

RONALD FOX & ASSOCIATES
PROBLEM CHECKLIST - ADOLESCENT

Date: _____

Name: _____ Age: _____ Date of Birth: _____

On the following pages, you will find a list of problems which people commonly face. This list surveys dating, school, attitudes, and other areas of everyday life.

Read the list carefully and make a check next to each problem that you are now having. Circle those problems that you feel are the worst or cause you the most trouble at this time.

Remember, there are no correct or incorrect answers. Do your best to answer each item on the list as honestly as you can.

If you are having problems not listed on the following pages, please write them on the bottom of the last page. Your answers will only be discussed with your counselor.

RONALD FOX & ASSOCIATES
PROBLEM CHECKLIST - ADOLESCENT

- | Now | Past | Problems |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | not getting along with other people |
| <input type="checkbox"/> | <input type="checkbox"/> | being criticized by others |
| <input type="checkbox"/> | <input type="checkbox"/> | not fitting in with peers |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling uncomfortable in social settings |
| <input type="checkbox"/> | <input type="checkbox"/> | having a bad reputation |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling immature |
| <input type="checkbox"/> | <input type="checkbox"/> | being suspicious of others |
| <input type="checkbox"/> | <input type="checkbox"/> | being shy |
| <input type="checkbox"/> | <input type="checkbox"/> | not having close friends |
| <input type="checkbox"/> | <input type="checkbox"/> | being taken advantage of by friends |
| <input type="checkbox"/> | <input type="checkbox"/> | not having anyone to share interests with |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling lonely |
| <input type="checkbox"/> | <input type="checkbox"/> | being unpopular |
| <input type="checkbox"/> | <input type="checkbox"/> | being uncomfortable when talking to people |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling inferior |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling like people are against me |
| <input type="checkbox"/> | <input type="checkbox"/> | being embarrassed by family background |
| <input type="checkbox"/> | <input type="checkbox"/> | being let down by friends |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling different from everyone else |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling pressured to do the wrong thing |
| <input type="checkbox"/> | <input type="checkbox"/> | being overweight |
| <input type="checkbox"/> | <input type="checkbox"/> | being too short or too tall |
| <input type="checkbox"/> | <input type="checkbox"/> | having a physical handicap |
| <input type="checkbox"/> | <input type="checkbox"/> | being too thin |
| <input type="checkbox"/> | <input type="checkbox"/> | looking too young or too old |
| <input type="checkbox"/> | <input type="checkbox"/> | being noticed for physical appearance |
| <input type="checkbox"/> | <input type="checkbox"/> | looking too plain |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling clumsy and awkward |
| <input type="checkbox"/> | <input type="checkbox"/> | not being clean and well groomed |
| <input type="checkbox"/> | <input type="checkbox"/> | not having the right clothes |
| <input type="checkbox"/> | <input type="checkbox"/> | having an unattractive face |
| <input type="checkbox"/> | <input type="checkbox"/> | having scars |
| <input type="checkbox"/> | <input type="checkbox"/> | having facial blemishes |
| <input type="checkbox"/> | <input type="checkbox"/> | not being well-developed |
| <input type="checkbox"/> | <input type="checkbox"/> | having a poor attitude about everything |
| <input type="checkbox"/> | <input type="checkbox"/> | not having any interest in things |
| <input type="checkbox"/> | <input type="checkbox"/> | having a recent change in attitude |
| <input type="checkbox"/> | <input type="checkbox"/> | not listening to the opinions of others |
| <input type="checkbox"/> | <input type="checkbox"/> | having no opinions about anything |
| <input type="checkbox"/> | <input type="checkbox"/> | having different opinions than others |
| <input type="checkbox"/> | <input type="checkbox"/> | not understanding the attitudes of others |
| <input type="checkbox"/> | <input type="checkbox"/> | having a poor attitude toward religion |
| <input type="checkbox"/> | <input type="checkbox"/> | not wanting to live at home |

