

Adult Checklist of Concerns

Name: _____ Date: ____/____/____

Please mark all of the items below that apply to you (or the client), and feel free to add any others at the bottom under "Other concerns or issues." You may add a note or details in the space next to the concerns checked. For a child, mark any of these and then complete the Child Checklist of Characteristics. When you are done, please read the note at the end.

- I have no problems or concerns at this time
- Abuse—physical, sexual, emotional; neglect; cruelty to animals
- Adjusting or adapting poorly
- Alcohol/drugs (for myself): Prescription medications, over-the-counter meds, street drugs
- Alcohol/drugs (in my family): Prescription meds, over-the-counter meds, street drugs
- Anger, hostility, arguing, irritability
- Anxiety, nervousness, worrying
- Attention or concentration difficulties, distractibility
- Childhood issues (your own childhood)
- Codependence
- Confusion, disorganized thoughts
- Compulsions, having to say or do certain things
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions and actions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying, inactivity
- Eating problems: Overeating, undereating, appetite, vomiting (see also "Weight and diet issues," below)
- Emptiness feelings
- Failure
- Fatigue, tiredness, low energy, low stamina
- Fear of losing control
- Fears or phobias
- Feeling "too good," unrealistic happiness
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Gender identity concerns or questions
- Grieving, mourning, deaths, losses, divorce
- Guilt, shame
- Hallucinations (hearing, feeling, or seeing things not present)
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Hoarding, excessive collecting
- Hopelessness
- Housework/chores: Quality, schedules, sharing duties
- Inferiority feelings
- Injuring oneself deliberately
- Immaturity, irresponsibility, poor judgment, lack of motivation
- Impulsiveness, loss of control, risky actions
- Legal involvements, charges, suits

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- Loneliness
- Marital conflict, distance/coldness, infidelity, remarriage, disappointments
- Memory problems, forgetting
- Menstrual difficulties, PMS, menopause, perimenopause, hormonal changes
- Mood swings
- Nervousness, tension
- Obsessions, repeated thoughts or memories
- Pain management, chronic pain
- Panics or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Pessimism
- Procrastination, "laziness"
- Relationship problems with friends, with relatives, or at school or at work
- Self-centeredness, selfishness
- Self-esteem, self-confidence
- Self-neglect, poor self-care, poor hygiene
- Separation or divorce
- Sexual issues, dysfunctions, conflicts, desire differences, other problems
- Shyness, oversensitivity to criticism or rejection
- Sleep problems: Too much, too little, insomnia, nightmares
- Smoking and tobacco use
- Spiritual, religious, moral, ethical issues
- Stress, relaxation, stress management, stress disorders
- Suspiciousness
- Suicidal thoughts
- Temper problems, low frustration tolerance, irritability, outbursts
- Threats, violent actions, aggression
- Traumatic events
- Unconsciousness, "knocked out"
- Unusual thoughts or behaviors
- Weight and diet issues
- Withdrawal, isolating
- Work problems: Employment, "workaholism," can't keep a job, dissatisfaction, ambition
- Other concerns or issues: _____

Now go back to each concern you checked, and rate how much difficulty it causes you (or the client): 0 = none or not present now; 1 = mild (lowers quality of life but doesn't limit day-to-day functioning); 2 = mild/moderate (lowers quality of life and functioning); 3 = moderate (worse than 2); 4 = fairly severe impacts and limitations on quality of life and functioning; 5 = severely lowers quality of life and ability to function.

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