

Concerns and Symptoms Checklist

Client 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
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- 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, undereating, 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 pains
- ___ Health, illness, medical concerns, physical problems
- ___ Housework/chores—quality, schedules, sharing duties
- ___ Inferiority feelings

- ___ Interpersonal conflicts
- ___ Impulsiveness, loss of control, outbursts
- ___ Irresponsibility
- ___ Judgment problems, risk taking
- ___ Legal matters, charges, suits
- ___ Loneliness
- ___ Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments

- ___ Memory problems
- ___ Menstrual problems, PMS, menopause
- ___ Mood swings
- ___ Motivation, laziness
- ___ Nervousness, tension
- ___ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ___ Oversensitivity to rejection
- ___ Panic or anxiety attacks
- ___ Parenting, child management, single parenthood
- ___ Perfectionism
- ___ Pessimism
- ___ Procrastination, work inhibitions, laziness
- ___ Relationship problems (with friends, with relatives, or at work)
- ___ School problems
- ___ Self-centeredness
- ___ Self-esteem
- ___ Self-neglect, poor self-care
- ___ Sexual issues, dysfunctions, conflicts, desire differences, other (see also “Abuse”)
- ___ Shyness, oversensitivity to criticism
- ___ Sleep problems—too much, too little, insomnia, nightmares
- ___ Smoking and tobacco use
- ___ Spiritual, religious, moral, ethical issues
- ___ Stress, relaxation, stress management, stress disorders, tension
- ___ Suspiciousness
- ___ Suicidal thoughts
- ___ Temper problems, self-control, low frustration tolerance
- ___ Thought disorganization and confusion
- ___ Threats, violence
- ___ Weight and diet issues
- ___ Withdrawal, isolating
- ___ Work problems, employment, workaholism/overworking, can’t keep a job, dissatisfaction, ambition

Medical diagnosis/illnesses

Medications list (dosing and frequency):

Any other concerns or issues:

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