

Impact on Me

Name: _____

Please list the ways that this problem has impacted your life. Describe any difficulties it has caused you, including physical and emotional reactions. Include all expenses you have incurred as a result of this problem, such as costs for public transportation, car rental, time lost from work, etc. Include copies of any receipts. If you lost time from work, please list the amount of time you lost and your rate of pay. Please use additional pages if needed.

Date	Amount	Impact or Expense

Date	Amount	Impact or Expense