

Client: _____

Date _____

CHECKLIST OF CONCERNS

Please mark all the items that apply to you or someone significant in your life:

- | | | |
|--|--|--|
| <input type="checkbox"/> No problems or concerns | <input type="checkbox"/> Grieving | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Guilt | <input type="checkbox"/> Panic |
| <input type="checkbox"/> Affairs | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Hallucinogens (LSD, PCP) | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pessimism |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Ambivalent feelings | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Homicidal thoughts | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hormones | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Attention | <input type="checkbox"/> Hostility | <input type="checkbox"/> Poor concentration |
| <input type="checkbox"/> Backaches | <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Prescription drug use |
| <input type="checkbox"/> Birth control pills | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Bruise or bleed easily | <input type="checkbox"/> Inferiority feelings | <input type="checkbox"/> Rage |
| <input type="checkbox"/> Can't have fun | <input type="checkbox"/> Infidelity | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Career concerns/goals/choices | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Remarriage |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Responsibility |
| <input type="checkbox"/> Childhood issues | <input type="checkbox"/> Interpersonal conflicts | <input type="checkbox"/> Risk taking |
| <input type="checkbox"/> Children | <input type="checkbox"/> Illness | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Irritability | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Cocaine/crack use | <input type="checkbox"/> Irresponsibility | <input type="checkbox"/> Self-centeredness |
| <input type="checkbox"/> Co-dependence | <input type="checkbox"/> Isolation | <input type="checkbox"/> Separation |
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Job losses | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Judgment problems | <input type="checkbox"/> Self-neglect |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Lack of enjoyment | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Sexual issues |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Lawsuits | <input type="checkbox"/> Shakiness |
| <input type="checkbox"/> Custody of children | <input type="checkbox"/> Laxative use | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Legal matters | <input type="checkbox"/> Shyness |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Sleep too much |
| <input type="checkbox"/> Decision-making | <input type="checkbox"/> Losses | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Delusions (false ideas) | <input type="checkbox"/> Loss of control | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Dependence | <input type="checkbox"/> Low energy | <input type="checkbox"/> Spending |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Low income | <input type="checkbox"/> Stimulants |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Management of children | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Distractibility | <input type="checkbox"/> Marital conflict | <input type="checkbox"/> Street drug use |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Marijuana use | <input type="checkbox"/> Suspiciousness |
| <input type="checkbox"/> Diet issues | <input type="checkbox"/> Medical problems | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Diuretic use | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Suicidal actions |
| <input type="checkbox"/> Diet pills | <input type="checkbox"/> Menopause | <input type="checkbox"/> Temper problems |
| <input type="checkbox"/> Earaches | <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Tension |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Thought disorganization |
| <input type="checkbox"/> Early morning awakening | <input type="checkbox"/> Mourning | <input type="checkbox"/> Threats |
| <input type="checkbox"/> Eat junk food | <input type="checkbox"/> Muscle weakness | <input type="checkbox"/> Tiredness |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Narcotics | <input type="checkbox"/> Tranquilizers |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Nausea | <input type="checkbox"/> Under-eating |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Negative thinking | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Emptiness | <input type="checkbox"/> Neglect (children or elderly) | <input type="checkbox"/> Vitamins |
| <input type="checkbox"/> Ex-spouse | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Weight problems |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Obsessions | <input type="checkbox"/> Work problems |
| <input type="checkbox"/> Fears | <input type="checkbox"/> Outbursts | <input type="checkbox"/> Workaholism |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Overeating | |
| <input type="checkbox"/> Fitful sleep | <input type="checkbox"/> Oversensitivity | |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Over-the-counter drug use | |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Physical pain | |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Painkillers | |