- | Now | Past | Problems |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | having a poor attitude toward school |
| <input type="checkbox"/> | <input type="checkbox"/> | having a poor attitude toward work |
| <input type="checkbox"/> | <input type="checkbox"/> | having a poor attitude toward family |
| <input type="checkbox"/> | <input type="checkbox"/> | having a poor attitude toward self |
| <input type="checkbox"/> | <input type="checkbox"/> | father or mother being sick |
| <input type="checkbox"/> | <input type="checkbox"/> | father or mother having emotional problems |
| <input type="checkbox"/> | <input type="checkbox"/> | father or mother having problems with drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | father or mother having problems with alcohol |
| <input type="checkbox"/> | <input type="checkbox"/> | parents fighting or arguing |
| <input type="checkbox"/> | <input type="checkbox"/> | parents being separated or getting a divorce |
| <input type="checkbox"/> | <input type="checkbox"/> | parents being divorced |
| <input type="checkbox"/> | <input type="checkbox"/> | having problems with a step-parent |
| <input type="checkbox"/> | <input type="checkbox"/> | parents never being home |
| <input type="checkbox"/> | <input type="checkbox"/> | not being able to talk to parents |
| <input type="checkbox"/> | <input type="checkbox"/> | parents being too strict |
| <input type="checkbox"/> | <input type="checkbox"/> | parents interfering with decisions |
| <input type="checkbox"/> | <input type="checkbox"/> | parents expecting too much |
| <input type="checkbox"/> | <input type="checkbox"/> | parents disapproving of boyfriend/girlfriend |
| <input type="checkbox"/> | <input type="checkbox"/> | parents disapproving of friends |
| <input type="checkbox"/> | <input type="checkbox"/> | parents disapproving of job |
| <input type="checkbox"/> | <input type="checkbox"/> | parents disapproving of clothes or appearance |
| <input type="checkbox"/> | <input type="checkbox"/> | parents disapproving of dating |
| <input type="checkbox"/> | <input type="checkbox"/> | parents disapproving of music |
| <input type="checkbox"/> | <input type="checkbox"/> | parents disapproving of activities |
| <input type="checkbox"/> | <input type="checkbox"/> | parents favoring brothers or sisters |
| <input type="checkbox"/> | <input type="checkbox"/> | being ignored by parents |
| <input type="checkbox"/> | <input type="checkbox"/> | brother or sister being sick |
| <input type="checkbox"/> | <input type="checkbox"/> | brother or sister having emotional problems |
| <input type="checkbox"/> | <input type="checkbox"/> | brother or sister having problems with drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | brother or sister having problems with alcohol |
| <input type="checkbox"/> | <input type="checkbox"/> | being physically abused at home |
| <input type="checkbox"/> | <input type="checkbox"/> | being sexually abused at home |
| <input type="checkbox"/> | <input type="checkbox"/> | arguing with brother or sister |
| <input type="checkbox"/> | <input type="checkbox"/> | brother or sister stealing |
| <input type="checkbox"/> | <input type="checkbox"/> | being bothered by brother or sister |
| <input type="checkbox"/> | <input type="checkbox"/> | family fighting or arguing |
| <input type="checkbox"/> | <input type="checkbox"/> | having problems with relatives |
| <input type="checkbox"/> | <input type="checkbox"/> | not having any privacy |
| <input type="checkbox"/> | <input type="checkbox"/> | having to do household chores |
| <input type="checkbox"/> | <input type="checkbox"/> | not feeling close to family |
| <input type="checkbox"/> | <input type="checkbox"/> | family not having enough money |
| <input type="checkbox"/> | <input type="checkbox"/> | not getting along with neighbors |
| <input type="checkbox"/> | <input type="checkbox"/> | worrying about being accepted by God |

