

Friel Co-Dependency Assessment Inventory

Below are a number of True / False statements dealing with how you feel about yourself, your life and those around you. As your mark True or False for each question, be sure to answer honestly, but do not spend too much time dwelling on any one question. There are no right or wrong answers. Take each question as it comes and answer as you usually feel.

- _____ 1. I make enough time to do things for myself every week.
- _____ 2. I spend lots of time criticizing myself after an interaction with someone.
- _____ 3. I would not be embarrassed if people knew certain things about me.
- _____ 4. Sometimes I feel like I just waste a lot of time and don't get anywhere.
- _____ 5. I take good enough care of myself.
- _____ 6. It is usually best not to tell someone they bother you; it only causes fights and gets everyone upset.
- _____ 7. I am happy about the way my family communicated when I was growing up.
- _____ 8. Sometimes I don't know how I really feel.
- _____ 9. I am very satisfied with my intimate love life.
- _____ 10. I've been feeling tired lately.
- _____ 11. When I was growing up, my family liked to talk openly about problems.
- _____ 12. I often look happy when I am sad or angry.
- _____ 13. I am satisfied with the number and kind of relationships I have in my life.
- _____ 14. Even if I had the time and money to do it, I would feel uncomfortable taking a vacation by myself.
- _____ 15. I have enough help with everything that I must do every day.
- _____ 16. I wish that I could accomplish a lot more than I do now.
- _____ 17. My family taught me to express feelings and affection openly when I was growing up.
- _____ 18. It is hard for me to talk to someone in authority (boss, teachers, etc.).
- _____ 19. When I am in a relationship that becomes too confusing and complicated, I have no trouble getting out of it.

- _____ 20. I sometimes feel confused about who I am and where I want to go with my life.
- _____ 21. I am satisfied with the way I take care of my own needs.
- _____ 22. I am not satisfied with my career.
- _____ 23. I usually handle my problems calmly and directly.
- _____ 24. I hold back my feelings much of the time because I don't want to hurt other people or have them think less of me.
- _____ 25. I don't feel like I'm "in a rut" very often.
- _____ 26. I am not satisfied with my friendships.
- _____ 27. When someone hurts my feelings or does something I don't like, I have little difficulty telling them about it.
- _____ 28. When a close friend or relative asks for my help more than I'd like, I usually say "yes" anyway.
- _____ 29. I love to face new problems and am good at finding solutions for them.
- _____ 30. I do not feel good about my childhood.
- _____ 31. I am not concerned about my health a lot.
- _____ 32. I often feel like no one really knows me.
- _____ 33. I feel calm and peaceful most of the time.
- _____ 34. I find it difficult to ask for what I want.
- _____ 35. I don't let people take advantage of me.
- _____ 36. I am dissatisfied with at least one of my close relationships.
- _____ 37. I make major decisions quite easily.
- _____ 38. I don't trust myself in new situations as much as I'd like.
- _____ 39. I am very good at knowing when to speak up and when to go along with others' wishes.
- _____ 40. I wish I had more time away from my work.
- _____ 41. I am as spontaneous as I'd like to be.
- _____ 42. Being alone is a problem for me.
- _____ 43. When someone I love is bothering me, I have no problem telling them so.
- _____ 44. I often have so many things going on at once that I'm really not doing justice to any one of them.

- _____ 45. I am very comfortable letting others into my life and letting them see the “real me”.
- _____ 46. I apologize to others too much for what I say or do.
- _____ 47. I have no problem telling people when I am angry with them.
- _____ 48. There’s so much to do and not enough time.
- _____ 49. I have few regrets about what I have done with my life.
- _____ 50. I tend to think of others more than I do of myself.
- _____ 51. More often than not, my life has gone the way I wanted it to.
- _____ 52. People admire me because I’m so understanding of others, even when they do something that annoys me.
- _____ 53. I am comfortable with my own sexuality.
- _____ 54. I sometimes feel embarrassed by the behavior of those close to me.
- _____ 55. The important people in my life know the “real me” and I am okay with them knowing.
- _____ 56. I do my share of work and often do a bit more.
- _____ 57. I do not feel that everything would fall apart without my efforts and attention.
- _____ 58. I do too much for other people and then later wonder why I did so.
- _____ 59. I am happy about the way my family coped with problems when I was growing up.
- _____ 60. I wish that I had more people to do things with.

