

Topics To Discuss with My Therapist

Date _____

Problem	Severity	Unworkable Behaviours	Questions
	<div><input type="checkbox"/> Mild</div> <div><input type="checkbox"/> Medium</div> <div><input type="checkbox"/> Strong</div>		
	<div><input type="checkbox"/> Mild</div> <div><input type="checkbox"/> Medium</div> <div><input type="checkbox"/> Strong</div>		
	<div><input type="checkbox"/> Mild</div> <div><input type="checkbox"/> Medium</div> <div><input type="checkbox"/> Strong</div>		
	<div><input type="checkbox"/> Mild</div> <div><input type="checkbox"/> Medium</div> <div><input type="checkbox"/> Strong</div>		