



Please consider which of the following **problems** you are currently feeling affected by or have recently felt impaired by (up to about 1 year ago). Select the **intensity of the impairment** in each case. Please do not leave out any area or subject, even if you find it difficult to answer.

	Intensity of impairment		
	none	very mild	severe
1. Conflicts/ problems at work	0	1 - 2 - 3 - 4 - 5	
2. Trouble working, concentration/ motivation issues	0	1 - 2 - 3 - 4 - 5	
3. Time management, procrastination, feeling frenzied or unsettled	0	1 - 2 - 3 - 4 - 5	
4. Problems concerning migration/ cultural identity	0	1 - 2 - 3 - 4 - 5	
5. Problems in the family environment	0	1 - 2 - 3 - 4 - 5	
6. Disease or death of a person close to you	0	1 - 2 - 3 - 4 - 5	
7. Relationship problems, problems concerning a break-up	0	1 - 2 - 3 - 4 - 5	
8. Problems of not having a partner	0	1 - 2 - 3 - 4 - 5	
9. Somatic diseases, psychosomatic discomfort	0	1 - 2 - 3 - 4 - 5	
10. Social anxiety, fear of being rejected	0	1 - 2 - 3 - 4 - 5	
11. Fears for the future	0	1 - 2 - 3 - 4 - 5	
12. Panic attacks, other anxieties	0	1 - 2 - 3 - 4 - 5	
13. Self-esteem issues	0	1 - 2 - 3 - 4 - 5	
14. Depressive mood, rumination, mood swings	0	1 - 2 - 3 - 4 - 5	
15. Decision-making problems	0	1 - 2 - 3 - 4 - 5	
16. Stress, restlessness, exhaustion	0	1 - 2 - 3 - 4 - 5	
17. Sleeping disorders, insomnia	0	1 - 2 - 3 - 4 - 5	
18. Eating disorders	0	1 - 2 - 3 - 4 - 5	
19. Harmful use of alcohol/ cannabis or other drugs	0	1 - 2 - 3 - 4 - 5	
20. Harmful use of computer, smartphone, social Media, TV	0	1 - 2 - 3 - 4 - 5	
21. Other concerns or problems	0	1 - 2 - 3 - 4 - 5	

Please describe briefly:

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