

PROBLEM-SOLVING WORKSHEET

Name: _____ Date: _____ Visit #: _____

Review of progress during previous week:

Rate how Satisfied you feel with your effort (0 – 10) (0 = Not at all; 10 = Super): ___ Mood (0-10): _____

1. Problem:

2. Goal:

3. Options/Solutions: 4. Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)

a)	a) Pros (+) What makes this a good choice?	a) Cons
b)	b) Pros (+) What makes this a good choice?	b) Cons
c)	c) Pros (+) What makes this a good choice?	c) Cons
d)	d) Pros (+) What makes this a good choice?	d) Cons

5. Choice of solution:

6. Action Plan (Steps to achieve solution):

Write down the tasks you completed.

a)

b)

c)

d)

Pleasant Daily Activities.

Rate how Satisfied it made you feel (0 – 10)
(0 = Not at all; 10 = Super)

Date Activity

Next appointment: _____