Now	Past	Problems
<input type="checkbox"/>	<input type="checkbox"/>	home being dirty or run down
<input type="checkbox"/>	<input type="checkbox"/>	family having a bad reputation
<input type="checkbox"/>	<input type="checkbox"/>	living in a bad neighborhood
<input type="checkbox"/>	<input type="checkbox"/>	not being allowed to drive
<input type="checkbox"/>	<input type="checkbox"/>	not being allowed to use the car
<input type="checkbox"/>	<input type="checkbox"/>	not being allowed to buy a car
<input type="checkbox"/>	<input type="checkbox"/>	wanting to run away from home
<input type="checkbox"/>	<input type="checkbox"/>	getting bad grades
<input type="checkbox"/>	<input type="checkbox"/>	not getting along with teachers
<input type="checkbox"/>	<input type="checkbox"/>	deciding on the right course of study
<input type="checkbox"/>	<input type="checkbox"/>	not having good study habits
<input type="checkbox"/>	<input type="checkbox"/>	not having a place to study
<input type="checkbox"/>	<input type="checkbox"/>	taking the wrong classes
<input type="checkbox"/>	<input type="checkbox"/>	not being interested in clubs or teams
<input type="checkbox"/>	<input type="checkbox"/>	not qualifying for clubs or teams
<input type="checkbox"/>	<input type="checkbox"/>	not having close friends at school
<input type="checkbox"/>	<input type="checkbox"/>	school being too large
<input type="checkbox"/>	<input type="checkbox"/>	missing school because of illness
<input type="checkbox"/>	<input type="checkbox"/>	not understanding class materials
<input type="checkbox"/>	<input type="checkbox"/>	not getting along with other students
<input type="checkbox"/>	<input type="checkbox"/>	feeling out of place in school
<input type="checkbox"/>	<input type="checkbox"/>	not being interested in school
<input type="checkbox"/>	<input type="checkbox"/>	having a language problem in school
<input type="checkbox"/>	<input type="checkbox"/>	being in the wrong school
<input type="checkbox"/>	<input type="checkbox"/>	teachers not being interested in students
<input type="checkbox"/>	<input type="checkbox"/>	being bored in school
<input type="checkbox"/>	<input type="checkbox"/>	getting in trouble in school
<input type="checkbox"/>	<input type="checkbox"/>	school being too far from home
<input type="checkbox"/>	<input type="checkbox"/>	worrying about future job or college
<input type="checkbox"/>	<input type="checkbox"/>	budgeting money
<input type="checkbox"/>	<input type="checkbox"/>	not making enough money
<input type="checkbox"/>	<input type="checkbox"/>	not having a steady income
<input type="checkbox"/>	<input type="checkbox"/>	having to spend savings
<input type="checkbox"/>	<input type="checkbox"/>	owing money
<input type="checkbox"/>	<input type="checkbox"/>	wasting money
<input type="checkbox"/>	<input type="checkbox"/>	depending on others for money
<input type="checkbox"/>	<input type="checkbox"/>	lending money to friends or family
<input type="checkbox"/>	<input type="checkbox"/>	having to give money to parents
<input type="checkbox"/>	<input type="checkbox"/>	not having enough money to date
<input type="checkbox"/>	<input type="checkbox"/>	not having gas money
<input type="checkbox"/>	<input type="checkbox"/>	not having money for clothes
<input type="checkbox"/>	<input type="checkbox"/>	feeling guilty about religion
<input type="checkbox"/>	<input type="checkbox"/>	not having any religious beliefs
<input type="checkbox"/>	<input type="checkbox"/>	arguing with parents about religious beliefs
<input type="checkbox"/>	<input type="checkbox"/>	being confused about religious beliefs
<input type="checkbox"/>	<input type="checkbox"/>	failing in religious beliefs

