CENTER FOR COUNSELING & FAMILY RELATIONSHIPS
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Adult Checklist of Concerns

Client Name: _____

Counselor's Name_____

Please mark all of the items below that apply. You may add a note or details in the space next to the concerns checked.

- ○ Childhood Abuse – physical, sexual, emotional, neglect
- ○ Aggression, violence
- ○ Alcohol use
- ○ Anger, hostility, arguing, irritability
- ○ Anxiety, nervousness
- ○ Attention, concentration, distractibility
- ○ Career concerns, goals, and choices
- ○ Childhood issues (your own childhood)
- ○ Children, child management, child care, parenting
- ○ Codependence
- ○ Decision making, indecision, mixed feelings, putting off decisions
- ○ Dependence
- ○ Depression, low mood, sadness, crying
- ○ Divorce, Separation
- ○ Eating problems – overeating, under eating, appetite, vomiting (see also "Weight and diet issues")
- ○ Failure
- ○ Fatigue, tiredness, low energy
- ○ Financial or money troubles, debt, impulsive spending, low income
- ○ Gambling
- ○ Grieving, mourning, deaths, losses
- ○ Guilt
- ○ Headaches, pains
- ○ Health, illness, medical concerns, physical problems
- ○ Interpersonal conflicts, relationship problems
- ○ Impulsiveness, loss of control, outburst
- ○ Risky behavior
- ○ Loneliness
- ○ Marital conflict, distance/coldness, infidelity/affairs, remarriage
- ○ Memory problems
- ○ Menstrual problems, PMS, menopause
- ○ Mood swings
- ○ Motivation, laziness
- ○ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ○ Panic or anxiety attacks
- ○ Perfectionism
- ○ Pessimism
- ○ Procrastination, work inhibitions, laziness
- ○ School problems
- ○ Self-centeredness
- ○ Self-esteem, poor self-care
- ○ Sleep problems – too much, too little, insomnia, nightmare
- ○ Stress, tension, anxiety, nervousness
- ○ Suspiciousness
- ○ Suicidal thoughts
- ○ Weight and diet issues
- ○ Withdrawal, isolating

And other concerns or issues:

○ _____

○ _____

Please look back over the concerns you have checked off and choose the one that you most want help with. It is:

_____