

In order to offer you the treatment opportunities most in line with your reason for coming for help, we would appreciate your completing the following list of possible treatment goals. Please circle the number of the goals you would like to focus on.

1. Reducing a fear.
2. Having more pleasurable activities.
3. Improving communication with my spouse/children/coworkers/others
4. Expressing myself more assertively
5. Learning how to relax.
6. Better managing my health.
7. Better tolerating my mistakes.
8. Better tolerating other's mistakes.
9. Feeling less guilt.
10. Feeling less depressed.
11. Better accepting a loss/death.
12. Increasing my conversation skills.
13. Learning how I come across to others.
14. Not taking disappointments so hard.
15. Doubting myself less.
16. Thinking more positively.
17. Improving my sexual relationship.
18. Controlling my eating or weight.
19. Controlling my alcohol use.
20. Changing a habit of \_\_\_\_\_
21. Controlling my use of drugs.
22. Better managing my pain.
23. Learning how to improve friendships.
24. Reducing uncomfortable thoughts.
25. Learning more effective parenting skills.
26. Improving my sleep
27. Problem solving/decision making techniques.
28. Reducing my sensitivity to possible criticism
29. Talking out a pending decision.
30. Improving memory and concentration.
31. Controlling panic attacks.
32. Reducing family difficulties.
33. Reducing job difficulties.
34. Better managing anger.
35. Taking initiative more often.
36. Receiving medication help.
37. Decreasing procrastination.
38. Better managing time.
39. Decreasing trying to be perfect.
40. Not reacting so emotionally.
41. Allowing myself to express feelings more.
42. Feeling more self-confident.
43. Discussing my thoughts of harming myself.
44. Discussing my thoughts of harming others.
45. Adjusting better to a recent change or incident.
46. Adjusting better to a past incident.
47. Becoming more optimistic.
48. Improving my self-awareness.
49. Adopting a more healthy attitude.
50. Worrying less.

Please specify other goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Now please review your list and decide which Three goals you most wish to discuss/change at this time. Write in the goal numbers below.

First \_\_\_\_\_

Second \_\_\_\_\_

Third \_\_\_\_\_