

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

### CLIENT CHECKLIST

Circle the number in front of each statement that applies to you.

01. I am dissatisfied with my academic performance.
02. Test anxiety is a problem for me.
03. I do not manage my time effectively.
04. I have problems with concentration during class or when I study.
05. I have problems motivating myself to study or go to class.
06. I think I have a learning disability.
07. I haven't found a major/career that interests me.
08. I am dissatisfied with/unsure about my major or career choice.
09. I lack self confidence.
10. I am unhappy with the kind of person I am.
11. I am very sensitive to criticism.
12. I have trouble saying "no" to people.
13. Dealing with conflict is hard for me.
14. I haven't made many friends here.
15. Recently, I have had difficulty with homesickness.
16. I am concerned about my health.
17. I have been sick a lot lately.
18. I have \_\_\_\_\_ alcoholic drinks during a typical night on the town.
19. In the past year, I have experienced a memory loss or passed out after drinking.
20. I sometimes think about cutting down or quitting drinking.
21. I sometimes drink more than I intend to drink.
22. I have been arrested or had disciplinary action taken for an alcohol/drug related offense.
23. People have suggested that I watch or cut down on my drinking.
24. Within the past year, I have used illegal drugs (pot, coke, pills, etc.)
25. A family member or close friend has an alcohol or other drug problem.
26. Lately, I have been crying and feeling tearful.
27. I feel helpless and hopeless to change my situation.
28. Lately, it has been difficult for me to get through the day.
29. My daily activities give me less pleasure than they once did.
30. Lately, it doesn't take much to upset me.
31. I feel very stressed lately.
32. I often feel restless and irritable.
33. I have been sleeping a lot more/less lately.
34. I have low energy and chronic fatigue.
35. I have been thinking about harming or killing myself \_\_\_\_\_  
\_\_\_\_\_ today \_\_\_\_\_ this month \_\_\_\_\_ in the last 6 months \_\_\_\_\_ in the last year
36. In the past, I have made a suicide attempt.
37. I have been feeling very anxious lately.
38. I often have a feeling of dread.
39. I have attacks of fearfulness or panic.

CONTINUE ON BACK

40. I am quite afraid of some things that don't frighten most people.
41. I have certain thoughts that continually run through my mind.
42. I have some habits/repetitive behaviors that I feel compelled to do.
43. I have difficulty controlling my impulses.
44. I have thought about harming others.
45. I have periods where I need very little sleep, feel elated, and my pace is much faster than that of other people.
46. I have had bizarre thoughts or experiences.
47. I often feel emotionally "numb."
48. I am troubled by painful memories.
49. I have trouble remembering things about my past.
50. I vomit, take laxatives, or exercise a great deal to control my calorie intake.
51. I often go on eating binges.
52. I diet in order to control my weight.
53. I am extremely afraid of becoming fat.
54. There are problems in my marriage or significant relationship.
55. I don't have close and satisfying intimate relationships.
56. I often get hurt when I let others get close to me.
57. A lot of people irritate me.
58. I need my friends and family more than they seem to need me.
59. I have trouble getting along with those in authority.
60. I wish my family could be closer.
61. Events in my family are upsetting me.
62. I have a difficult relationship with my parents.
63. I have a difficult relationship with my children.
64. I have lost someone close to me.
65. An important relationship has ended.
66. I am having difficulty recovering from a loss in my past.
67. I frequently think about death and loss.
68. I am having sexual difficulties.
69. I am worried about my sexual activity.
70. I am unclear about my sexual orientation.
71. I have been in counseling or therapy in the past.
72. I have been hospitalized \_\_\_\_\_ times for emotional problems.
73. I am currently under doctor's care.
74. I am currently taking medication prescribed by a doctor. (Please list) \_\_\_\_\_
75. Please list any other concerns. \_\_\_\_\_
76. How many times would you estimate that you will need to meet with the psychologist.

1      2-5      6-10      11-14      15+

**PLEASE LIST THE NUMBERS OF THE THREE STATEMENTS YOU HAVE CIRCLED THAT ARE MOST IMPORTANT TO YOU TODAY** \_\_\_\_\_

**Comments** \_\_\_\_\_  
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