

Checklist of Concerns

Name:

Date:

Pre/Ongoing/Post

Below is a list of problems that clients frequently describe. Please check off any that match your current concerns. If you are not sure whether to endorse an item, use the past week as a guide. Feel free to add any comments as necessary. Thank you.

Sleep

- 1. ☐ Difficulty falling asleep
- 2. ☐ Wakeful or restless during night
- 3. ☐ Waking up early
- 4. ☐ Difficulty waking up
- 5. ☐ Nightmares or night terrors
- 6. ☐ Snoring
- 7. ☐ Sleep walking

Attention and Organization

- 8. ☐ Difficulty Focusing
- 9. ☐ Make mistakes
- 10. ☐ Difficulty organizing activities
- 11. ☐ Not completing tasks
- 12. ☐ Lost train of thought

School/Learning

- 13. ☐ Difficulty completing schoolwork
- 14. ☐ Getting into trouble at school
- 15. ☐ Inverting letters/numbers
- 16. ☐ Spatial problems (e.g. Difficulty building things, understanding how things should be put together)

Immune System

- 17. ☐ Allergies
- 18. ☐ Asthma
- 19. ☐ Frequent colds, infections
- 20. ☐ Yeast infections
- 21. ☐ Fatigue

Skin/Hair/Nails

- 22. ☐ Problems with skin
- 23. ☐ Hair
- 24. ☐ Nails

Eyes

- 25. ☐ Double or blurred vision
- 26. ☐ Blind spots
- 27. ☐ Spots in your vision

Ear/Nose/Throat

- 28. ☐ Hearing loss
- 29. ☐ Ringing in ears
- 30. ☐ Feeling congested
- 31. ☐ Earaches

- 32. ☐ Sense of smell changed or lost
- 33. ☐ Nose or sinuses blocked
- 34. ☐ Grinding your teeth
- 35. ☐ Sense of taste changed or lost
- 36. ☐ Hoarseness or sore throat

Heart/Lungs

- 37. ☐ Problems breathing
- 38. ☐ Heart problems
- 39. ☐ Hypertension
- 40. ☐ Palpitations
- 41. ☐ Dizziness

Intestines

- 42. ☐ Nausea or vomiting
- 43. ☐ Gastric pain
- 44. ☐ Gas or bloating
- 45. ☐ Irritable bowel
- 46. ☐ Diarrhea
- 47. ☐ Constipation

Hormonal/Blood

- 48. ☐ Wanting to eat when not hungry
- 49. ☐ Blood sugar problems
- 50. ☐ Desire for sweets or carbohydrates
- 51. ☐ Sensitive to heat or cold
- 52. ☐ Thyroid problems
- 53. ☐ PMS symptoms
- 54. ☐ Hot flashes
- 55. ☐ Other menopausal symptoms
- 56. ☐ Low interest in sex
- 57. ☐ Great interest in sex

Bones/Joints/Muscles

- 58. ☐ Pain or stiffness in joints or muscles
- 59. ☐ Sore trigger points
- 60. ☐ Fibromyalgia
- 61. ☐ Bodily fatigue

Nervous System

- 62. ☐ Headaches or migraines
- 63. ☐ Fainting
- 64. ☐ Seizures
- 65. ☐ Memory loss
- 66. ☐ Blocking on words

- 67. ☐ Difficulty reading
- 68. ☐ Difficulty speaking
- 69. ☐ Tremor
- 70. ☐ Weakness
- 71. ☐ Hyperactivity
- 72. ☐ Problems with balance
- 73. ☐ Motor or vocal tics

Bowel/Bladder

- 74. ☐ Difficulty urinating
- 75. ☐ Lose urine
- 76. ☐ Difficulty controlling your bowels
- 77. ☐ Frequent bladder infections

Habits

- 78. ☐ Sometimes drink too much
- 79. ☐ Smoke cigarettes
- 80. ☐ Concerns about your diet
- 81. ☐ Need/want caffeine
- 82. ☐ Use marijuana
- 83. ☐ Use other substances

Behaviour/Emotions

- 84. ☐ Feeling up and down a lot
- 85. ☐ Feeling down or blah
- 86. ☐ Crying easily
- 87. ☐ Feeling anxious
- 88. ☐ Panic attacks
- 89. ☐ Worry
- 90. ☐ Thoughts that won't leave your mind
- 91. ☐ Need to repeat actions or words over and over
- 92. ☐ Anxious in places you can't leave easily
- 93. ☐ Bingeing
- 94. ☐ Controlling your food intake a lot
- 95. ☐ Making yourself vomit
- 96. ☐ Phobias - avoiding people, places, things
- 97. ☐ A feeling that others are against you
- 98. ☐ Doing things that are getting you into trouble or are not positive for you
- 99. ☐ Feeling angry a lot
- 100. ☐ Feeling overwhelmed

Have you ever been formally diagnosed with a medical condition? If so, please specify.

Have you ever been formally diagnosed with a psychological condition? If so, please specify.
