N.E.W. Community Clinic

CLIENT CHECKLIST

To assist your therapist make the best use of your time today, we ask that you take a few minutes to complete the questionnaire below. Thank you.

Main Areas of Concern You Would Like Addressed in Therapy

☐	Anxious feelings/worried	☐	Relationship Difficulties	☐	Problems adjusting to a new culture
☐	Adjusting to ________________	☐	Restless (trouble sitting still)	☐	Sexual Issues
☐	Anger issues	☐	Feeling depressed	☐	Emotional, physical, or sexual abuse as a child
☐	Chronic pain	☐	Legal issues	☐	Emotional, physical, or sexual abuse as an adult
☐	Sleep difficulties	☐	Drug problem	☐	Stress overload
☐	Suicide thoughts	☐	Alcohol problem	☐	Panic attacks
☐	Suicide attempt	☐	Work-related stress	☐	Housing concerns
☐	Traumatic incident	☐	Fear of losing control	☐	Obsessive/compulsive disorder
☐	Financial distress	☐	Eating disorder		
Comments:					

Please check all the problems/symptoms which you have experienced in the last six (6) months.

☐	Sweating or cold clammy hands	☐	Depressed mood
☐	Dry mouth	☐	Low self-esteem
☐	Difficulty concentrating (mind goes blank) when nervous	☐	Decreased appetite
☐	Irritable	☐	Reduced sexual interest
☐	Feelings of excessive worry	☐	Recurrent thoughts of death or dying
☐	Unrealistic worry	☐	Loss of interest or pleasure
☐	Unwanted thought you can't control	☐	Feelings of hopelessness
☐	Repetitive thoughts (i.e., counting, repeating words silently)	☐	Fatigue or low energy level
☐	Repetitive behaviors done to reduce the stress of unwanted thoughts	☐	Feeling guilty or worthless
☐	Repetitive actions (i.e., hand washing, organizing, checking)	☐	Decreased need for sleep
☐	Needing everything to be perfect	☐	Feeling "on top of the world" any special reason
☐	Being more talkative than usual (pressure to keep talking)	☐	Eating in large amounts or more than intended

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☐	Being distractible (by unimportant or irrelevant things)	☐	Recurrent episodes of binge eating
☐	Being hyperactive, agitated, or "speeded up"	☐	Feeling a lack of control during periods of binge eating
☐	Being impulsive (overspending, sexual sprees, or reckless driving)	☐	Significant concern with body shape or weight
☐	Knowing special secrets which no one else believes	☐	"Feeling fat" regardless of actual body weight
☐	Having someone else read my mind	☐	Intense fear of gaining weight or becoming fat
☐	Having someone else read my mind or tamper my thoughts	☐	Self-induced vomiting or laxatives to prevent weight gain
☐	Time loss	☐	Concern over something that occurred within the last 6 months
☐	Self-Injuring Behaviors: ☐ Cutting ☐ Burning ☐ Carving ☐ Pulling Hair	☐	Being really upset about something that has happened in the past 6 months
Comments:			