

Adult 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 (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Childhood issues (your own childhood)
- Confusion
- Compulsions
- Custody of children
- Decision-making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use-prescription medications, over-the-counter medications, street drugs
- Eating problems-overeating, under-eating, appetite, vomiting
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pain
- Health, illness, medical concerns, physical problems
- Housework/chores – quality, schedules, sharing duties

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- Inferiority feelings
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk-taking
- Legal matters, charges, suits
- Loneliness
- Marital conflict
- Memory problems
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions
- Oversensitivity to rejection
- Panic or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Procrastination
- Relationship issues
- Self-centeredness
- Self-esteem
- Self-neglect, poor self-care
- Shyness, oversensitivity to criticism
- Sleep problems
- Spiritual, religious, moral, ethical issues
- Stress, relaxation, stress management,
- Suspiciousness
- Suicidal thoughts
- Temper problems, low frustration tolerance
- Thought disorganization and confusion
- Withdrawal, isolating
- Work issues

Any other concerns or issues: Yes____ No ----

Please choose your top concern of the ones checked above: _____

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