TURNING POINT
COUNSELING SERVICES
WHERE GROWTH BEGINS

Adult Issues Checklist

Name:_____ Date:_____

To help me understand you better, please check the issues that apply to your situation. If there are two filling this out, please differentiate who has identified with the issue. Thank you.

____ Employment/ school problems
____ Legal problems
____ Problems with living arrangements
____ Financial problems
____ Anxious/ worried/ nervous
____ Increase/ decrease in appetite/ weight
____ Confusion
____ Unexplainable and/or uncontrollable crying
____ Extravagance with money
____ Fatigue
____ Forgetfulness
____ Frequent lying
____ Risk-taking behaviors
____ Generalized dissatisfaction
____ Guilt feelings
____ Difficulty being alone
____ Anxiety that limits activities
____ Mood swings
____ Hyperactivity
____ Panic attacks
____ Sadness/ depression
____ Shy, uneasy with others
____ Suicidal thoughts
____ Memory problems
____ Trouble sleeping
____ Unassertive, passive behavior
____ Aggressive behavior
____ Unwanted, compulsive behavior
____ Withdrawn
____ Worry about alcohol/ drug use
____ Physically abused
____ Sexually abused
____ Emotionally abused
____ Other abuse problems
____ Excessive fighting
____ Fears
____ Sexual problems
____ Sexual identity concerns
____ Physical problems
____ Relationship problems
____ Poor concentration

Place a check next to any of the following that have happened to you or any immediate family/ household members in the last two years.

____ Death of a spouse/ partner
____ Death of a close friend
____ Death of a family member
____ Major change in health
____ Marriage
____ Divorce/ separation
____ Reconciliation with spouse/ partner
____ School failure
____ Victim of a crime
____ Move
____ Death of a pet
____ Incarceration
____ Pregnancy/ new child
____ Unemployment
____ Change of Employment

Please list anything else that you would like me to know about you.

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