Give yourself one point for the number of “False” answers to the odd-numbered questions and one point for the number of “True” answers to the even-numbered questions to get your score.

If your score is...

- | | |
|------------|--|
| Below 20 | You have Little Need for Concern |
| 21 - 30 | Moderate Need for Concern. |
| 31 - 45 | Moderate to Severe Need for Concern. |
| 46 or over | Severe Need for Concern & Intervention |

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

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=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Self-Assessment Tool: Self-Care

How often do you do the following? (Rate, using the scale below):

5 = Frequently

4 = Sometimes

3 = Rarely

2 = Never

1 = It never even occurred to me

Physical Self Care

- Eat regularly (e.g. breakfast & lunch)
- Eat healthfully
- Exercise, or go to the gym
- Lift weights
- Practice martial arts
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when you're sick
- Get massages or other body work
- Do physical activity that is fun for you
- Take time to be sexual
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips, or mini-vacations
- Get away from stressful technology such as pagers, faxes, telephones, e-mail
- Other:

Psychological Self Care

- Make time for self-reflection
- Go to see a psychotherapist or counselor for yourself
- Write in a journal
- Read literature unrelated to work
- Do something at which you are a beginner
- Take a step to decrease stress in your life
- Notice your inner experience - your dreams, thoughts, imagery, feelings
- Let others know different aspects of you
- Engage your intelligence in a new area - go to an art museum, performance, sports event, exhibit, or other cultural event
- Practice receiving from others
- Be curious
- Say no to extra responsibilities sometimes
- Spend time outdoors
- Other:

Continued on next page.

Emotional Self Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Treat yourself kindly (supportive inner dialogue or self-talk)
- Feel proud of yourself
- Reread favorite books, review favorite movies
- Identify and seek out comforting activities, objects, people, relationships, places
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in a constructive way
- Play with children
- Other:

Spiritual Self Care

- Make time for prayer, meditation, reflection
- Spend time in nature
- Participate in a spiritual gathering, community or group
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nontangible (nonmaterial) aspects of life
- Be open to mystery, to not knowing
- Identify what is meaningful to you and notice its place in your life
- Sing
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who have died
- Nurture others
- Have awe-full experiences
- Contribute to or participate in causes you believe in
- Read inspirational literature
- Listen to inspiring music
- Other:

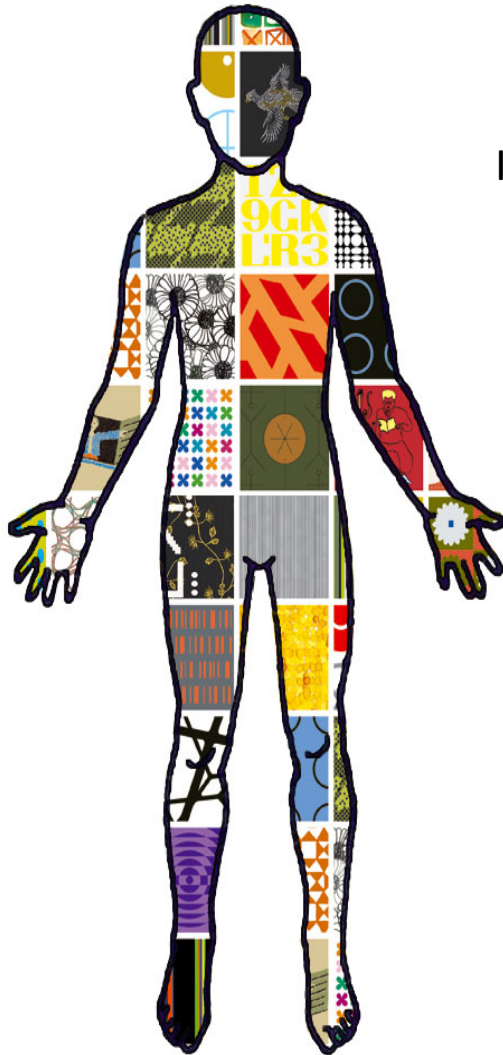
Workplace/Professional Self Care

- Take time to eat lunch
- Take time to chat with co-workers
- Make time to complete tasks
- Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
- Set limits with clients and colleagues
- Balance your caseload so no one day is "too much!"
- Arrange your workspace so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs
- Have a peer support group
- Other:

Adapted from Saakvitne, Pearlman, and Traumatic Stress Institute Staff,
Transforming the Pain: A Workbook on Vicarious Traumatization, 1996.

