

Presenting Concerns

Below is a list of concerns commonly reported by people seeking counseling. To facilitate the best assessment of your current situation, please circle the number indicating the degree to which each item is *presently a concern for you*. Use the following scale:

	Not at all 1	A little bit 2	Quite a bit 3	Extremely 4
1. Dealing with stress or pressure	1	2	3	4
2. Feeling sad, depressed or down	1	2	3	4
3. Death or illness of a significant person	1	2	3	4
4. Difficulties related to sexual orientation/identity	1	2	3	4
5. Family relationships	1	2	3	4
6. Abuse in relationship with romantic partner/spouse	1	2	3	4
7. Feeling anxious, worried, or panicky	1	2	3	4
8. Feeling unmotivated, difficulty concentrating	1	2	3	4
9. Feeling irritable, tense, angry, or hostile	1	2	3	4
10. Money or finances	1	2	3	4
11. Feeling isolated and uncomfortable with others	1	2	3	4
12. Values, beliefs, or spirituality concerns	1	2	3	4
13. Sexual abuse in childhood	1	2	3	4
14. Physical or verbal abuse in childhood	1	2	3	4
15. Someone else's habits or behaviors	1	2	3	4
16. My own unwanted habits or behaviors	1	2	3	4
17. Rape, sexual assault, or sexual harassment	1	2	3	4
18. Eating concerns (i.e., bingeing, restricting, vomiting, laxative use, etc.)	1	2	3	4
19. Weight or body image concerns	1	2	3	4
20. Problems with romantic partner/spouse	1	2	3	4

21. Sexual concerns (i.e., pregnancy, sexual functioning, sexually transmitted disease, etc.)	1	2	3	4
22. Physical health problems	1	2	3	4
23. Urge to harm others	1	2	3	4
24. Concerns about my own drug or alcohol use	1	2	3	4
25. Thoughts of harming myself	1	2	3	4
26. Other (please explain): _____	1	2	3	4

Thank you for taking the time to complete this form. Information is kept confidential.