

Carole W. Sebenick, Ph.D.

Licensed Clinical Psychologist
3949 Pender Drive, Suite 301, Fairfax, VA 22030, (703) 362-9313
CWSebenick@CWSebenickPhD.com

Concerns Checklist

Name: _____ Date: _____
Last First Middle

Please check those areas that *currently* cause you concern or interfere with your happiness, health, productivity, and/or relationships.

- Abuse (emotional, physical, sexual)
 - Academic performance
 - Aging
 - Alcohol use (self or others)
 - Appearance/ body shape/ weight
 - Anger or temper
 - Anxiety
 - Attention/ ability to concentrate
 - Career or workplace concerns
 - Compulsive behaviors
 - Concerns about your childhood
 - Crime
 - Depression
 - Drug use (self or others)
 - Eating or appetite
 - Family problems
 - Fatigue or energy
 - Fears or phobias
 - Finances
 - Flashbacks or disturbing memories
 - Gender identity concerns
 - Goal-setting or goal-achievement
 - Grief or loss
 - Guilt or shame
 - Hopelessness
 - Impulse control
 - Infertility or family planning
 - Infidelity
 - Internet/ other media use
 - Legal problems
 - Loneliness
 - Medical conditions/ chronic pain
 - Panic attacks
 - Relationships with others
 - Retirement
 - Safety
 - Self-esteem
 - Separation, divorce, break-up
 - Sexual concerns
 - Sleep problems
 - Stress management
 - Thoughts of hurting yourself
 - Thoughts of hurting someone else
 - Time management
 - Trusting others
 - Violence
 - Other
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