



PROBLEM CHECKLIST - ADOLESCENT

Name: _____ Date: _____

In an effort to be helpful to you, it is important that we get a good idea about the things that are happening in your life. Please be as honest as possible.

Please check the items that you have experienced in the anytime in your life, and/or have experienced in the past six months.

- I Do Not Get Along With Other People
- I Feel Criticized By Others
- I Do Not Fit In With My Peers
- I Have A Bad Reputation
- I Feel Uncomfortable In Social Settings
- I Feel Immature
- I Am Shy
- I Do Not Have Close Friends
- I Feel Taken Advantage Of By Friends
- I Do Not Have Anyone That Shares My Interests
- I Feel Lonely
- I Feel Unpopular
- I Feel Uncomfortable Talking To Others
- I Feel Inferior
- I Feel Like People Are Against Me
- I Am Embarrassed By My Family Background
- I Feel Let Down By My Friends
- I Feel Different From Everyone Else
- I Feel Pressure To Do Wrong Things
- I Have A Poor Attitude About Everything
- I Do Not Have Any Interest In Things
- I Have Had A Recent Change In Attitude
- I Do Not Listen To Opinions Of Others
- I Do Not Have Opinions About Anything
- I Have Different Opinions Than Others
- I Do Not Understand The Attitudes Of Others
- I Have A Poor Attitude Towards Religion
- I Have A Poor Attitude Towards School
- I Have A Poor Attitude Towards Work
- I Have A Poor Attitude Towards Family
- I Have A Poor Attitude Towards Myself
- I Feel I Am Overweight
- I Feel I Am Too Short Or Too Tall
- I Have A Physical Handicap
- I Feel I Am Too Thin
- I Look Too Young Or Too Old
- I Feel I Am Noticed For My Physical Appearance
- I Feel I Look Too Plain
- I Feel I Am Clumsy And Awkward
- I Feel I Am Not Clean And Well Groomed
- I Do Not Feel I Have The Right Clothes
- I Do Not Feel I Have An Attractive Face

- My Father/Mother Is Sick
- My Father/Mother Is Having Emotional Problems
- My Father/Mother Is Having Problems With Drugs
- My Father/Mother Is Having Problems With Alcohol
- My Parents Fight Or Argue
- My Parents Are Separated Or Are Getting A Divorce
- My Parents Are Divorced
- I Have Problems With My Stepmother Or Stepfather
- My Parents Are Never Home
- I Do Not Feel I Can Talk To My Parents
- My Parents Are Too Strict
- My Parents Interfere With My Decisions
- My Parents Expect Too Much Of Me
- My Parents Disapprove Of My Boyfriend/Girlfriend
- My Parents Disapprove Of My Friends
- My Parents Disapprove Of My Job
- My Parents Disapprove Of The Way I Look And/Or Dress
- My Parents Disapprove Of Dating
- My Parents Disapprove Of The Music I Listen To
- My Parents Disapprove Of Activities
- My Parents Favor My Brother/Sister
- My Parents Ignore Me
- My Brother/Sister Is Sick
- My Brother/Sister Is Having Emotional Problems
- My Brother/Sister Is Having Problems With Drugs
- My Brother/Sister Is Having Problems With Alcohol
- I Am Being Physically Abused
- I Am Being Sexually Abused
- Arguing With My Brother/Sister
- My Brother/Sister Is Stealing
- I Feel Bothered By My Brother/Sister
- My Family Fights/Argues
- I Have Problems With My Relatives
- I Do Not Feel I Have Any Privacy
- I Have To Do Household Chores
- I Do Not Feel Close To My Family
- I Feel My Family Does Not Have Enough Money
- I Do Not Get Along With My Neighbors
- I Do Not Want To Live At Home
- I Feel My Family Has A Bad Reputation
- I Feel I Live In A Bad Neighborhood
- I Am Not Allowed To Drive

