



*New Perspectives  
Through Compassionate Listening  
www.artofcounseling.org*

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MINOR'S NAME \_\_\_\_\_

CONCERNS CHECKLIST

Check any of the following that currently apply :

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Always Put Others Before Me     | <input type="checkbox"/> Always Worried                 | <input type="checkbox"/> Anxious Inside                 |
| <input type="checkbox"/> Can't Concentrate               | <input type="checkbox"/> Can't "Get Going"              | <input type="checkbox"/> Can't Handle Money             |
| <input type="checkbox"/> Can't Hold a Job                | <input type="checkbox"/> Can't Make Decisions           | <input type="checkbox"/> Can't Make Friends             |
| <input type="checkbox"/> Considering Divorce             | <input type="checkbox"/> Criticize Everything           | <input type="checkbox"/> Crying Spells                  |
| <input type="checkbox"/> Depressed                       | <input type="checkbox"/> Difficulties at Work           | <input type="checkbox"/> Dizziness                      |
| <input type="checkbox"/> Dog Ate My Homework             | <input type="checkbox"/> Don't Eat Enough               | <input type="checkbox"/> Don't Get Along With Friends   |
| <input type="checkbox"/> Don't Get Along With Teachers   | <input type="checkbox"/> Don't Get Along With Parents   | <input type="checkbox"/> Don't Get Enough Exercise      |
| <input type="checkbox"/> Don't Like Being Alone          | <input type="checkbox"/> Don't Like Being Around Others | <input type="checkbox"/> Don't Like Myself              |
| <input type="checkbox"/> Easily Angered                  | <input type="checkbox"/> Eat Too Much                   | <input type="checkbox"/> Excessive Use of Medication    |
| <input type="checkbox"/> Family Problems                 | <input type="checkbox"/> Fast Heartbeat                 | <input type="checkbox"/> Feel Like Hurting Myself       |
| <input type="checkbox"/> Feel Like Hurting Someone Else  | <input type="checkbox"/> Feel Like I Don't Fit In       | <input type="checkbox"/> Feel Like I'm Not Good Enough  |
| <input type="checkbox"/> Feel Like Smashing Things       | <input type="checkbox"/> Feeling Afraid                 | <input type="checkbox"/> Feeling Ashamed                |
| <input type="checkbox"/> Feeling Bored                   | <input type="checkbox"/> Feeling Confused               | <input type="checkbox"/> Feeling Guilty                 |
| <input type="checkbox"/> Feeling Happy                   | <input type="checkbox"/> Feeling Inferior               | <input type="checkbox"/> Feeling Lonely                 |
| <input type="checkbox"/> Feeling Mean                    | <input type="checkbox"/> Feeling Numb                   | <input type="checkbox"/> Feeling Panicky                |
| <input type="checkbox"/> Feeling Stupid                  | <input type="checkbox"/> Feeling Tense                  | <input type="checkbox"/> Feeling Unappreciated          |
| <input type="checkbox"/> Feelings Easily Hurt            | <input type="checkbox"/> Fighting & Quarrelling         | <input type="checkbox"/> Financial Problems             |
| <input type="checkbox"/> Frequent Headaches              | <input type="checkbox"/> Full of Energy                 | <input type="checkbox"/> Hate My Job                    |
| <input type="checkbox"/> I Hate All This Paperwork       | <input type="checkbox"/> Impatient with People          | <input type="checkbox"/> Lack of Energy                 |
| <input type="checkbox"/> Lacking in Confidence           | <input type="checkbox"/> Legal Problems                 | <input type="checkbox"/> Loss of a Loved One            |
| <input type="checkbox"/> Loss of Sexual Interest         | <input type="checkbox"/> Loss of Weight                 | <input type="checkbox"/> Medical Condition              |
| <input type="checkbox"/> Nausea or Vomiting              | <input type="checkbox"/> Nightmares                     | <input type="checkbox"/> No One Understands Me          |
| <input type="checkbox"/> Not Enjoying Things             | <input type="checkbox"/> Not Feeling Much of Anything   | <input type="checkbox"/> Obsessive Thoughts             |
| <input type="checkbox"/> Overly Ambitious                | <input type="checkbox"/> Overly Sensitive               | <input type="checkbox"/> Poor Appetite                  |
| <input type="checkbox"/> Poor Physical Health            | <input type="checkbox"/> Probation/Parole               | <input type="checkbox"/> Problems with Drugs or Alcohol |
| <input type="checkbox"/> Problems with Children          | <input type="checkbox"/> Problems with Friends          | <input type="checkbox"/> Problems with School           |
| <input type="checkbox"/> Problems with Spouse or Partner | <input type="checkbox"/> Put Things Off Too Long        | <input type="checkbox"/> Questioning Belief System      |
| <input type="checkbox"/> Relationship Problems           | <input type="checkbox"/> Sexual Problems                | <input type="checkbox"/> Shy with People                |
| <input type="checkbox"/> Spiritual Concerns              | <input type="checkbox"/> Stomach Trouble                | <input type="checkbox"/> Suicidal Thoughts              |
| <input type="checkbox"/> Thoughts Racing                 | <input type="checkbox"/> Trouble Sleeping               | <input type="checkbox"/> Troubling Memories             |
| <input type="checkbox"/> Unable to Have Fun              | <input type="checkbox"/> Unable to Relax                | <input type="checkbox"/> Very Restless                  |
| <input type="checkbox"/> Worried About Children          | <input type="checkbox"/> Worried About Parents          | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> None of the Above               | <input type="checkbox"/> All of the Above               | <input type="checkbox"/> Can I Go Home Now?             |