

TEEN CHECKLIST OF CONCERNS

Name: _____

Date: _____

Best number to reach you: _____

Can I leave a message? Yes No

Please mark all of the items below that apply, 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.

- Abuse – physical, sexual, emotional, neglect, cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Body image
- Confusion
- Cutting, self-harm
- Decision making, indecision, mixed feelings, putting off decisions
- Depression, low mood, sadness, crying
- Distrust
- Drug use
- Eating problems – overeating, under-eating, appetite, vomiting
- Failure
- Family conflicts
- Fatigue, tiredness, low energy
- Fears, phobias
- Feelings of not belonging
- Financial or money troubles
- Forgetfulness
- Gambling
- Grieving, mourning, deaths, losses
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems

- Impulsiveness, loss of control, outbursts
 - Judgment problems, risk taking
 - Lack of interest or pleasure in usual activities
 - Loneliness
 - Mood swings
 - Motivation, laziness, procrastination
 - Obsessions, compulsions (thoughts or actions that repeat themselves)
 - Over exercising
 - Oversensitivity to rejection or criticism
 - Panic or anxiety attacks
 - Perfectionism
 - Pessimism
 - Relationship problems (with friends, relatives, or at school)
 - School problems
 - Self-esteem
 - Sexual orientation issues or sexual conflicts
 - Shyness
 - Sleep problems – too much, too little, insomnia, nightmares
 - Smoking and tobacco use
 - Spiritual, religious, moral, ethical issues
 - Stress, relaxation, stress management
 - Suicidal thoughts
 - Temper problems, self-control, low frustration tolerance
 - Threats, violence
 - Weight and diet issues
 - Withdrawal, isolating
 - Other concerns or issues: _____
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Please look back over the concerns you have checked off and choose one – three that you most want help with. They are: _____

On a scale of 1-10, with 1 being the worst you've ever felt in your life, circle the number that applies TODAY:

(Worst I've ever felt) 1 2 3 4 5 6 7 8 9 10 (Best I've ever felt)