

IPT INTERPERSONAL INVENTORY

Client:

DOB:

If applicable, approximate date symptoms of current episode of major depression began

Is this the first time in your life that you've been depressed? YES NO

If NO, how many times have you been depressed (total)?

When was the first time you became depressed?

If applicable, for dysthymia, date symptoms began:

Think about what was going on in your life when you started to feel depressed, unhappy, anxious, or unsatisfied. If you answer YES to a question below, please take a moment to describe. If you need more space, please attach a piece of paper.

Did someone you care about die? YES NO

If YES, was there anyone who helped you feel better? YES NO

Was it the anniversary of someone's death? YES NO

Were you thinking about someone who died? YES NO

Were you having problems with your spouse or partner? YES NO N/A

Were you having problems with your children? YES NO N/A

Were you having problems with your parent(s)? YES NO N/A

Were you having problems with your in-laws? YES NO N/A

Were you having problems at work? YES NO N/A

Were you having problems with friends? YES NO N/A

Were there problems with other people in your life not mentioned above? YES NO

Were there more arguments with family or friends? YES NO

Were you disappointed in a love relationship? YES NO

Did your marriage or partnership begin to have problems? YES NO N/A

Were you going through divorce or separation? YES NO N/A

Did your children leave home? YES NO N/A

Did you lose a job? YES NO

Did you start a new job? YES NO

Did you get promoted? YES NO

Did you retire? YES NO

Did you move? YES NO

Did you have financial problems? YES NO

Did you start living alone? YES NO

Was there serious illness in your family? YES NO

Did you become ill? YES NO

Were you put in a situation where you had to meet new people? YES NO

Were you lonely? YES NO

Were you bored? YES NO

Were there any big changes in your life? YES NO

Do you have difficulty making friends? YES NO

Do you pick your friends or do they pick you?

Is it difficult for you to meet new people? YES NO

If yes, what is difficult about meeting new people?

Do you have people you can confide in? YES NO

If yes, who are they?

Do you often feel uncomfortable in your relationships? YES NO

Current Relationship Inventory

Think about the important people in your life. For each important relationship, complete a copy of this page and the next page.

Name of person

Relationship of this person to you (friend, mother, brother, spouse, etc)

How close are you currently to this person (0 = Not all all close, 100 = very close)

How close do you wish you were to this person? (0 to 100)

If you would like to be closer to this person that you currently are, what gets in the way?

How often do you see this person?

List the activities you do with this person and how often you do each activity. These may be activities you do in person (watch tv, go to dinner, etc) as well as activities you do apart from one another (talk on the phone, send letters, email, etc)

When you are with this person, how do you feel?

How do you generally get along with this person?

How often do you talk to this person about personal things and/or confide in them?

If it is hard to talk to this person about personal things, do you wish this was different? What gets in the way?

Are there things that you and this person cannot agree on? If yes, what are those things? What happens when you try to talk about it?

List the aspects of this relationship that are currently satisfying and/or positive to you, including things you like about this person and/or your relationship with them.

List the aspects of this relationship that are currently dissatisfying and/or negative to you, including things you dislike about this person and/or your relationship with them, or things that you wish would change.

Have you had any expectations that this person has not met? What are they?

If you could change one thing about this relationship, what would it be?

Have you ever tried to make this change occur? What have you done?

LIFE SATISFACTION

List the aspects of your life (as it is currently is) that are satisfying and/or positive to you.

List the aspects of your life (as it is currently is) that are dissatisfying and/or negative to you.

Is your life, as it currently is, what you had expected it to be? Discuss.

If you could change one thing in your life, what would it be?