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| Anytime | 6 Months | |
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- I Get Bad Grades
 - I Do Not Get Along With My Teachers
 - I Cannot Decide On The Right Course Of Study
 - I Do Not Have Good Study Habits
 - I Do Not Have A Good Place To Study
 - I Feel I Am Taking The Wrong Courses
 - I Am Not Interested In Clubs Or Teams
 - I Do Not Qualify For Clubs Or Teams
 - I Do Not Have Any Close Friends At School
 - I Feel My School Is Too Large
 - I Am Missing School Because Of Being Sick
 - I Do Not Understand Class Material
 - I Do Not Get Along With Other Students
 - I Feel Out Of Place In School
 - I Am Not Interested In School
 - I Feel I Have A Language Problem In School
 - I Feel My Teachers Are Not Interested In The Students
 - I Feel I Am In The Wrong School
 - I Am Bored In School
 - My School Is Too Far From Home
 - I Worry About Future Jobs Or College
 - I Have Trouble Budgeting Money
 - I Feel I Do Not Make Enough Money
 - I Do Not Have A Steady Income
 - I Feel I Have To Spend My Savings
 - I Owe Money
 - I Feel I Waste Money
 - I Feel I Depend On Others For Money
 - I Lend Money To Friends Or Family
 - I Feel I Have To Give Money To My Parents
 - I Do Not Have Enough Money To Date
 - I Do Not Have Enough Money For Gas
 - I Do Not Have Enough Money For Clothes
 - I Do Not Have A Job
 - I Feel My Job Does Not Pay Enough
 - I Do Not Like My Type Of Job
 - I Do Not Like My Job Being Dirty
 - I Do Not Like My Co-Workers
 - I Feel I Am Disliked By My Co-Workers
 - I Am Afraid Of Being Fired/Laid Off
 - I Am Afraid Of Failing At My Job
 - I Do Not Want To Work
 - I Do Not Have A Way To Get To Work
 - I Feel My Friends Have Better Jobs
 - I Feel I Work In Unsafe Conditions
 - I Feel There Is A Lack Of Supervision At My Job
 - I Feel My Boss Is Too Critical Or Unfair
 - I Have Arguments While On The Job
 - I Feel I Work Too Many Hours
 - I Feel My Job Is Creating Health Problems
 - I Am Bored With My Job
 - I Feel I Lack The Experience To Get A Job
 - I Feel I Have No Future With My Current Job
 - I Feel Uncomfortable With The Opposite Sex
 - I Am Not Able To Date
 - I Am Having Problems With My Boyfriend/Girlfriend
 - I Want To Break Up With My Boyfriend/Girlfriend

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| Anytime | 6 Months | |
|---------|----------|--|
- I Worry About Getting Pregnant
 - I Am Pregnant/My Girlfriend Is Pregnant
 - I Feel I Do Not Know Enough About Sex
 - I Worry About Sex
 - I Feel I Think About Sex Too Often
 - I Worry About Being Homosexual
 - I Am Troubled By The Sexual Attitudes Of Friends
 - I Am Troubled By Unusual Sexual Behavior
 - I Feel I Am Sexually Underdeveloped
 - My Boyfriend/Girlfriend Wants To Get Married
 - I Feel Used Or Feel Like I Am Pressured Into Having Sex
 - I Feel Guilty About Religion
 - I Do Not Have Any Religious Beliefs
 - I Argue With My Parents About My Religious Beliefs
 - I Am Confused About My Religious Beliefs
 - I Feel I Am Failing In My Religious Beliefs
 - My Boyfriend/Girlfriend Has Different Religious Beliefs
 - I Argue With My Boyfriend/Girlfriend About Religion
 - I Am Not Able To Get To Church
 - My Chores Interfere With My Church Activities
 - My Job Interferes With Church Activities
 - I Get Upset By The Religious Beliefs Of Others
 - I Worry About Being Accepted By God
 - I Feel I Am Being Rejected By Church Members
 - I Do Not Have Any Friends At Church
 - I Feel Anxious Or Uptight
 - I Feel Afraid Of Things
 - I Have The Same Thoughts Over And Over Again
 - I Am Tired And Have No Energy
 - I Feel Depressed Or Sad
 - I Have Trouble Concentrating
 - I Have Trouble Remembering Things
 - I Feel I Get Too Emotional
 - I Worry About Diseases Or Illnesses
 - I Have Nightmares
 - I Think Too Much About Death And Dying
 - I Am Afraid Of Hurting Myself
 - I Feel Things That Are Not Real
 - I Cry Without Good Reason
 - I Worry About Having A Nervous Breakdown
 - I Am Not Able To Stop Worrying
 - I Am Not Able To Relax
 - I Feel I Am Unhappy All Of The Time
 - I Do Not Have Any Enjoyment In Life
 - I Feel I Am Influenced By Others
 - I Feel I Behave In Strange Ways
 - I Feel Out Of Control
 - I Feel Afraid Of Hurting Someone Else
 - My Friend/Family Member Committing Suicide
 - My Friend/Family Member Has A Serious Illness
 - My Friend/Family Member Is Getting Divorced
 - My Friend/Family Member Is Dying
 - My Pet Is Dying
 - I Have Lost Something Valuable
 - My Mother/Father Is Having Legal Problems
 - I Am Being Physically Hurt/Abused
 - I Feel I Could Lose My Temper And Hurt Someone

