

**Palouse River Counseling Center  
Patient Perspective Checklist**

I have trouble staying clean and/or sober when...	Yes	No	Unsure
...when my friends are using around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when I feel angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when I feel ashamed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when I'm in physical pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when I'm in emotional pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I'm bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I have an argument with someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when someone is angry or disappointed at me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I just feel like giving up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I want to punish someone important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I feel shy around other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I'm stressed out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I'm not taking good care of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I feel guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when withdrawal symptoms become too uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I see no purpose to my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I feel that I have never really succeeded at anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when I feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional thoughts about situations that make it harder for you not to use:

---



---



---

What do you see as your biggest barrier to living a clean and sober life? \_\_\_\_\_

---

Patient name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by CDP/CDPT \_\_\_\_\_ Date \_\_\_\_\_