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Self-Assessment Form

Please check any HEALTH ISSUES that pertain to you or with which you have had difficulty in the past.

Alcohol use/abuse
Substance use/abuse
Sleep
Relaxation
Energy
Stress
Tiredness/fatigue

Appetite
Asthma/allergies
Stomach problems
Bowel problems
Frequent infections
Chronic pain
Sexual problems

Please check any PSYCHOLOGICAL ISSUES that pertain to you or with which you have had difficulty in the past.

Nervousness/anxiety
Anger
Persistent thoughts
Depression
Self-control or lack of it
Memory
Inferiority feelings
Low self-worth
Nightmares/night terrors

Fear
Concentration
Body Image
Ambition
Lack of motivation
Decision making
Suicidal thoughts
Hopelessness
Dependency

Please check any INTERPERSONAL ISSUES that pertain to you or with which you have had difficulty in the past.

Separation
Loss
Legal problems
Children/parenting
Communication
Work
School
Domestic violence

Problems with the law
Divorce
Career choices
Finances
Friendships
Marriage/intimate relationships
Difficulty with commitment
Physical, sexual, emotional abuse