

# Problem Checklist

<b>Problem</b>	<input checked="" type="checkbox"/>
Relationship with partner or spouse	<input type="checkbox"/>
Relationship with other family members, particularly young children	<input type="checkbox"/>
Divorce/relationship ending	<input type="checkbox"/>
Loss or bereavement	<input type="checkbox"/>
Isolation/ loneliness	<input type="checkbox"/>
Work or study problems	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>
Money problems	<input type="checkbox"/>
Legal problems	<input type="checkbox"/>
Accommodation problems	<input type="checkbox"/>
Harassment/bullying/abuse	<input type="checkbox"/>
Alcohol problems	<input type="checkbox"/>
Drug problems	<input type="checkbox"/>
Physical health	<input type="checkbox"/>
Sexual problems	<input type="checkbox"/>
Mental Health Problems	<input type="checkbox"/>
Problems with treatment for mental illness	<input type="checkbox"/>
Low self esteem or confidence	<input type="checkbox"/>