

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.

- | | |
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| <ul style="list-style-type: none"> <input type="radio"/> Childhood Abuse – physical, sexual, emotional, neglect <input type="radio"/> Aggression, violence <input type="radio"/> Alcohol use <input type="radio"/> Anger, hostility, arguing, irritability <input type="radio"/> Anxiety, nervousness <input type="radio"/> Attention, concentration, distractibility <input type="radio"/> Career concerns, goals, and choices <input type="radio"/> Childhood issues (your own childhood) <input type="radio"/> Children, child management, child care, parenting <input type="radio"/> Codependence <input type="radio"/> Decision making, indecision, mixed feelings, putting off decisions <input type="radio"/> Dependence <input type="radio"/> Depression, low mood, sadness, crying <input type="radio"/> Divorce, Separation <input type="radio"/> Eating problems – overeating, under eating, appetite, vomiting (see also “Weight and diet issues”) <input type="radio"/> Failure <input type="radio"/> Fatigue, tiredness, low energy <input type="radio"/> Financial or money troubles, debt, impulsive spending, low income <input type="radio"/> Gambling <input type="radio"/> Grieving, mourning, deaths, losses <input type="radio"/> Guilt <input type="radio"/> Headaches, pains | <ul style="list-style-type: none"> <input type="radio"/> Health, illness, medical concerns, physical problems <input type="radio"/> Interpersonal conflicts, relationship problems <input type="radio"/> Impulsiveness, loss of control, outburst <input type="radio"/> Risky behavior <input type="radio"/> Loneliness <input type="radio"/> Marital conflict, distance/coldness, infidelity/affairs, remarriage <input type="radio"/> Memory problems <input type="radio"/> Menstrual problems, PMS, menopause <input type="radio"/> Mood swings <input type="radio"/> Motivation, laziness <input type="radio"/> Obsessions, compulsions (thoughts or actions that repeat themselves) <input type="radio"/> Panic or anxiety attacks <input type="radio"/> Perfectionism <input type="radio"/> Pessimism <input type="radio"/> Procrastination, work inhibitions, laziness <input type="radio"/> School problems <input type="radio"/> Self-centeredness <input type="radio"/> Self-esteem, poor self-care <input type="radio"/> Sleep problems – too much, too little, insomnia, nightmare <input type="radio"/> Stress, tension, anxiety, nervousness <input type="radio"/> Suspiciousness <input type="radio"/> Suicidal thoughts <input type="radio"/> Weight and diet issues <input type="radio"/> 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:
