

PSYCHOTHERAPY ASSESSMENT CHECKLIST II
CONTINUED FROM PSYCHOTHERAPY ASSESSMENT CHECKLIST I

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Like Assessment I please type in your responses and print out when finished. Please bring to my office.

(Axis V) SELF-ASSESSMENT OF FUNCTIONING: Please rate (from 1-10) how well you feel you are currently functioning in each of the three areas listed below, according to the scale:

10	9	8	7	6	5	4	3	2	1
Superb Functioning		Mild difficulty		Moderate difficulty			Severe difficulty		Barely able to function

1. General Mood (Depression, Anxiety, etc.)

2 Social Relationships?

3. Daily work or school

