Trade Winds Therapy and Relationship Coaching

Checklist of Concerns

The following are common concerns of people coming to counseling. Please check all that apply. This will help me serve you better. Answer as honestly as possible. You may discuss your answers in detail with me. If answering for your child/adolescent, please try to respond from their perspective. There is also a specific section at the end for concerns regarding children and adolescents.

CURRENT SYMPTOM CHECKLIST:

(check the rate of the intensity of symptoms **currently** present)

None = This symptom is not present at this time.
Mild = Impacts quality of life, but no significant impairment of day-to-day functioning.
Moderate = Significant impact on quality of life and/or day-to-day functioning.
Severe = Profound impact on quality of life and/or day-to-day functioning.

Symptom	None	Mild	Moderate	Severe	Symptom	None	Mild	Moderate	Severe
Depressed mood					Hallucinations: visual				
Appetite disturbance					Hallucinations: audio				
Sleep disturbance					Dissociative states				
Fatigue/low energy					Significant weight gain/loss				
Poor Concentration					Anorexia				
Worthlessness					Binge eating				
Hopelessness					Purging/vomiting				
Mood Swings					Laxative/diuretic use				
Emotionality/labile					Substance abuse				
Elevated mood					Somatic complaints				
Agitation					Sexual dysfunction				
Anger/Irritability					Self-mutilation				
Social isolation					Guilt				
Conduct problems					Grief				
Oppositional behavior					Domestic Violence **(V) ***				
Aggressive behaviors					Domestic Violence **(P)***				
Hyperactivity					Emotional trauma **(V)***				
Generalized anxiety					Emotional trauma **(P)***				
Panic attacks					Physical trauma **(V)***				
Phobias					Physical trauma **(P)***				
Obsessions					Sexual trauma **(V)***				
Compulsions					Sexual trauma **(P)***				
Delusions					Suicidal Thoughts				

*** V=victim P=perpetrator**

MEDICAL HISTORY: (check all that apply)

Describe your current physical health:
❑Excellent ❑Good
❑Fair ❑Poor

Allergies:		Diabetes		Lupus	
Alzheimer's disease/dementia		Fibromyalgia/Epstein-Barr		Migraines	
Arthritis (osteo)		Gastro-intestinal difficulties		PMS/PMDD	
Arthritis (rheumatoid)		Head injury		Stroke	
Cancer (type):		Heart disease		Thyroid Problem	
Chronic pain		High blood pressure			
Other serious health problems					

Comments: _____

_____

FAMILY HISTORY: (mark all that apply in each box)

During childhood:	Present for entire childhood:	Present for part of childhood:	Not present at all:
Mother			
Father			
Stepmother			
Stepfather			
Brother(s)			
Sister(s)			
Grandparents			
Other (specify)			

Parents' Current Status:
Married to each other_____(years/months)
Separated for _____(years/months)
Divorced for _____(years/months)
Mother remarried _____times
Father remarried _____times
Mother involved with someone Yes No
Father involved with someone Yes No
Mother deceased for_____ years at age_____
Father deceased for_____ years at age _____

Describe Childhood Family Experience:	
Normal home environment	
Chaotic home environment	
Experienced neglect	
Witnessed physical/verbal/sexual abuse toward others	
Experienced physical/verbal/sexual abuse from others	

RELATIONSHIP HISTORY:

Current Relationship Status:
Single
Living together_____(years/months)
Engaged _____(years/months)
Common law _____(years/months)
Married for _____(years/months)
Life-partnered _____(years/months)
Separated for _____(years/months)
Divorce in progress _____(years/months)
Divorced for _____(years/months)
_____ prior marriages (self)
_____ prior marriages (partner)

Intimate Relationship:	
Never been in a serious, intimate relationship	
Not currently in an intimate relationship	
Currently in a serious, intimate relationship	
Multiple intimate relationships	

Relationship Satisfaction:	
Very satisfied with relationship	
Satisfied with relationship	
Somewhat satisfied with relationship	
Dissatisfied with relationship	
Very dissatisfied with relationship	

SUBSTANCE USE HISTORY: (check all that apply in each box)

Current Alcohol/ Drug Use Status:					
Active use		Active abuse		Early partial remission	
No history of abuse		Early full remission		Sustained full remission _____ mos./yrs.	

I use alcohol/drugs: ____ times per week on average ____ times per day on average

I currently use: ☐ Alcohol Type(s): _____ Frequency: _____

☐ Drugs Types(s): _____ Frequency: _____

☐ Other Types(s): _____ Frequency: _____

The following have resulted from my use of alcohol/drugs:

☐ Traffic ticket/violation ☐ Fight with a friend ☐ Black outs ☐ Ruined a relationship

☐ Academic problems ☐ Disciplinary action ☐ Other _____

☐ I have been in trouble with the legal system (court, imprisonment, etc.)

