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**Checklist of Concerns**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please mark all of the items below that apply, and feel free to add any others at the bottom under “Any other concerns or issues.” You may add a note or details in the space next to the concerns checked.

- I have no problem or concern bringing me here
- Abuse—physical, sexual, emotional, neglect, cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Confusion
- Cutting, self-harm
- Decision making, indecision, mixed feelings, putting off decisions
- Depression, low mood, sadness, crying
- Distrust
- Drug use
- Eating problems—overeating, under-eating, appetite, vomiting
- Failure
- Family conflicts
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles
- Forgetfulness
- Gambling
- Grieving, mourning, deaths, losses
- Guilt

- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Impulsiveness, loss of control, outbursts
- Judgment problems, risk taking
- Loneliness
- Mood swings
- Motivation, laziness, procrastination
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection or criticism
- Panic or anxiety attacks
- Perfectionism
- Pessimism
- Relationship problems (with friends, relatives, or at school)
- School problems
- Self-esteem
- Sexual orientation issues or sexual conflicts
- Shyness
- Sleep problems—too much, too little, insomnia, nightmares
- Smoking and tobacco use
- Spiritual, religious, moral, ethical issues
- Stress, relaxation, stress management
- Suicidal thoughts
- Temper problems, self-control, low frustration tolerance
- Threats, violence
- Weight and diet issues
- Withdrawal, isolating
- Other concerns or issues:

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