

Adult Checklist of Concerns

Name: _____ Date: ___/___/___

Please mark all of the items below that apply to you (or the client), and then 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.

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.

- 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

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- 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
- 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

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- 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: _____

Signature

Date

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

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