**Melissa Shane Counseling Services LLC**

**Adult Checklist of Concerns**

Name:                        Date:   /  /

Please mark all of the items below that apply to you (or the client), and 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. For a child, mark any of these and then complete the Child Checklist of Characteristics. When you are done, please read the note at the end.

* 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

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

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:

Now go back to each concern you checked, and 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.

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