



Please consider which of the following **problems** you are currently feeling affected by or have recently felt impaired by (up to about 1 year ago). Select the **intensity of the impairment** in each case. Please do not leave out any area or subject, even if you find it difficult to answer.

	<b>Intensity of impairment</b>									
	none	very mild			severe					
1. Learning difficulties, troubles working, concentration/ motivation issues	0	1	-	2	-	3	-	4	-	5
2. Time management, procrastination, feeling frenzied or unsettled	0	1	-	2	-	3	-	4	-	5
3. Exam anxiety	0	1	-	2	-	3	-	4	-	5
4. Choice of study, early termination	0	1	-	2	-	3	-	4	-	5
5. Problems concerning your living situation	0	1	-	2	-	3	-	4	-	5
6. Financial difficulties / problems	0	1	-	2	-	3	-	4	-	5
7. Problems concerning migration / cultural identity	0	1	-	2	-	3	-	4	-	5
8. Problems concerning parents / ifamily environment	0	1	-	2	-	3	-	4	-	5
9. Disease or death of a person close to you	0	1	-	2	-	3	-	4	-	5
10. Relationship problems, problems concerning a break-up	0	1	-	2	-	3	-	4	-	5
11. Suffering from not having a relationship	0	1	-	2	-	3	-	4	-	5
12. Somatic diseases, psychosomatic discomfort	0	1	-	2	-	3	-	4	-	5
13. Social anxiety, fear of being rejected	0	1	-	2	-	3	-	4	-	5
14. Fears for the future	0	1	-	2	-	3	-	4	-	5
15. Panic attacks, other anxieties	0	1	-	2	-	3	-	4	-	5
16. Self-esteem issues	0	1	-	2	-	3	-	4	-	5
17. Depressive mood, rumination, mood swings	0	1	-	2	-	3	-	4	-	5
18. Desicion-making problems	0	1	-	2	-	3	-	4	-	5
19. Stress, restlessness, exhaustion	0	1	-	2	-	3	-	4	-	5
20. Sleep disorder, insomnia	0	1	-	2	-	3	-	4	-	5
21. Eating disorder	0	1	-	2	-	3	-	4	-	5
22. Harmful use of alcohol, cannabis or other drugs	0	1	-	2	-	3	-	4	-	5
23. Harmful use of computer, smartphone, social media, TV	0	1	-	2	-	3	-	4	-	5
24. Other concerns or problems	0	1	-	2	-	3	-	4	-	5

Please discribe briefly:

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