



Emotional Checkup

You have chosen to have an emotional checkup. It is important that you answer all the questions to the best of your ability. All information is confidential.

Name _____ age _____, Gender M ____, F ____, Trans ____, Other _____

- What is your greatest weakness? _____

- Can you be wrong? Yes _____ No _____

Explain with example _____

- Do you admit your mistakes? Yes _____ No _____

Explain with example _____

- Do you express your emotions well? Yes _____ No _____

Explain _____



- Do you communicate well? Yes _____ No _____

Explain _____

- Are you good with relationships? Yes _____ No _____

Explain _____

- Are you an introvert or an extrovert? Yes _____ No _____

Explain _____

- Are there tasks you keep avoiding? Yes _____ No _____

Write down what you are avoiding _____

- List your failures _____

Is there a common pattern to those failures? _____



- What personal weakness do you feel those failures point to? _____

- Are you overly critical of yourself? Yes _____ No _____

Explain _____

- Are you overly critical of others? Yes _____ No _____

Explain _____

- Is there something that people keep telling you that you need to work on?

Explain _____

- List three things about yourself that you really like

- List three things about yourself that you would like to improve



- Do you tell others what you really want? Yes _____ No _____

Explain _____

- Do you sleep well? Yes _____ No _____

Explain _____

- Do you eat well? Yes _____ No _____

Explain _____

- Do you like your appearance? Yes _____ No _____

Explain _____

- What are your three top concerns?



- Do you over worry? Yes _____ No _____

Explain _____

- Do you ever feel anxious? Yes _____ No _____

Explain _____

- Are you anxious now? Yes _____ No _____

- How long have you been feeling this way? Days _____ Weeks _____ Months _____ Years _____

- Did something happen to make you feel this way? Yes _____ No _____

Explain _____

- When have you felt like this in the past and why? _____

- Have you ever been depressed? Yes _____ No _____

Explain _____



- Are you depressed now? Yes _____ No _____

Explain _____

- How long have you been feeling this way? Days _____ Weeks _____ Months _____ Years _____
- What happened at the time you began feeling this way? _____
- When have you felt like this in the past and why? _____

- What makes you sad? _____
- Are you sad now? Yes _____ No _____

Explain _____

- How long have you been feeling sad? Days _____ Weeks _____ Months _____ Years _____
- What happened at the time you began feeling this way? _____
- When have you felt like this in the past and what happened? _____
- What other emotions are you feeling? Frustration, despair, anger, guilt _____

- Do you have any health problems? E.g. epilepsy, diabetes, etc. _____



- Have you had any counseling or hospitalized for mental or emotional reasons? Yes _____ No _____

Explain _____

- Do you sleep well? Yes _____ No _____

Explain _____

- Do you eat well? Yes _____ No _____

Explain _____

- What type of work do you do? _____



- Tell me your story. Tell me about you your likes dislikes thoughts and feelings. What makes you happy, angry and sad; what makes you tic. What are your goals and aspirations? Speak your mind.

We will use these questions as a guide for our discussion. I am looking forward to speaking with you. Choosing to improve your emotional life is a great decision. Keep learning.