

Clinical Checklist (Adult)

Client's Name: _____ Date: _____
Person completing this form (i.e., not the client): _____ Relationship to client: _____

Please check all of the items that apply to your situation. Feel free to add any other items that are not listed on the back of this page.

<input type="checkbox"/> 01. Child support/custody issues	<input type="checkbox"/> 35. Poor judgment
<input type="checkbox"/> 02. Constantly intimidates/teases others	<input type="checkbox"/> 36. Constantly overactive/restless
<input type="checkbox"/> 03. Has difficulty telling the truth	<input type="checkbox"/> 37. Constantly indecisive/difficulty making decisions
<input type="checkbox"/> 04. Cruel to, or inflicts pain on animals, without remorse	<input type="checkbox"/> 38. Prejudiced/bigoted against others
<input type="checkbox"/> 05. Codependent tendencies	<input type="checkbox"/> 39. Easily distractible/inattentive
<input type="checkbox"/> 06. Complains constantly	<input type="checkbox"/> 40. Impulsive/irresponsible behaviors
<input type="checkbox"/> 07. Cries easily/feelings are easily hurt	<input type="checkbox"/> 41. Feelings of inferiority
<input type="checkbox"/> 08. Difficulties with new marriage/family	<input type="checkbox"/> 42. Relationship problems with romantic partner
<input type="checkbox"/> 09. Menstrual/PMS problems	<input type="checkbox"/> 43. Relationship problems with friends/peers
<input type="checkbox"/> 10. Significant developmental delays	<input type="checkbox"/> 44. Recent divorce/separation
<input type="checkbox"/> 11. Constantly anxious/nervous without reason	<input type="checkbox"/> 45. Feelings of helplessness/hopelessness/emptiness
<input type="checkbox"/> 12. Constantly depressed without reason	<input type="checkbox"/> 46. Constantly sad/unhappy
<input type="checkbox"/> 13. Easily distractible/inattentive/poor concentration	<input type="checkbox"/> 47. Self-harming behaviors (cutting, hair pulling)
<input type="checkbox"/> 14. Past academic/learning problems	<input type="checkbox"/> 48. Sexual preoccupation/inappropriate sexual behaviors
<input type="checkbox"/> 15. Recent of loss of loved one/family/friend/pet	<input type="checkbox"/> 49. Shy/timid/unassertive
<input type="checkbox"/> 16. Drug/alcohol use	<input type="checkbox"/> 50. Thoughts of hurting self/others
<input type="checkbox"/> 17. Unusual/excessive eating habits	<input type="checkbox"/> 51. Attempted to hurt self/others
<input type="checkbox"/> 18. History of violence/aggression against others	<input type="checkbox"/> 52. Constantly swears/uses foul language
<input type="checkbox"/> 19. Addictive behaviors	<input type="checkbox"/> 53. Temper tantrums/rages
<input type="checkbox"/> 20. Career concerns	<input type="checkbox"/> 54. Constant fears/phobias
<input type="checkbox"/> 21. Physical disability	<input type="checkbox"/> 55. Nervous tics
<input type="checkbox"/> 22. Immature/"clowns around," too much	<input type="checkbox"/> 56. History of being teased/victimized/bullied
<input type="checkbox"/> 23. Health/illness/medical concerns	<input type="checkbox"/> 57. Ongoing financial/money problems
<input type="checkbox"/> 24. Isolates self from others	<input type="checkbox"/> 58. Underactive/slow-moving/lethargic
<input type="checkbox"/> 25. Lacks organization or constantly losing things	<input type="checkbox"/> 59. Parenting/child management issues
<input type="checkbox"/> 26. Legal difficulties (charges, convictions)	<input type="checkbox"/> 60. Victim of physical/emotional/sexual abuse (as a child)
<input type="checkbox"/> 27. Easily frustrated/irritated	<input type="checkbox"/> 61. Victim of physical/emotional/sexual abuse (as an adult)
<input type="checkbox"/> 28. Always moody (extreme highs/lows)	<input type="checkbox"/> 62. Foster care placement as a child
<input type="checkbox"/> 29. Unresolved childhood issues	<input type="checkbox"/> 63. Social Services involvement
<input type="checkbox"/> 30. History of hallucinations/delusions	<input type="checkbox"/> 64. Previous psychiatric hospitalizations
<input type="checkbox"/> 31. Lack of motivation/energy	<input type="checkbox"/> 65. Obsessions/compulsions/perfectionism
<input type="checkbox"/> 32. Sexual/intimacy issues	<input type="checkbox"/> 66. Spiritual/religious/moral issues
<input type="checkbox"/> 33. Poor stress management	<input type="checkbox"/> 67. Loss of memory/cognitive confusion
<input type="checkbox"/> 34. Identity issues	<input type="checkbox"/> 68. Poor self-care/neglect

Client failed to complete this form: _____

Therapist's Signature

Date

Revised: 01/18