OCD & ANXIETY
SPECIALISTS of DALLAS
Kim Rockwell-Evans, PhD

CHECKLIST OF CONCERNS

Name _____ Date _____

Please check all that apply:

- ☐ Anxious
- ☐ Avoidant
- ☐ Excessive Worry
- ☐ Inability to relax
- ☐ Inability to concentrate
- ☐ Sleep Disturbance
- ☐ Suicidal thoughts
- ☐ Depressed
- ☐ Angry outbursts
- ☐ Memory problems
- ☐ Appetite/weight changes
- ☐ Intrusive thoughts
- ☐ Negative thinking
- ☐ Fatigue
- ☐ Feeling worthless
- ☐ Dependent on others
- ☐ Low motivation
- ☐ Perfectionism
- ☐ Procrastination
- ☐ Concern with physical appearance
- ☐ Feeling hopeless
- ☐ Thoughts that get stuck
- ☐ Repetitive behaviors or rituals
- ☐ Self injury
- ☐ Alcohol/drug use
- ☐ Oversensitive
- ☐ Wanting to please others
- ☐ Upset stomach
- ☐ Hair pulling
- ☐ Skin picking
- ☐ Impulsive behavior
- ☐ Violent behavior
- ☐ Tension
- ☐ Stealing
- ☐ Lying
- ☐ Irresponsible behavior
- ☐ Racing heart
- ☐ Social anxiety
- ☐ Lack of self care
- ☐ Self critical
- ☐ Crying
- ☐ Sadness
- ☐ Inability to make a decision
- ☐ Excessive guilt
- ☐ Lack of self confidence
- ☐ Thinking and talking too fast
- ☐ Insomnia
- ☐ Mood swings
- ☐ Health anxiety
- ☐ Apathy
- ☐ Disorganized
- ☐ Carelessness
- ☐ Feeling isolated
- ☐ Dizziness
- ☐ Phobias
- ☐ Discouraged
- ☐ Insomnia
- ☐ Trembling
- ☐ Feeling empty
- ☐ Tics
- ☐ Overly responsible
- ☐ Feeling disconnected
- ☐ Overwhelmed
- ☐ Paranoia
- ☐ Nightmares
- ☐ Trauma
- ☐ Helpless
- ☐ Confusion
- ☐ Fear of losing control
- ☐ Withdrawal
- ☐ Nail biting
- ☐ Failure
- ☐ Gambling
- ☐ Sexual acting out
- ☐ Restricting food intake
- ☐ Overeating
- ☐ Purging
- ☐ Hearing voices
- ☐ Sexual issues

Stressors:

- ☐ Family problems
- ☐ Relationship problems
- ☐ Work or school problems
- ☐ Health problems
- ☐ Legal problems
- ☐ Financial problems
- ☐ Substance abuse
- ☐ Significant life change

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