Adult Checklist of Concerns

Name:	Date:/
under "Other concerns or issues." You may add a note	r the client), and feel free to add any others at the bottom or details in the space next to the concerns checked. For a Checklist of Characteristics. When you are done, please read
 I have no problems or concerns at this time Abuse—physical, sexual, emotional; neglect; cruelty Adjusting or adapting poorly 	
 Alcohol/drugs (for myself): Prescription medications Alcohol/drugs (in my family): Prescription meds, ove Anger, hostility, arguing, irritability 	
 Anxiety, nervousness, worrying Attention or concentration difficulties, distractibility Childhood issues (your own childhood) 	у
 Codependence Confusion, disorganized thoughts Compulsions, having to say or do certain things 	
 Custody of children Decision making, indecision, mixed feelings, putting Delusions (false ideas) 	g off decisions and actions
 Dependence Depression, low mood, sadness, crying, inactivity Eating problems: Overeating, undereating, appetite 	e, 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 spendi Friendships 	ng, low income
 Gambling Gender identity concerns or questions Grieving, mourning, deaths, losses, divorce 	
☐ Guilt, shame☐ Hallucinations (hearing, feeling, or seeing things no☐ Headaches, other kinds of pains	ot present)
☐ Health, illness, medical concerns, physical problems	

(continued)

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☐ Hoarding, excessive collecting	
☐ Hopelessness	
☐ Housework/chores: Quality, schedules, sharing dutie	25
☐ Inferiority feelings	
☐ Injuring oneself deliberately	
☐ Immaturity, irresponsibility, poor judgment, lack of	motivation
☐ Impulsiveness, loss of control, risky actions	
☐ Legal involvements, charges, suits	
☐ Loneliness	
☐ Marital conflict, distance/coldness, infidelity, remark	iage, disappointments
☐ Memory problems, forgetting	
☐ Menstrual difficulties, PMS, menopause, perimenop	ause, 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	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 differen	ices, other problems
☐ Shyness, oversensitivity to criticism or rejection	
☐ Sleep problems: Too much, too little, insomnia, nigh	ıtmares
☐ Smoking and tobacco use	
☐ Spiritual, religious, moral, ethical issues	
☐ Stress, relaxation, stress management, stress disorde	ers
☐ Suspiciousness	
☐ Suicidal thoughts	
☐ Temper problems, low frustration tolerance, irritabi	lity, 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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