Anything else I should know related to substance use? _____

SOCIO-ECONOMIC HISTORY: (mark all that apply in each box)

Activities:
Currently active in community/recreational activities? ❑ Yes ❑No If yes, specify:
Formerly active in community/recreational activities? ❑ Yes ❑No If yes, specify:
Currently engaging in hobbies? ❑ Yes ❑No If yes, specify:
Formerly engaged in hobbies? ❑ Yes ❑No If yes, specify:
Currently active in religious/spiritual practices? ❑ Yes ❑No
Formerly active in religious/spiritual practices? ❑ Yes ❑No

Living Situation:	
Housing adequate	
Homeless	
Housing overcrowded	
Housing dangerous/ deteriorating	
Living with parents/ other family	
Living companions dysfunctional	

Social Support System:	
Supportive network	
Few friends	
Substance-use-based friends	
No friends	
Distant from family of origin	

Military History:	
Never in military	
Served in military-no incident	
Served in military-incident	

Sexual History:	
Gender Identity: (circle one) Woman Man Bi-gendered	
Orientation: (circle one) Heterosexual Homosexual Bisexual	
Currently sexually active ❑ Yes ❑No	
Currently sexually satisfied ❑ Yes ❑No	
Currently sexually dissatisfied ❑ Yes ❑No	
First sex experience (age): _____	
First pregnancy/fatherhood (age): _____	
Promiscuity (age): _____ to_ _____	

Employment:	
Employed and satisfied	
Employed but dissatisfied	
Unemployment	
Coworker conflicts	
Supervisor conflicts	
Unstable work history	
Disabled:_____	

Financial Situation:	
Relationship conflict over finances	
Large indebtedness	
Poverty or below-poverty income	
Bankruptcy	
Gambling habit/impulsive spending	

Legal History:	
No legal problems	
Currently on parole/probation	
Arrest(s) not substance-related	
Arrest(s) substance-related	
Court ordered this treatment	
Jail/prison _____ time(s)	
Total time served:	
Describe last legal difficulty: _____	

Social Interactions:	
I enjoy my friends	
I find it hard to make friends	
I don't want to have friends	
I isolate myself	
I am very shy	
I am always angry at my friends	
People tell me I'm controlling	
People don't like me	

Currently I live: ☐ Alone ☐ With roommate ☐ With spouse/partner ☐ With child(ren)

☐ I am not happy with my living arrangements ☐ I am satisfied with these arrangements

OTHER CONCERNS:

☐ I do not have close friends I can talk to about personal issues.

☐ My social/dating life is not satisfactory.

☐ There are sexual concerns I'd like to discuss.

☐ I have had an unwanted sexual experience. I would like to discuss in therapy. ☐ Yes ☐ No

☐ I am dissatisfied with my personal appearance.

☐ I have tried to control my weight with:

☐ Vomiting ☐ Laxatives ☐ Not eating / restrictive eating ☐ Excessive exercise

☐ Diuretics ☐ Diet pills ☐ Other _____

☐ I have felt like or tried harming myself (past or present)

When? _____

How? _____

☐ I have felt like or tried harming others (past or present)

When? _____

How? _____

☐ I have had problems recently with the following:

☐ Sleeping ☐ Appetite ☐ Headaches ☐ Weight loss/gain ☐ Anxiety

☐ Mood shifts ☐ Concentration ☐ Depression ☐ Anger ☐ Nightmares

☐ Digestive issues ☐ Other _____

☐ I do not handle stress well.

☐ I have difficulty expressing my emotions.

☐ I often get extremely angry.

☐ At times I have acted in a violent manner.

☐ I am having academic or work problems.

☐ I have suffered a recent loss.

☐ Death

☐ Relationship ending

☐ Other _____

Specifically for child/adolescent concerns:

☐ Sensory issues regarding:

☐ Touch ☐ Taste ☐ Sound ☐ Sight ☐ Smell

☐ Diagnosed with Sensory Processing Disorder

☐ Trouble socializing with other children/adolescents

☐ Violent behaviors towards guardian(s) / peers / sibling(s)

☐ Diagnosed with ADD/ADHD

☐ Addictive / ODC behaviors

☐ Conduct issues / Oppositional Defiance issues / Anti-social behaviors

☐ Trouble focusing in school

☐ Trouble completing homework / trouble with grades

☐ Other concerns not listed: _____

_____