CHECKLIST OF CONCERNS

Name_____ Date_____

Please check all items below that are a concern and add any notes that you think would be helpful.

CONCERN	NOTES
☐Abuse perpetrator	
☐Abuse victim	
☐Addictions (Alcohol, Drugs, Eating, Sex, Pornography, Computer, Other)	
☐Anger or Rage or Irritability	
☐Anxiety, Nervousness, or Panic	
☐Attention, Concentration, or Distractibility	
☐Career concerns	
☐Child Care or Parenting	
☐Child Custody	
☐Compulsiveness (Shopping, Eating, Sex, Spending, Gambling, Other)	
☐Confusion or Confused Thinking	
☐Delusions	
☐Depression or Sadness	
☐Disability	
☐Divorce or Separation	
☐Domestic Violence	
☐Drug Use (Prescription, Over-the-counter or Street)	
☐Eating Problems	
☐Emptiness	
☐Family of Origin or Childhood Issues	
☐Fatigue, Tiredness, or Low Energy	
☐Fears or Phobias	
☐Money Troubles, or Impulse Spending	
☐Gambling	
☐Grief or Losses	
☐Guilt	
☐ High Energy or Decreased Need for Sleep	
☐Health, Medical, or Physical Problems	
☐Impulsiveness or Loss of Control	

☐Interpersonal Conflicts	
☐Judgment or Risk Taking Problems	
☐Legal Problems or Law Suits	
☐Loneliness or Lack of Friends or Support	
☐Marital Problems	
☐Memory Problems	
☐Menstrual, PMS, or Menopause Problems	
☐Mood Swings	
☐Motivation	
☐Obsessions or Compulsions	
☐Pessimism	
☐Procrastination	
☐Racing Thoughts	
☐Rejection Issues or Being Easily Hurt	
☐Relationship Problems	
☐Self-esteem or Inferiority Feelings	
☐Self-neglect or Self-injury (cutting)	
☐Sexual or Sexuality Issues	
☐Shyness	
☐Sleep Issues	
☐Smoking	
☐Stress or Stress Management	
☐Suspiciousness	
☐Suicidal Thoughts	
☐Temper, Aggression, or Violence Problems	
☐ Trauma	
☐Withdrawal or Isolation	
☐Work Problems	
☐Workaholism	
☐Other:	