

PROBLEM-SOLVING WORKSHEET

Name: _____ Date: _____ Visit #: _____

Review of progress during previous week:

Rate how Satisfied do you feel with your effort (0 – 10) (0 = not at all; 10 =

Extremely) _____

Mood (0-10): _____

1. Problem: _____

2. Goal: _____

3. Solutions:

4. Pros versus Cons (Effort, Time, Money, Emotional Impact, Involving Others)

a)	a) Pros (+)	a) Cons (-)
b)	b) Pros (+)	b) Cons (-)
c)	c) Pros (+)	c) Cons (-)
d)	d) Pros (+)	d) Cons (-)
e)	e) Pros (+)	e) Cons (-)

