE (ALCOHOL/TOBACCO/DRUGS/INHALANTS POOR PERSONAL BOUNDARIES
 INAPPROPRIATE SEXUAL BEHAVIOR/BOUNDARIES SEDUCTIVE OTHER: _____

THINKING

- OUT-OF-TOUCH WITH REALITY STRANGE/BIZARRE IDEAS EXCESSIVE FANTASY "SPACES OUT"
 OBSESSIVE SUSPICIOUS BLAMES OTHERS STRUGGLES TO TAKE RESPONSIBILITY FOR ACTIONS
 FLASHBACKS OTHER: _____

____ Domestic Violence ____ Sexual Abuse ____ Physical Abuse ____ Emotional Abuse

____ Other Trauma _____

ON AVERAGE, HOW MANY HOURS EACH DAY ARE SPENT ON THE FOLLOWING:

TV/movies/video games/Wii and related activities? 0-1 2-3 4-5 more than 5

Computer (non-school or work related)/Texting, etc? 0-1 2-3 4-5 more than 5

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