



Please answer the following questions to help determine if our services are right for you

1. I am concerned about a behavior, feeling, or something I (or my child) is doing.

- Yes
- No

2. This behavior or feeling has been getting worse in the past few weeks.

- Yes
- No

3. I have tried stopping or reducing this behavior or feeling on my own.

- Yes
- No

4. My attempts at stopping or reducing this behavior or feeling have been successful.

- Yes
- No

5. I rely on my friends or family to help me with my current troubles.

- Yes
- No

6. I am finding it more difficult to cope with things than usual.

- Yes
- No

7. I (or my child) am having trouble concentrating at work or school.

- Yes
- No

8. I like to think things through or talk about things that bother me.

- Yes
- No

9. I am ready to create more balance in my life.

- Yes
- No

10. I have talked to my friends or family about the behavior or feeling that's troubling me.

- Yes
- No

11. I have read books or went on the Internet to discover more about the behavior or feeling that's troubling me/my child.

- Yes
- No

12. I am ready to make real and positive changes in my life.

- Yes
- No

13. I am ready and willing to overcome self-limiting beliefs and behavior.

- Yes
- No

14. I am ready to create plans and take action to achieve my goals.

- Yes
- No

15. I am ready to make real and positive changes in my life.

- Yes
- No

16. I am ready for more fun and enjoyment in my life.

- Yes
- No

17. I can benefit from a professional who will help me (or my child)to stay on track.

- Yes
- No

If you answered YES to at least 3 of these questions, our services may be right for you!