

## CHECKLIST OF CONCERNS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please mark any items that apply to you. Feel free to add other concerns at the bottom.

I have no problem or concern bringing me here

### **PROBLEM AREAS—CAREER, SCHOOL**

- Career concerns, goals, and choices
- Unemployment
- Job stress
- School problems
- Learning problems
- Work performance issues such as procrastination
- Work-life balance issues, e.g., workaholism/overworking
- Difficulty maintaining employment

### **PROBLEM AREAS—RELATIONSHIPS**

- Communication problems
- Dating issues
- Detachment or estrangement from others
- Divorce, separation
- Friendships
- Infidelity, affairs
- Interpersonal conflicts
- Parenting issues
- Sexual issues with partner
- Social problems
- Physical fights with relationship partner
- Physical fights with others
- Relationship conflict
- Relationship problems
- Withdrawal, isolating

### **PROBLEM AREAS—LIFE EVENTS**

- Childhood issues (your own childhood)
- Financial or money troubles, debt, impulsive spending low income
- Grieving, mourning, deaths, losses
- Legal matters, charges, suits
- Other (Please specify: \_\_\_\_\_)

### **PROBLEM AREAS—PHYSICAL WELL-BEING**

- Headaches, neck or back pain (Please specify: \_\_\_\_\_)
- Health, illness, medical concerns, physical problems
- Menstrual problems, PMS
- Pains, chronic (Please specify: \_\_\_\_\_)
- Sexual functioning problem (e.g. erectile dysfunction, painful intercourse)

### **PROBLEM AREAS—SELF**

- Identity issues
- Sexual identity issues
- Suicidal ideas
- Thoughts that life may not be worth living
- Self-esteem problems

## **EMOTIONAL CONCERNS**

- Alert for danger, even in safe locations
- Anger, hostility
- Distressing memories of the past
- Suspiciousness
- Anxiety, nervousness
- Agitated
- Fear of leaving my home
- Fear of specific locations, such as elevators or planes (Please specify: \_\_\_\_\_)
- Fear of specific situations, such as heights or snakes (Please specify: \_\_\_\_\_)
- Fear of social situations
- Fear of abandonment
- Obsessive thoughts
- Panic or anxiety attacks
- Feeling hyper or wound up
- Phobias (Please specify: \_\_\_\_\_)
- Shyness
- Tension – can't relax
- Attention, concentration is poor
- Confusion
- Distractibility
- Memory problems
- Loneliness
- Depression, low mood, sadness, crying
- More depressed in the morning, with mood better later in the day
- More depressed in the winter, mood better in the summer
- Emptiness feelings
- Failure feelings
- Fatigue, tiredness, low energy
- Guilt
- Inferiority feelings
- Motivation problems
- Oversensitivity to rejection
- Oversensitivity to criticism
- Lack of interest in my usual activities
- Hopelessness
- Mood swings
- Overly high energy level for my age
- Perfectionism
- Sexual drive – lack of
- Feeling that others are out to get me
- Feeling that others are watching me
- Hearing voices

## **BEHAVIORAL ISSUES**

- I drink alcohol more than 2 nights per week
- At least one day a week, I have 4 drinks or more (if female) or 5 drinks or more (if male)
- I have used an illegal drug in the last month
- I smoke at least one cigarette per week
- At least once a week, I drink more than 2 cups of coffee, OR more than 4 colas or cups of tea
- I have had a DUI? (When? \_\_\_\_\_)

- I have been charged with a crime in the past (other than parking, speeding or DUI)
- Aggressive or violent thoughts or behaviors
- Arguing
- Compulsive behaviors (Please specify: \_\_\_\_\_)
- Repetitive behaviors (e.g., handwashing, checking doors, checking stove)
- Cutting or otherwise injuring self
- Other self-harm in past (Describe: \_\_\_\_\_)
- Decision-making problems, indecision, mixed feelings, putting off decisions
- Disorganization
- Gambling
- Irritability
- Impulsiveness
- Irresponsibility
- Judgment problems, risk taking
- Self-neglect, poor self-care
- Suicide attempt in past (When? \_\_\_\_\_)
- Temper problems, self-control, low frustration tolerance

**EATING/WEIGHT ISSUES**

- Lack of appetite
- Weight loss (How much? \_\_\_\_\_ Over what time? \_\_\_\_\_)
- Overeating
- Weight gain (How much? \_\_\_\_\_ Over what time? \_\_\_\_\_)
- Vomiting
- Taking laxatives, enemas or diuretics to lose weight
- Binging on food
- Diet issues
- Fear of becoming fat

**SLEEP ISSUES**

- Sleeping too much
- Insomnia
- Difficulty going back to sleep upon awakening during night
- Too much worrying or thinking keeps me from getting to sleep
- Waking at least 2 hours too early in the morning
- Feeling extremely restless or squirmy prior to bedtime
- I have taken a sleeping pill or drank alcohol to sleep at least once in the past month
- Nightmares or upsetting dreams
- Suddenly falling asleep in inappropriate locations
- Snoring
- Grinding teeth during sleep
- Stopping breathing briefly
- Sleepwalking

**ANY OTHER CONCERNS OR ISSUES:**

---

**WHICH CONCERN(S) DO YOU MOST WANT HELP WITH:**

---