

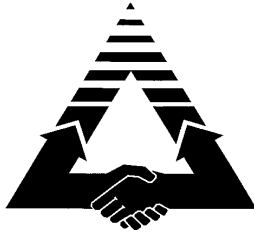
Covenant Counseling

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Counseling Problem Checklist

Name: _____

Age: _____ Date filled out: _____

Check any of the following problems that you experience:

√	Depression	√	Feeling that you are not real
	Low energy		Feeling that things around you are not real
	Low self-esteem		Lose track of time
	Poor concentration		Unpleasant thoughts won't go away
	Hopelessness		Anger management/frustration
	Worthlessness		Easily agitated/annoyed
	Guilt		Difficulty with rules/submitting to authority
	Sleep disturbance (more/less)		Habit blaming others
	Appetite disturbance (more/less)		Tend to Argue & be defensive
	Thoughts of hurting yourself		Excessive use of drugs and/or alcohol
	Thoughts of hurting someone		Excessive use of prescription medications
	Isolation/social withdrawal		Blackouts
	Sadness/loss		Physical abuse issues
	Stress		Sexual abuse issues
	Anxiety/panic		Spousal abuse issues
	Heart pounding/racing		Loneliness
	Chest pain		Nightmares
	Trembling/shaking		Intrusive thoughts
	Sweating		Headaches
	Chills/hot flashes		Sexual problems
	Tingling/numbness		Suicidal thoughts
	Fear of dying		Relationship problems
	Nausea/Stomach Problems		Difficult relaxing
	Phobias		Compulsive behaviors
	Obsessive thoughts		Marital/family problems
	Thoughts racing		Poor impulse control
	Can't hold onto an idea		Confusion
	Easily agitated		Difficulty trusting
	Excessive behaviors (spending, gambling)		Not thinking clearly/confusion
	Delusions/hallucinations		Spiritual Issues:
	Other problems/symptoms:		Pain (where):