



Behavioral Health & Wellness

ADULT CHECKLIST OF CONCERNS

Name: _____ Date: _____

Please mark all of the items below that apply, circle any that would describe more specifically to that particular concern, and feel free to add any others at the bottom under "Any other concerns or issues." You may also add a note or details in the space next to the concerns checked.

- Abuse—physical, sexual, emotional, neglect (of children, disabled, elderly), cruelty to animals
- Aggression, violence toward others
- Alcohol use, abuse, or dependence regarding self or loved one
- Anger, hostility, arguing, irritability, impatience toward others
- Anxiety, nervousness
- Attention, concentration, focus, distractibility
- Career concerns, goals, choices, satisfaction, work-life balance, work conflict, etc.
- Childhood issues (your own childhood)
- Children, child management, child care, parenting
- Codependence
- Custody issues of children
- Death, loss, or anticipated loss of a loved one
- Death, loss, or anticipated loss of a pet
- Decision making, indecision, problem solving mixed feelings, putting off decisions
- Delusions (false ideas) / hallucinations (hearing or seeing things that are not there)
- Disappointed by others
- Depression, sadness, crying, apathy / not caring about important things you normally care about
- Divorce, separation from life partner
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, undereating, appetite, vomiting
- Emptiness or loneliness
- Failure or fear of failure
- Fatigue, tiredness, low energy
- Fears, phobias (please list specific triggers or fears: _____)
- Financial or money troubles, debt, impulsive spending, low income
- Friendships (lack of, poor, empty, or disconnected)
- Gambling
- Grieving, mourning, losses (please list loss: _____)

- Guilt feelings, self-blame, blame by others, shame
- Headaches (migraine, tension, cluster, sinus)
- Health, illness, medical concerns, physical problems, disability
- Inferiority feelings, fear of rejection or abandonment, poor self-esteem
- Interpersonal conflicts with others including family, friends, co-workers, classmates, etc.
- Impulsiveness, loss of control
- Irresponsibility, disappointing others
- Judgment problems, risk-taking behaviors
- Legal matters, charges, lawsuits
- Marital / relationship conflict, distance / coldness, infidelity / affairs, remarriage
- Memory problems
- Menstrual problems, PMS, menopause
- Mood swings
- Motivation, laziness, loss of / low productivity
- Muscle aches (whole body or specific areas), muscle tension
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Pain management
- Panic or anxiety attacks
- Perfectionism, "Type A" personality, overly competitive, over-
- Pessimism, negativistic or worried thinking
- Procrastination, work inhibitions, not following through on daily work / homecare responsibilities
- Relationship problems, relationship dependence
- Religious or spiritual concerns, values conflict
- Resentment towards others / regret over decisions made or behavior toward others
- School / academic problems
- Self-centeredness / selfishness
- Self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, desire differences, other _____
- Shyness, over-sensitivity to criticism
- Sleep problems—too much, too little, insomnia, nightmares, poor sleep quality
- Smoking and tobacco use
- Stress, relaxation, stress management, stress disorders, feeling uptight or tense
- Suspiciousness of the motives or behaviors of others
- Suicidal thoughts, plan, or recent attempt
- Temper problems, emotional outbursts, poor self-control / restraint, low frustration tolerance
- Thought disorganization and confusion
- Threats, violence, discrimination experienced
- Weight gain or weight loss that is unplanned and unintended
- Withdrawal / isolating from family, significant others, or friends
- Work problems, employment (loss of job or fear of unemployment), overworking, can't keep a job

Any other concerns or issues:

Please look back over the concerns you have checked off and choose the one to three that you most want help with and note them below:
