

COUNSELING CENTER
CHECKLIST OF CONCERNS

Name: _____

Date: _____

Please mark below all items you are concerned about. Feel free to add any others at the bottom under, "Any other concerns or issues." You may also add a note or details in the space next to the concerns checked. If an item gives you choices, circle the choice(s) that apply to you.

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| <ul style="list-style-type: none"> <input type="checkbox"/> Abuse <u>perpetrator</u>: physical, sexual, emotional, neglect (of child or elderly), cruelty to animals <input type="checkbox"/> Abuse <u>victim</u>: physical, sexual, emotional, neglect <input type="checkbox"/> Anger, hostility, arguing, irritability <input type="checkbox"/> Anxiety, nervousness <input type="checkbox"/> Attention, concentration, distractibility <input type="checkbox"/> Career concerns, goals, and choices <input type="checkbox"/> Childhood issues (your own childhood) specify: _____ <input type="checkbox"/> Children, child management, child care, parenting <input type="checkbox"/> Custody of children <input type="checkbox"/> Decision-making, indecision, mixed feelings, putting off decisions <input type="checkbox"/> Delusions (false ideas) <input type="checkbox"/> Depression, low mood, sadness, crying <input type="checkbox"/> Disability, specify: _____ <input type="checkbox"/> Divorce, separation <input type="checkbox"/> Domestic violence <input type="checkbox"/> Drug use: prescription medications, over-the-counter medications, street drugs <input type="checkbox"/> Eating problems: overeating, undereating, binge-eating, appetite, vomiting, weight <input type="checkbox"/> Emptiness <input type="checkbox"/> Fatigue, tiredness, low energy <input type="checkbox"/> Fears, phobias <input type="checkbox"/> Financial or money troubles, debt, impulsive spending, low income <input type="checkbox"/> Gambling <input type="checkbox"/> Grieving, mourning, losses <input type="checkbox"/> Guilt <input type="checkbox"/> Health, illness, medical concerns, physical problems; specify: _____ <input type="checkbox"/> Impulsiveness, loss of control <input type="checkbox"/> Interpersonal conflicts | <ul style="list-style-type: none"> <input type="checkbox"/> Judgment problems, risk-taking <input type="checkbox"/> Legal matters, charges, suits <input type="checkbox"/> Loneliness, lack of support, lack of friends <input type="checkbox"/> Marital problems, conflict, distance/coldness, infidelity/affairs, remarriage <input type="checkbox"/> Memory problems <input type="checkbox"/> Menstrual problems, PMS, menopause <input type="checkbox"/> Mood swings <input type="checkbox"/> Motivation <input type="checkbox"/> Obsessions, compulsions (thoughts or actions that repeat themselves) <input type="checkbox"/> Oversensitivity to rejection <input type="checkbox"/> Panic or anxiety attacks <input type="checkbox"/> Perfectionism <input type="checkbox"/> Pessimism <input type="checkbox"/> Procrastination <input type="checkbox"/> Racing thoughts <input type="checkbox"/> Relationship problems <input type="checkbox"/> School problems <input type="checkbox"/> Self-esteem, inferiority feelings <input type="checkbox"/> Self-neglect, poor self-care <input type="checkbox"/> Sexual issues, dysfunctions, conflicts, desire differences <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Shyness, oversensitivity to criticism <input type="checkbox"/> Sleep problems: too much, too little, insomnia, nightmares <input type="checkbox"/> Smoking and tobacco use <input type="checkbox"/> Stress, relaxation, stress management, tension <input type="checkbox"/> Suspiciousness <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Temper problems, aggression, violence, threats <input type="checkbox"/> Thought disorganization and confusion <input type="checkbox"/> Withdrawal, isolating <input type="checkbox"/> Work problems, employment, workaholism/over-working, can't keep a job |
|---|--|

Any other concerns or issues:

Please look over the concerns you have checked off and choose the **three** concerns you most want help with. Place an "X" beside each of these concerns.

(over)