

## Adult Checklist of Concerns

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please rate concerns you have on a scale from: 0=none 1=mild 2=moderate 3=severe

- |   |   |   |   |                                                                     |
|---|---|---|---|---------------------------------------------------------------------|
| 0 | 1 | 2 | 3 | I have no problems or concerns bringing me here today               |
| 0 | 1 | 2 | 3 | Abuse – physical, sexual, emotional, neglect                        |
| 0 | 1 | 2 | 3 | Aggression, violence                                                |
| 0 | 1 | 2 | 3 | Alcohol use                                                         |
| 0 | 1 | 2 | 3 | Anger, hostility, arguing, irritability                             |
| 0 | 1 | 2 | 3 | Anxiety, nervousness                                                |
| 0 | 1 | 2 | 3 | Attention, concentration, distractibility                           |
| 0 | 1 | 2 | 3 | Career concerns, goals and choices                                  |
| 0 | 1 | 2 | 3 | Childhood issues                                                    |
| 0 | 1 | 2 | 3 | Children, child management, child care, parenting                   |
| 0 | 1 | 2 | 3 | Codependence                                                        |
| 0 | 1 | 2 | 3 | Confusion                                                           |
| 0 | 1 | 2 | 3 | Compulsions                                                         |
| 0 | 1 | 2 | 3 | Custody of children                                                 |
| 0 | 1 | 2 | 3 | Decision making, indecision, mixed feelings, putting off decisions  |
| 0 | 1 | 2 | 3 | Delusions (false ideas)                                             |
| 0 | 1 | 2 | 3 | Dependence                                                          |
| 0 | 1 | 2 | 3 | Depression, low mood, sadness, crying                               |
| 0 | 1 | 2 | 3 | Divorce, separation                                                 |
| 0 | 1 | 2 | 3 | Drug use-prescription meds, over-the-counter meds, street drugs     |
| 0 | 1 | 2 | 3 | Eating problem-over-eating, under-eating, appetite, vomiting        |
| 0 | 1 | 2 | 3 | Emptiness                                                           |
| 0 | 1 | 2 | 3 | Failure                                                             |
| 0 | 1 | 2 | 3 | Fatigue, tiredness, low energy                                      |
| 0 | 1 | 2 | 3 | Fears, phobias                                                      |
| 0 | 1 | 2 | 3 | Financial or money troubles, debt, impulsive spending, low income   |
| 0 | 1 | 2 | 3 | Friendships                                                         |
| 0 | 1 | 2 | 3 | Gambling                                                            |
| 0 | 1 | 2 | 3 | Grieving, mourning, deaths, losses, divorce                         |
| 0 | 1 | 2 | 3 | Guilt                                                               |
| 0 | 1 | 2 | 3 | Headaches, other kinds of pains                                     |
| 0 | 1 | 2 | 3 | Health, illness, medical concerns, physical problems                |
| 0 | 1 | 2 | 3 | Hearing voices                                                      |
| 0 | 1 | 2 | 3 | Helplessness                                                        |
| 0 | 1 | 2 | 3 | Hopelessness                                                        |
| 0 | 1 | 2 | 3 | Inferiority feelings                                                |
| 0 | 1 | 2 | 3 | Interpersonal conflicts                                             |
| 0 | 1 | 2 | 3 | Impulsiveness, loss of control, outbursts                           |
| 0 | 1 | 2 | 3 | Irresponsibility                                                    |
| 0 | 1 | 2 | 3 | Judgment problems, risk-taking behaviors                            |
| 0 | 1 | 2 | 3 | Legal matters, charges, suits                                       |
| 0 | 1 | 2 | 3 | Loneliness                                                          |
| 0 | 1 | 2 | 3 | Marital conflict, distance/coldness, infidelity/affairs, remarriage |
| 0 | 1 | 2 | 3 | Memory problems                                                     |
| 0 | 1 | 2 | 3 | Menstrual problems, PMS, menopause                                  |

- 0 1 2 3 Mood swings
- 0 1 2 3 Motivation, laziness
- 0 1 2 3 Nervousness, tension
- 0 1 2 3 Obsessions, compulsions (thoughts or actions that repeat themselves)
- 0 1 2 3 Oversensitivity to rejection
- 0 1 2 3 Panic or anxiety attacks
- 0 1 2 3 Perfectionism
- 0 1 2 3 Pessimism
- 0 1 2 3 Procrastination, work inhibitions, laziness
- 0 1 2 3 Relationship problems
- 0 1 2 3 School problems (see also “career concerns...”)
- 0 1 2 3 Self-centeredness
- 0 1 2 3 Self-esteem
- 0 1 2 3 Self-neglect, poor self-care
- 0 1 2 3 Sexual issues, dysfunctions, conflicts, desire differences
- 0 1 2 3 Shyness, oversensitivity to criticism
- 0 1 2 3 Sleep problems-too much, too little, insomnia, nightmares
- 0 1 2 3 Smoking and tobacco use
- 0 1 2 3 Stress, relaxation, stress management, stress disorders, tension
- 0 1 2 3 Suspiciousness
- 0 1 2 3 Suicidal thoughts
- 0 1 2 3 Temper problems, self-control, low frustration tolerance
- 0 1 2 3 Thought disorganization and confusion
- 0 1 2 3 Threats, violence
- 0 1 2 3 Weight and diet issues
- 0 1 2 3 Withdrawal, isolating
- 0 1 2 3 Work problems, workaholism/over-working, can’t keep a job

**List any stressors in these areas:**

**Primary Support Group:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Housing:** \_\_\_\_\_

**Economic:** \_\_\_\_\_

**Healthcare services:** \_\_\_\_\_

**Legal:** \_\_\_\_\_

**Death or losses:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Rate the severity of your stressors:**

1	2	3	4	5
mild		moderate		severe