

FORM 4
Adult Checklist of Characteristics

Name: _____ Date: _____

Please mark all of the items below that apply to you [concerns as well as positive traits], and feel free to add any others at the bottom. You may add a note or details in the space next to the items checked

- | | |
|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Feel like a failure even when others tell you are doing an average or above average job |
| <input type="checkbox"/> Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals [circle all that apply] | <input type="checkbox"/> Fatigue, tiredness, low energy |
| <input type="checkbox"/> Aggression, violence | <input type="checkbox"/> Fears, phobias |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Feeling worthless |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Financial or money troubles, debt, impulsive spending, low income |
| <input type="checkbox"/> Anger, hostility, arguing, irritability | <input type="checkbox"/> Follows direction well |
| <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> Friendship difficulties |
| <input type="checkbox"/> Attention, concentration, distractibility | <input type="checkbox"/> Strong friendships |
| <input type="checkbox"/> Behaviours | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Career concerns, goals, and choices | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Cautious or slow to act | <input type="checkbox"/> Grieving, mourning, deaths, losses, divorce |
| <input type="checkbox"/> Changes in eating patterns | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Childhood issues (your own childhood) | <input type="checkbox"/> Hard to listen to others |
| <input type="checkbox"/> Codependence | <input type="checkbox"/> Frequent or regular Headaches, digestive/stomach issues or other kinds of pains |
| <input type="checkbox"/> Comfortable in groups | <input type="checkbox"/> Health, illness, medical concerns, physical problems |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> High energy |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Housework/chores difficulty—quality, schedules, sharing duties |
| <input type="checkbox"/> Custody of children | <input type="checkbox"/> Inferiority feelings |
| <input type="checkbox"/> Decision making, indecision, mixed feelings, putting off decisions | <input type="checkbox"/> Insecurity |
| <input type="checkbox"/> Delusions (false ideas) | <input type="checkbox"/> Interpersonal conflicts |
| <input type="checkbox"/> Dependence | <input type="checkbox"/> Intimacy |
| <input type="checkbox"/> Depression, low mood, sadness, crying | <input type="checkbox"/> Impatient |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Impulsiveness, loss of control, outbursts |
| <input type="checkbox"/> Difficulty speaking in groups | <input type="checkbox"/> Irresponsibility |
| <input type="checkbox"/> Diminished interest in normal activities | <input type="checkbox"/> Judgment problems, risk taking |
| <input type="checkbox"/> Disruptive behaviour | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Divorce, separation | <input type="checkbox"/> Learning differences |
| <input type="checkbox"/> Don't like yourself | |
| <input type="checkbox"/> Dreams or nightmares | |
| <input type="checkbox"/> Drug use—prescription medications, over-the-counter medications, street drugs | <input type="checkbox"/> Legal matters, charges, suits |
| <input type="checkbox"/> Eating problems—overeating, undereating, appetite, vomiting, binges, restrictive eating [circle all that apply] | <input type="checkbox"/> Lies |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Life feels empty |
| | <input type="checkbox"/> Loneliness |
| | <input type="checkbox"/> Loyal |

- Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments [circle all that apply]
- Memories
- Memory problems
- Menstrual problems, PMS, menopause
- Missing work
- Mood swings, moodiness
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Sensitivity to rejection
- Panic or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Pessimism
- Planning for college
- Good problem solving skills
- Procrastination, work inhibitions, laziness
- Racing thoughts
- Reads well
- Rejection
- Relationship problems (with friends, with relatives, or at work)
- Resourceful
- Risk taker
- Restlessness
- Rule follower
- Runaway behaviour
- School problems (see also "Career concerns . . .")
- Self-centeredness
- Self-esteem
- Self injury
- Self-neglect, poor self-care
- Sense of Humor
- Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
- Shyness, oversensitivity to criticism
- Skipping meals
- Sleep—too much
- Sleep- too little
- Sleep- trouble going to sleep
- Sleep – can't stay asleep

- Smoking and tobacco use
 - Speaking before thinking
 - Speaks well
 - Spiritual, religious, moral, ethical issues
 - Strong faith or belief system that has been helpful in difficult times
 - Stress, relaxation, stress management, stress disorders, tension
 - Suspiciousness
 - Suicidal thoughts
 - Suicidal actions
 - Tearful
 - Temper problems, self-control, low frustration tolerance
 - Thoughts that bother you or seem unusual or odd
 - Thought disorganization and confusion
 - Threats, violence
 - Tidy or orderly
 - Trouble with the police
 - Trustworthy
 - Withdrawal, isolating
 - Works well alone
 - Work problems, employment, workaholism/overworking/overstudying, can't keep a job, job or school dissatisfaction [circle all that apply].
 - Worries
 - Writes well
 -
- Other: _____
- _____
- _____