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Adult Checklist of Concerns

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.

- | | |
|---|--|
| <input type="checkbox"/> Abuse—physical, sexual, emotional, neglect | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Aggression, violence | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Anger, hostility, arguing, irritability | <input type="checkbox"/> Motivation, laziness |
| <input type="checkbox"/> Anxiety, nervousness, worries | <input type="checkbox"/> Obsessions, compulsions |
| <input type="checkbox"/> Attention, concentration, distractibility | <input type="checkbox"/> Oversensitivity to rejection |
| <input type="checkbox"/> Career concerns, goals, and choices | <input type="checkbox"/> Panic or anxiety attacks |
| <input type="checkbox"/> Childhood issues (your own childhood) | <input type="checkbox"/> Parenting, child management, single parenthood |
| <input type="checkbox"/> Decision making, indecision, mixed feelings | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Dependence | <input type="checkbox"/> Pessimism |
| <input type="checkbox"/> Depression, low mood, sadness, crying | <input type="checkbox"/> Procrastination, work inhibitions, laziness |
| <input type="checkbox"/> Drug and Alcohol use | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Eating problems—overeating, undereating, appetite | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Emptiness or feelings of failure | <input type="checkbox"/> Self-centeredness |
| <input type="checkbox"/> Fatigue, tiredness, low energy | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Fears, phobias | <input type="checkbox"/> Self-neglect, poor self-care |
| <input type="checkbox"/> Financial or money troubles | <input type="checkbox"/> Sexual issues, dysfunctions, conflicts |
| <input type="checkbox"/> Grieving, mourning, deaths, losses, divorce | <input type="checkbox"/> Shyness, oversensitivity to criticism |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Sleep problems—too much, too little, insomnia, nightmares |
| <input type="checkbox"/> Health, illness, medical concerns, physical problems | <input type="checkbox"/> Spiritual, religious, moral, ethical issues |
| <input type="checkbox"/> Housework/chores—completing, sharing duties, etc | <input type="checkbox"/> Stress, relaxation, stress management, tension |
| <input type="checkbox"/> Inferiority feelings | <input type="checkbox"/> Suspiciousness, distrust |
| <input type="checkbox"/> Impulsiveness, loss of control, outbursts | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Irresponsibility | <input type="checkbox"/> Thought disorganization and confusion |
| <input type="checkbox"/> Judgment problems, risk taking | <input type="checkbox"/> Threats, violence |
| <input type="checkbox"/> Legal matters, charges, suits | <input type="checkbox"/> Withdrawal, isolating |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Other concerns or issues: _____ |
| <input type="checkbox"/> Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments | _____ |

Please look back over the concerns you have checked off and circle the one that you most want help with.

