

Teen 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.

- I have no problem or concern that brings me to therapy
- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility, daydreaming
- Body Image
- Bullying/intimidating others, teasing others, inflicting pain on others, picking on or provoking others
- Confusion
- Conflicts with parents over rule breaking, money, chores, homework, grades, choices in music/clothes/hair/friends
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Depression, low mood, sadness, crying
- Difficulties with parent's new marriage/new family or problems with step-parent/s
- Dropping out of school
- Drug use—prescription medications, over-the-counter medications, street drugs
- Disobedience, uncooperative, noncompliance, disobeying rules
- Eating problems—overeating, undereating, appetite, vomiting (see also "Weight and diet issues")
- Emptiness
- Extracurricular activities interfering with academics
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending
- Friendships
- Gambling

- Grades
- Grieving, mourning, deaths, losses
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Hyperactivity, excessive energy
- Inferiority feelings
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking
- Learning disability
- Legal matters, charges, suits
- Loneliness
- Memory problems
- Menstrual problems, PMS
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection
- Pain, chronic
- Panic or anxiety attacks
- Parent's divorce or separation
- Perfectionism
- Pessimism
- Pregnancy
- Procrastination, wasting time, laziness
- Rape, sexual assault
- Relationship problems (with friends or with family members)
- School problems
- Self-centeredness
- Self-esteem
- Self-harming behaviors—biting or hitting self, head banging, scratching or cutting self
- Self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, sexually transmitted disease

- Sexuality issues, sexual orientation
- 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, tension
- Suspiciousness, distrust
- Suicidal thoughts
- Teased, picked on, victimized, bullied
- Temper problems, self-control, low frustration tolerance
- Thought disorganization and confusion
- Weight and diet issues
- Withdrawal, isolating
- Other concerns or issues: _____

Please look back over the concerns you have checked off and choose the one with which you most want help. It is:
