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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.

- | | |
|--|---|
| <input type="checkbox"/> I have no problem or concern bringing me here | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals | <input type="checkbox"/> Grieving, mourning, deaths, losses, divorce |
| <input type="checkbox"/> Aggression, violence | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Headaches, other kinds of pains |
| <input type="checkbox"/> Anger, hostility, arguing, irritability | <input type="checkbox"/> Health, illness, medical concerns, physical problems |
| <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> Housework/chores—quality, schedules, sharing duties |
| <input type="checkbox"/> Attention, concentration, distractibility | <input type="checkbox"/> Inferiority feelings |
| <input type="checkbox"/> Career concerns, goals, and choices | <input type="checkbox"/> Interpersonal conflicts |
| <input type="checkbox"/> Childhood issues (your own childhood) | <input type="checkbox"/> Impulsiveness, loss of control, outbursts |
| <input type="checkbox"/> Codependence | <input type="checkbox"/> Irresponsibility |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Judgment problems, risk taking |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Legal matters, charges, suits |
| <input type="checkbox"/> Custody of children | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Decision making, indecision, mixed feelings, putting off decisions | <input type="checkbox"/> Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments |
| <input type="checkbox"/> Delusions (false ideas) | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Dependence | <input type="checkbox"/> Menstrual problems, PMS, menopause |
| <input type="checkbox"/> Depression, low mood, sadness, crying | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Divorce, separation | <input type="checkbox"/> Motivation, laziness |
| <input type="checkbox"/> Drug use—prescription medications, over-the-counter medications, street drugs | <input type="checkbox"/> Nervousness, tension |
| <input type="checkbox"/> Eating problems—overeating, undereating, appetite, vomiting (see also “Weight and diet issues”) | <input type="checkbox"/> Obsessions, compulsions (thoughts or actions that repeat themselves) |
| <input type="checkbox"/> Emptiness | <input type="checkbox"/> Oversensitivity to rejection |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Pain, chronic |
| <input type="checkbox"/> Fatigue, tiredness, low energy | <input type="checkbox"/> Panic or anxiety attacks |
| <input type="checkbox"/> Fears, phobias | <input type="checkbox"/> Parenting, child management, single parenthood |
| <input type="checkbox"/> Financial or money troubles, debt, impulsive spending, low income | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Pessimism |
| | <input type="checkbox"/> 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

- Other concerns or issues: _____

- Stress, relaxation, stress management, stress disorders, tension
- Suspiciousness, distrust
- 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

Please look back over the concerns you have checked off. Which of them is the one that you most want help with?
