

ADULT SELF-ASSESSMENT INVENTORY

Check all that apply

PROBLEMS WITH CONCENTRATION

- I have trouble concentrating on one thing at a time.
- My mind wanders.
- I forget what I am supposed to be doing.
- I get distracted easily.
- I lose my place when I am reading.
- I am easily distracted by noises.

PROBLEMS WITH RESTLESSNESS

- I cannot sit still for very long.
- I am jumpy and jittery.
- I like to play active sports rather than quiet ones.
- I am a restless sleeper.
- I feel restless inside even if I am sitting still.

PROBLEMS WITH SELF-CONTROL

- I say things without thinking.
- I do things on impulse.
- I am easily led to trouble.
- I have trouble following rules.
- When I want something, I have trouble stopping myself.

PROBLEMS WITH ANGER

- I have a hot temper.
- I tend to explode easily.
- A lot of things irritate me.
- People bug me and get me angry.
- I have thoughts of hurting others.
- I have hurt other people.
- I have destroyed property when I was angry.

PROBLEMS WITH FRIENDS/OTHERS

- _____ I would like to have more friends.
- _____ I have trouble keeping friends.
- _____ I am a lonely person.
- _____ I don't get along well with the opposite sex.
- _____ I don't have many friends my age.
- _____ I have been physically hurt by another person.
- _____ I have been touched in ways that have made me uncomfortable.

PROBLEMS WITH CONFIDENCE

- _____ I am not sure of myself.
- _____ I wish I had more confidence in my abilities.
- _____ I don't like myself.
- _____ I have trouble making decisions.
- _____ I don't take credit for my accomplishments.
- _____ There are a lot of things I dislike about my behavior.
- _____ I act okay on the outside, but inside I am unsure of myself.
- _____ I wish I were smarter.

PROBLEMS WITH LEARNING

- _____ I have trouble with reading and spelling.
- _____ I have bad handwriting.
- _____ It takes a lot of effort to get my work done.
- _____ I tend to learn more slowly than I would like.
- _____ I forget things I have learned.
- _____ I have trouble organizing my work.
- _____ I am behind in my work.

PROBLEMS WITH FAMILY

- _____ My family doesn't do too many fun things together.
- _____ My family doesn't always get along very well.
- _____ I am not very close to my family.
- _____ There is a lot of yelling in our house.
- _____ I have been physically hurt by a family member.
- _____ I have been touched by a family member in ways that have made me uncomfortable.

PROBLEMS WITH FEELINGS

- I get nervous.
- I am an anxious person.
- I feel sad and gloomy a lot.
- The future seems hopeless to me.
- I feel like killing myself.
- I am easily upset.
- A lot of things scare me even if I wouldn't admit it to others.
- I have nightmares.
- I have a lot of aches and pains.
- I worry a lot about little things.
- I feel like crying.
- I am discouraged.
- I am afraid to be alone.
- I am nervous unless I am with others.
- I sometimes hurt myself when I feel overwhelmed by my feelings.

PROBLEMS WITH THINKING

- I have unusual thoughts.
- I have problems remembering things that other people remember easily.
- I hear voices that other people don't hear.
- I see things that other people don't see.
- I have fears that I don't understand.
- I think one thought over and over.
- I feel confused a lot of the time.
- I sometimes have to repeat an action over and over.

PROBLEMS WITH HEALTH/EATING/NUTRITION

- I have had one of the following health problems:
 - Cancer
 - Cancer treatment
 - Diabetes
 - Gastro-Intestinal problems
 - Kidney problems
 - Liver Disease
- I have had a recent surgery, broken bone or severe burn.
- I have recently lost a lot of weight.
- I have recently gained a lot of weight.
- I feel that I am overweight even though others don't agree.
- I have tried to control my weight by not eating, by throwing up, or taking laxatives.
- I have eaten very little in the last seven days or more.
- I have problems chewing or swallowing.
- I have recently had a lot of diarrhea or vomiting.

PROBLEMS WITH DRUGS/ALCOHOL

- I use drugs or alcohol to help me deal with my feelings.
- I have trouble saying “no” to drugs or alcohol.
- Using drugs/alcohol have contributed to my problems.
- It is okay with me if my friends use drugs or alcohol.

PROBLEMS WITH THE LEGAL SYSTEM

- I have legal charges pending against me.
- I am on probation.
- I have stolen from others.
- I have been arrested.

OTHER PROBLEMS I HAVE:

MY ASSETS:

- _____ I can do a lot when I put my mind to it.
- _____ My mind is pretty sharp.
- _____ I have a good head on my shoulders.
- _____ I have overcome a lot of my problems.
- _____ People think I am a pretty good person.
- _____ I am calm and relaxed.
- _____ I get along well with others.
- _____ I tend to look on the bright side of things.
- _____ I have a lot of self-control when I need it.
- _____ I can be as cool as I need to.
- _____ I don't get rattled easily.
- _____ I can really stick to things when I want to.
- _____ I make friends easily.
- _____ I feel pretty comfortable with work.

OTHER STRONG POINTS I HAVE:
