

Please mark anything that stands out as a concern in your life or relationship(s)

- Abuse (Not Sexual)
- Alcohol/Other Drugs
- Anger
- Anxiety
- Body
- Childhood
- Chronic Pain
- Compulsive Behavior
- Concentration
- Dependency (Not Substances)
- Depression (Not Sadness)
- Dissociation/Altered Reality
- Eating
- Education
- Family
- Fertility
- Financial
- Grief/Loss
- Honesty
- Housing/Household
- Impulse Control
- Infidelity/Affair
- Intimacy (Connection and Communication)
- Legal
- Mania/Manic
- Medical
- Obsessive Thoughts
- Paranoia (Not Worry)
- Parenting/Children
- Phobia
- Post Traumatic Stress
- Psychosis
- Relationship/Couple
- Resentment
- Sadness
- Self-Esteem
- Sex
- Sexual Abuse
- Sleep
- Social
- Spiritual
- Stress
- Suicide/Suicidal Thoughts/Attempts
- Trust
- Upsetting Thoughts
- Work

Print Name _____ Date _____