

Integrative Preventive Medicine

Date: _____

Patient Name: _____

1. Do you constantly seek approval and affirmation? YES NO
2. Do you fail to recognize your accomplishments? YES NO
3. Do you fear criticism? YES NO
4. Do you overextend yourself? YES NO
5. Have you had problems with your own compulsive behavior? YES NO
6. Do you have a need for perfection? YES NO
7. Are you uneasy when your life is going smoothly, continually anticipating problems? YES NO
8. Are you a worrier? YES NO
9. Do you feel more alive in the midst of a crisis? YES NO
10. Do you feel responsible for others? YES NO
11. Do you care for others easily, yet find it difficult to care for yourself? YES NO
12. Do you isolate yourself from other people? YES NO
13. Do you respond with anxiety to authority figures and angry people? YES NO

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14. Do you feel that individuals and society in general are taking advantage of you? YES NO
15. Do you have trouble with intimate relationships? YES NO
16. Do you confuse pity with love? YES NO
17. Do you attract and seek people who tend to be compulsive? YES NO
18. Do you cling to relationships because you're afraid of being alone? YES NO
19. Do you often miss trust your own feelings and the feelings of others? YES NO
20. Do you find it difficult to express your emotions? YES NO
21. Do you think parental drinking may have affected you? YES NO