## **Awareness Counseling Center**

100 Katelyn Circle, Suite B Warner Robins, GA 31088

## **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. (For a child, mark any of these and then complete the "Child Checklist of Characteristics.")	
□ I have no problem or concern bringing me here □ Abuse—physical, sexual, emotional, neglect (of children □ Aggression, violence □ Alcohol use □ Anger, hostility, arguing, irritability □ Anxiety, nervousness □ Attention, concentration, distractibility □ Career concerns, goals, and choices	or elderly persons), cruelty to animals
<ul><li>□ Childhood issues (your own childhood)</li><li>□ Codependence</li></ul>	
<ul><li>□ Confusion</li><li>□ Compulsions</li></ul>	
<ul> <li>□ Custody of children</li> <li>□ Decision making, indecision, mixed feelings, putting off o</li> <li>□ Delusions (false ideas)</li> <li>□ Dependence</li> </ul>	lecisions
<ul><li>□ Depression, low mood, sadness, crying</li><li>□ Divorce, separation</li></ul>	
<ul> <li>□ Drug use—prescription medications, over-the-counter m</li> <li>□ Eating problems—overeating, undereating, appetite,</li> </ul>	
issues") □ Emptiness	
□ Failure	
<ul><li>□ Fatigue, tiredness, low energy</li><li>□ Fears, phobias</li></ul>	
□ Financial or money troubles, debt, impulsive spending, lo	ow income
□ Friendships	
<ul><li>□ Gambling</li><li>□ Grieving, mourning, deaths, losses, divorce</li></ul>	
□ Guilt	
□ Headaches, other kinds of pains	
□ Health, illness, medical concerns, physical problems	
□ Housework/chores—quality, schedules, sharing duties	
<ul><li>□ Inferiority feelings</li><li>□ Interpersonal conflicts</li></ul>	
□ Impulsiveness, loss of control, outbursts	
□ Irresponsibility	
□ Judgment problems, risk taking	
□ Legal matters, charges, suits	
□ Loneliness	

	Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations disappointments
	Memory problems
	Menstrual problems, PMS, menopause
	Mood swings
	Motivation, laziness
	Nervousness, tension
	Obsessions, compulsions (thoughts or actions that repeat themselves)
	Oversensitivity to rejection
	Panic or anxiety attacks
	Parenting, child management, single parenthood
	Perfectionism
	Pessimism
	Procrastination, work inhibitions, laziness
	Relationship problems (with friends, with relatives, or at work)
	School problems (see also "Career concerns")
	Self-centeredness
	Self-esteem
	Self-neglect, poor self-care Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
	Shyness, oversensitivity to criticism
	Sleep problems—too much, too little, insomnia, nightmares
	Smoking and tobacco use
	Spiritual, religious, moral, ethical issues
	Stress, relaxation, stress management, stress disorders, tension
	Suspiciousness
	Suicidal thoughts
	Temper problems, self-control, low frustration tolerance
	Thought disorganization and confusion
	Threats, violence
	Weight and diet issues
	Withdrawal, isolating
	Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction ambition
A	ny other concerns or issues:
P	lease look back over the concerns you have checked off and choose the one that you mos
	ant help with. It is:

Adult Concerns 2 of 2

Name: \_\_\_\_\_