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| <input type="checkbox"/> Anytime
<input type="checkbox"/> 6 Months | <input type="checkbox"/> <input type="checkbox"/> I Have Been Robbed
<input type="checkbox"/> <input type="checkbox"/> My Brother/Sister Has Run Away From Home
<input type="checkbox"/> <input type="checkbox"/> My Father/Mother Has Lost Their Job
<input type="checkbox"/> <input type="checkbox"/> I Am In Trouble With The Police
<input type="checkbox"/> <input type="checkbox"/> I Have Thoughts About Suicide
<input type="checkbox"/> <input type="checkbox"/> I Plan On Hurting Someone Else
<input type="checkbox"/> <input type="checkbox"/> I Do Not Have Any Appetite
<input type="checkbox"/> <input type="checkbox"/> I Binge Eat
<input type="checkbox"/> <input type="checkbox"/> I Throw Up Frequently
<input type="checkbox"/> <input type="checkbox"/> I Feel I Eat Too Much
<input type="checkbox"/> <input type="checkbox"/> I Feel I Have Poor Eating Habits
<input type="checkbox"/> <input type="checkbox"/> I Feel I Do Not Get Enough Exercise
<input type="checkbox"/> <input type="checkbox"/> I Do Not Have Time To Relax
<input type="checkbox"/> <input type="checkbox"/> I
<input type="checkbox"/> <input type="checkbox"/>
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| <input type="checkbox"/> Anytime
<input type="checkbox"/> 6 Months | <input type="checkbox"/> <input type="checkbox"/> I Use/Abuse Alcohol
<input type="checkbox"/> <input type="checkbox"/> I Use/Abuse Drugs
<input type="checkbox"/> <input type="checkbox"/> I Smoke Cigarettes Or Chew Tobacco
<input type="checkbox"/> <input type="checkbox"/> I Am Not Able To Get Enough Sleep
<input type="checkbox"/> <input type="checkbox"/> I Have Poor Sleeping Habits
<input type="checkbox"/> <input type="checkbox"/> I Have A Physical Problem
<input type="checkbox"/> <input type="checkbox"/> I Have A Long Term Illness
<input type="checkbox"/> <input type="checkbox"/> I Am Often Sick
<input type="checkbox"/> <input type="checkbox"/> I Have To Take Medication
<input type="checkbox"/> <input type="checkbox"/> I Am Unhappy With My Doctor(s)
<input type="checkbox"/> <input type="checkbox"/> I Feel I Watch To Much TV
<input type="checkbox"/> <input type="checkbox"/> I Do Not Have Any Hobbies
<input type="checkbox"/> <input type="checkbox"/> I Do Not Have Time For Interest/Hobbies
<input type="checkbox"/> <input type="checkbox"/> I Use/Abuse Alcohol
<input type="checkbox"/> <input type="checkbox"/> I Use/Abuse Drugs
<input type="checkbox"/> <input type="checkbox"/> I Smoke Cigarettes Or Chew Tobacco
<input type="checkbox"/> <input type="checkbox"/> I Am Not Able To Get Enough Sleep
<input type="checkbox"/> <input type="checkbox"/> I Have Poor Sleeping Habits
<input type="checkbox"/> <input type="checkbox"/> I Have A Physical Problem |
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Please List Any Other Problems You Might Be Experiencing:

Following therapy/counseling, what would you like to see changed about your life and situation?