SELF CARE RATING SCALE

According to Virginia Satir, there are 8 domains of the self that need care. Rate yourself on each domain; 1= needs work, 5= excellent form. Anything less than a 3 needs attention. Jot down plans for self care (examples provided).



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Intellectual	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Stimulate the brain, engage the mind _____ <i>(e.g., read, play games, introspect, learn, debate)</i>
Interactional	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Socialize with responsive others _____ <i>(e.g., special dinner, family visit, date night, social network)</i>
Emotional	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Enhance and explore emotions _____ <i>(e.g., watch funny/sad movie, comedy club, enjoy art)</i>
Nutritional	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Improve nutritional intake _____ <i>(e.g., watch calories, reduce sugar, or eat something new)</i>
Sensual	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Get in touch with your sexuality and senses _____ <i>(e.g., light candles, play music, dress differently, massage, orgasm)</i>
Spiritual	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Feed your 'soul' (not necessarily religious) _____ <i>(e.g., meditate, sing, dance, nature walk, create something)</i>
Physical	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Challenge and care for your body _____ <i>(e.g., exercise, dance, garden, take a class, rest or sleep)</i>
Contextual	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Improve or change your environment _____ <i>(e.g., clean, repair, plant, or change something, visit somewhere)</i>

Anxiety Self-Assessment Questionnaire

Date: _____

Recall the last five days and rate the following:

Category 1: Anxious Feelings (7)	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
I feel uncomfortable in social situations					
I experience sudden feelings of panic					
I feel tense, stress, uptight, on edge					
I feel like something terrible is going to happen					
I feel like I'm in a movie or out of my body					
I feel on the verge of losing control					
I feel objects need to be perfectly in their place					
Total Score on Items 1 - 7					

Category 2: Anxious Thoughts (16)	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
My thoughts race & I have trouble concentrating					
I have difficulty falling asleep or have nightmares					
I dwell, obsess, and can't stop thinking					
I have terrible, frightening thoughts or memories					
I worry about myself or other people dying					
I worry about the future or upcoming events					
I fear having panic or anxiety attacks					
I fear going places					
I have a fear of passing out or fainting					
I worry about major medical problems or illness					
I worry about saying or doing something embarrassing					
I think people are judging me or staring at me					
I fear being alone or abandoned					
I fear vomiting or losing control of my bowels					
I fear others will find out my secret					
I have a fear of germs					
Total Score on Items 8 - 23					

Category 3: Anxious Behaviors (14)	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
I avoid going places due to anxiety or fear					
I am quiet in social situations					
I avoid places I can't get out quickly (elevators)					
I avoids public restrooms and holds bowels					
I wash or clean excessively or repetitively					
I engage in repetitive behaviors: checking, praying, counting, etc.					
I do certain rituals to make sure I'm safe					
I do task in a certain order and I make sure items in their proper place					
I avoid social situations due to discomfort					
I avoid hearing certain sounds					
I pick my skin or pull my hair					
I'm always on the go, unable to relax					
I walk, eat, drive, talk or work fast					
I drink alcohol or use drugs to relax					
	Total Score on Items 23 - 37				

Category 4: Physical Symptoms (13)	Not At All (0)	Rarely (1)	Sometimes (2)	Often (3)	A Lot (4)
I feel my heart race or pressure in my chest					
I feel tingling in my hands and/or feet					
I feel dizzy, lightheaded, or off balance					
I feel a lump in throat or choking sensation					
I breathe fast or feel like I can't catch my breath					
I sweat profusely or blush					
I experience butterflies in stomach					
I experience constipation or diarrhea					
I have hot flashes or cold chills					
I feel tired, weak, exhausted					
I experience trembling, shaking or jitters					
I experience muscle tension or headaches					
I feel restless, like I can't sit still					
	Total Score on Items 38 - 50				
	Total Score				

