

CASE NO. /

NAME.....DATE.....

**PHASE 1 (HISTORY-TAKING) CHECKLIST**

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**1 SYMPTOMS**

dysfunctional behaviours

emotions

negative cognitions

flashbacks

intrusive thoughts

panic attacks

current triggers

frequency

timing

other characteristics

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**2 DURATION**

problem duration

alterations in factors contributing to problem

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**3 INITIAL CAUSE**

first occasion

most disturbing time

circumstances of those events

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**4 ADDITIONAL PAST OCCURRENCES**

other events in influencing/reinforcing the problem

who involved

maladaptive response

negative cognitions

can events be clustered?

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**PHASE 1 (HISTORY-TAKING) CHECKLIST (continued)**

**5 OTHER COMPLAINTS**

other difficulties

secondary dysfunction masked by primary

**6 PRESENT CONSTRAINTS**

current resulting problems

current emotions

current behaviors

actions client unable to take

systems issues needing to be addressed

**7 DESIRED STATE**

preferred state

what prevents this

consequences of successful treatment

positive experiences in client's history

**8 STRENGTHS**

particular skills

copng abilities

planning/ foresight

resilience/ hardiness

resourcefulness

creativity and imagination

useful past experiences to draw upon