

Personal Concerns Checklist

NAME _____ Date _____

Please underline items of Concern and circle your Level of Concern

Legal Matters, Charges or Suits	0	1	2	3	4	5	6	7	8	9	10
Marital Conflict, Infidelity or Separation	0	1	2	3	4	5	6	7	8	9	10
Relationship Problems or Interpersonal Conflicts	0	1	2	3	4	5	6	7	8	9	10
Parent-child Relationship or Custody	0	1	2	3	4	5	6	7	8	9	10
Social Support, Making or Keeping Friends	0	1	2	3	4	5	6	7	8	9	10
Critical of Self, Feeling Inferior or Abandoned	0	1	2	3	4	5	6	7	8	9	10
Trauma, Abuse or Past Childhood Issues	0	1	2	3	4	5	6	7	8	9	10
Finances, Debt or Impulsive Spending	0	1	2	3	4	5	6	7	8	9	10
Losses, Grieving or Divorce	0	1	2	3	4	5	6	7	8	9	10
Withdrawal, Loneliness or Sensitivity to Criticism	0	1	2	3	4	5	6	7	8	9	10
Overworking, Work-problems, or Job Satisfaction	0	1	2	3	4	5	6	7	8	9	10
Body Image, Diet or Vomiting	0	1	2	3	4	5	6	7	8	9	10
Alcohol, Drugs, Tobacco Sex or Other Addictions	0	1	2	3	4	5	6	7	8	9	10
Seeing, Hearing or Doing Strange Things	0	1	2	3	4	5	6	7	8	9	10
Pessimism, Worthlessness or Hopelessness	0	1	2	3	4	5	6	7	8	9	10
Lack of Enjoyment or Perfectionism	0	1	2	3	4	5	6	7	8	9	10
Fatigue, Low Motivation or Procrastination	0	1	2	3	4	5	6	7	8	9	10
Sadness, Crying, Appetite or Mood Swings	0	1	2	3	4	5	6	7	8	9	10
Guilt or Shame	0	1	2	3	4	5	6	7	8	9	10
Attention or Memory Concerns	0	1	2	3	4	5	6	7	8	9	10
Self-Neglect or Self-injurious Behaviors	0	1	2	3	4	5	6	7	8	9	10
Insomnia, Excessive Sleep or Nightmares	0	1	2	3	4	5	6	7	8	9	10
Thoughts of Death or Suicide	0	1	2	3	4	5	6	7	8	9	10
Confusion, Difficulty Planning or Making Decisions	0	1	2	3	4	5	6	7	8	9	10
Stress, Worry, Restless, Nervous or Panic	0	1	2	3	4	5	6	7	8	9	10
Irritability, Anger, Self-control or Impulsive	0	1	2	3	4	5	6	7	8	9	10
Recurring Thoughts or Fears, Compulsions	0	1	2	3	4	5	6	7	8	9	10
Feeling Detached from Myself	0	1	2	3	4	5	6	7	8	9	10
Health, Headaches, Pain or Menstrual Issues	0	1	2	3	4	5	6	7	8	9	10
Others	0	1	2	3	4	5	6	7	8	9	10

Please circle a number representing your Overall Life Satisfaction for the past two weeks:

WORST		BEST
I've Ever Experienced	1 2 3 4 5 6 7 8 9 10	I've Ever Experienced