Checklist of Concerns

Name: _____ **Date:** _____

Since our last visit, I feel there is a: ❑ Increase ❑ Decrease ❑ Stayed the same

In my feelings of: ❑ Anger ❑ Anxiety ❑ Depression ❑ Other:

Please mark all of the items below that you would like to discuss in todays session.

- ☐ **I have no problem or concern this week**
- ☐ **ADL's Activity of Daily Living**
- ☐ **Addiction (drugs, Alcohol, gambling, other**
- ☐ **Anger, hostility, arguing, irritability**
- ☐ **Aggression, violence**
- ☐ **Attention, concentration, distractibility**
- ☐ **Career concerns, goals, and choices**
- ☐ **Childhood issues (your own childhood)**
- ☐ **Codependence**
- ☐ **Decision making, indecision, mixed feelings, putting off decisions**
- ☐ **Depression, low mood, sadness, crying**
- ☐ **Dependence**
- ☐ **Divorce, separation**
- ☐ **Drug use—prescription, over-the-counter, street drugs**
- ☐ **Eating problems—overeating, undereating**
- ☐ **Fears, phobias**
- ☐ **Finances or money trouble, debt, impulsive spending, low income**
- ☐ **Friendships**
- ☐ **Grieving, mourning, deaths, losses, divorce**
- ☐ **Guilt**
- ☐ **Health, illness, medical concerns, physical problems**
- ☐ **Inferiority feelings**
- ☐ **Impulsiveness, loss of control, outbursts**
- ☐ **Irresponsibility**
- ☐ **Judgment problems, risk taking**
- ☐ **Legal matters, charges, suits**
- ☐ **Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments**
- ☐ **Memory problems**
- ☐ **Mood swings**
- ☐ **Motivation, laziness**
- ☐ **Negative thinking / Over thinking**
- ☐ **Obsessions, compulsions oversensitivity to criticism**
- ☐ **Oversensitivity to rejection**
- ☐ **Panic or anxiety attacks**
- ☐ **Parenting, child management, single parenthood or Blended family,**
- ☐ **Perfectionism**
- ☐ **Pessimism**
- ☐ **Procrastination**
- ☐ **Relationship problems (with friends, with relatives, or at work)**
- ☐ **School / work concern**
- ☐ **Self-esteem**
- ☐ **Self-neglect, poor self-care**
- ☐ **Sexual issues, dysfunctions, conflicts, desire differences, other**
- ☐ **Suicidal thoughts**
- ☐ **Suspiciousness, distrust**
- ☐ **Temper problems, self-control, low frustration tolerance**
- ☐ **Thought disorganization and confusion**
- ☐ **Truma experience**
- ❑ **Weight and diet issues**
- ❑ **Other concerns or issues:**

List any changes you made in your life since the last session:

_____

_____

Short-Term Goals: Is there one particular thing you want to achieve in today's session?

_____

_____

Questions: _____

_____