





## Problem Checklist

Please check items causing you distress and/or items that you would like to discuss with your counselor. This list will assist your counselor in making a complete assessment of your concerns in order to be most helpful to you.

**Please circle any items that are particularly important or urgent.**

### Interpersonal Concerns

- Loneliness
- Shyness/Feeling nervous around people
- Assertiveness problem (can't speak/up say no)
- Difficulty trusting other people
- Dating anxiety
- Homesickness
- Relationship problem
- Relationship break-up/loss
- Jealousy toward partner of friend
- Conflict with roommate or friend
- Conflict with parents or family member
- Other family problem
- Concern about a friend

### Academic/Career Concerns

- Academic work or grades
- Questions about major or career
- Attention/concentration problems
- Perfectionism
- Procrastination/motivation problems
- Performance /test anxiety

### Mood Symptoms

- Depressed mood
- Hopelessness
- Guilt
- Crying
- Mood fluctuations or sudden shifts
- Anger/Irritability/hostile feelings

### Trauma

- Incidence of physical or sexual abuse
- Victim of other violence
- Traumatic event \_\_\_\_\_

### Alcohol and Other Drug Concerns

- Concerned about my alcohol use
- Concerned about my drug use
- Concerned about someone else's use
- Family alcohol or drug problem
- Other (Please describe)

### Anxiety and Stress-related Symptoms

- Anxious or nervous
- Stress
- Worrying
- Panic Attacks
- Tense or unable to relax
- Fears/phobias
- Obsession/uncontrollable thoughts
- Compulsions (cleaning, checking, etc.)

### Eating and Body Image Concerns

- Weight/body image
- Appetite problems
- Over or under eating
- Purging (vomiting, laxatives, over-exercising).

### Identity Concerns

- Feeling lost or uncertain about who I am
- Self-esteem/self-confidence
- Sexual identity/orientation concerns
- Racial/ethnic or cultural identity issues
- Religious/spiritual concerns

### Additional/Concerns

- Suicidal feelings/thoughts
- Disability issues
- Nightmares
- Impulsiveness
- Self-injury/cutting
- Troubling or unusual thoughts
- Financial Problems
- Racial, sexual or lifestyle intolerance
- Legal Problems
- Medical condition \_\_\_\_\_
- Fatigue
- Sleep problems (too much or not enough)
- Head aches
- Memory problems
- Sexual health issues
- Sexual dissatisfaction/dysfunction
- HIV/AIDS concerns
- Miscarriage/Abortion
- Pregnancy issues
- Gambling**
- Other \_\_\_\_\_

**Please help us understand how much the problem which brings you to the Counseling Center interferes with your functioning:**

1. Has your problem or difficulty affected your class attendance?

Yes\_\_\_\_ No\_\_\_\_

2. Has your problem or difficulty affected your ability to concentrate on the lecture or other classroom activity?

Yes\_\_\_\_ No\_\_\_\_

3. Has your problem or difficulty affected your ability to get reading done, and to complete assignments outside of class?

Yes\_\_\_\_ No\_\_\_\_

4. Has your problem or difficulty affected your ability to perform up to your ability on tests?

Yes\_\_\_\_ No\_\_\_\_

5. How much would you say that your current problem or difficulty affects your ability to pursue your education at SUNY Oneonta? (circle one number)

1	2	3	4	5	6	7
Not very much			A moderate amount			Very much

6. Please rate the severity of your current problem or difficulty.

1	2	3	4	5	6	7
Not very severe			Moderately severe			Very severe