Impact on Me

Your Name: _____

Please list all the ways your problem impacts your life, including any difficulties it causes you, your actions and reactions (emotional and physical) to events relating to your problem. *If an event or this problem caused you to take some action, to react either physically or emotionally, or if you went to see a doctor, please note this.* If you need extra space, make additional copies of the back of this page.

Date	Event Triggering Reactions	Resulting Impact / Actions / Feelings / Physical Symptoms

Yvonne W. Rosmarin Consumer Protection
58 Medford Street ! Arlington, MA 02474
Attorney at Law
Tel 781-648-4040 ! Fax 781-643-6164 ! YRosmarin@abanet.org

Date	Event Triggering Reactions	Resulting Impact / Actions / Feelings / Physical Symptoms

Yvonne W. Rosmarin
Attorney at Law
Consumer Protection
58 Medford Street ! Arlington, MA 02474
Tel 781-648-4040 ! Fax 781-643-6164 ! YRosmarin@abanet.org