Now	Past	Problems
<input type="checkbox"/>	<input type="checkbox"/>	being rejected by church members
<input type="checkbox"/>	<input type="checkbox"/>	not having friends at church
<input type="checkbox"/>	<input type="checkbox"/>	feeling anxious or uptight
<input type="checkbox"/>	<input type="checkbox"/>	being afraid of things
<input type="checkbox"/>	<input type="checkbox"/>	having the same thoughts over and over again
<input type="checkbox"/>	<input type="checkbox"/>	being tired and having no energy
<input type="checkbox"/>	<input type="checkbox"/>	feeling depressed or sad
<input type="checkbox"/>	<input type="checkbox"/>	having trouble concentrating
<input type="checkbox"/>	<input type="checkbox"/>	not remembering things
<input type="checkbox"/>	<input type="checkbox"/>	getting too emotional
<input type="checkbox"/>	<input type="checkbox"/>	feeling guilty
<input type="checkbox"/>	<input type="checkbox"/>	worrying about diseases or illnesses
<input type="checkbox"/>	<input type="checkbox"/>	having nightmares
<input type="checkbox"/>	<input type="checkbox"/>	thinking too much about death
<input type="checkbox"/>	<input type="checkbox"/>	being afraid of hurting self
<input type="checkbox"/>	<input type="checkbox"/>	feeling things are unreal
<input type="checkbox"/>	<input type="checkbox"/>	crying without good reason
<input type="checkbox"/>	<input type="checkbox"/>	worrying about having a nervous breakdown
<input type="checkbox"/>	<input type="checkbox"/>	not being able to stop worrying
<input type="checkbox"/>	<input type="checkbox"/>	not being able to relax
<input type="checkbox"/>	<input type="checkbox"/>	being unhappy all the time
<input type="checkbox"/>	<input type="checkbox"/>	not having any enjoyment in life
<input type="checkbox"/>	<input type="checkbox"/>	being influenced by others
<input type="checkbox"/>	<input type="checkbox"/>	behaving in strange ways
<input type="checkbox"/>	<input type="checkbox"/>	feeling out of control
<input type="checkbox"/>	<input type="checkbox"/>	being afraid of hurting someone else
<input type="checkbox"/>	<input type="checkbox"/>	being uncomfortable with the opposite sex
<input type="checkbox"/>	<input type="checkbox"/>	not being to get a date
<input type="checkbox"/>	<input type="checkbox"/>	having problems with boyfriend/girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	wanting to break up with boyfriend/girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	losing boyfriend/girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	arguing with boyfriend/girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	not having anyone to talk to about dating and sex
<input type="checkbox"/>	<input type="checkbox"/>	worrying about getting pregnant
<input type="checkbox"/>	<input type="checkbox"/>	being pregnant / girlfriend being pregnant
<input type="checkbox"/>	<input type="checkbox"/>	not knowing enough about sex
<input type="checkbox"/>	<input type="checkbox"/>	worrying about sex
<input type="checkbox"/>	<input type="checkbox"/>	thinking about sex too often
<input type="checkbox"/>	<input type="checkbox"/>	worrying about being gay
<input type="checkbox"/>	<input type="checkbox"/>	being troubled by sexual attitudes of friends
<input type="checkbox"/>	<input type="checkbox"/>	being troubled by unusual sexual behavior
<input type="checkbox"/>	<input type="checkbox"/>	being sexually underdeveloped
<input type="checkbox"/>	<input type="checkbox"/>	boyfriend/girlfriend wanting to get married
<input type="checkbox"/>	<input type="checkbox"/>	feeling used or being pushed into having sex
<input type="checkbox"/>	<input type="checkbox"/>	not having any appetite
<input type="checkbox"/>	<input type="checkbox"/>	eating in binges

- | Now | Past | Problems |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | boyfriend/girlfriend having a different religion |
| <input type="checkbox"/> | <input type="checkbox"/> | arguing with boyfriend/girlfriend about religion |
| <input type="checkbox"/> | <input type="checkbox"/> | not be able to get to church |
| <input type="checkbox"/> | <input type="checkbox"/> | chores interfering with church activities |
| <input type="checkbox"/> | <input type="checkbox"/> | job interfering with church activities |
| <input type="checkbox"/> | <input type="checkbox"/> | being upset by religious beliefs of others |
| <input type="checkbox"/> | <input type="checkbox"/> | not getting enough exercise |
| <input type="checkbox"/> | <input type="checkbox"/> | not being able to sleep |
| <input type="checkbox"/> | <input type="checkbox"/> | having poor sleeping habits |
| <input type="checkbox"/> | <input type="checkbox"/> | having a physical problem |
| <input type="checkbox"/> | <input type="checkbox"/> | having a long-term illness |
| <input type="checkbox"/> | <input type="checkbox"/> | often being sick |
| <input type="checkbox"/> | <input type="checkbox"/> | having to take medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | being unhappy |
| <input type="checkbox"/> | <input type="checkbox"/> | watching too much television |
| <input type="checkbox"/> | <input type="checkbox"/> | not having any hobbies |
| <input type="checkbox"/> | <input type="checkbox"/> | not having time to relax |
| <input type="checkbox"/> | <input type="checkbox"/> | not having time for interests and hobbies |
| <input type="checkbox"/> | <input type="checkbox"/> | not having a job |
| <input type="checkbox"/> | <input type="checkbox"/> | job not paying enough |
| <input type="checkbox"/> | <input type="checkbox"/> | disliking type of job |
| <input type="checkbox"/> | <input type="checkbox"/> | job being dirty |
| <input type="checkbox"/> | <input type="checkbox"/> | not liking fellow workers |
| <input type="checkbox"/> | <input type="checkbox"/> | being disliked by fellow workers |
| <input type="checkbox"/> | <input type="checkbox"/> | being afraid of failing on the job |
| <input type="checkbox"/> | <input type="checkbox"/> | being afraid of being fired or laid off |
| <input type="checkbox"/> | <input type="checkbox"/> | not wanting to work |
| <input type="checkbox"/> | <input type="checkbox"/> | lacking transportation to work |
| <input type="checkbox"/> | <input type="checkbox"/> | friends having better jobs |
| <input type="checkbox"/> | <input type="checkbox"/> | working in unsafe conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | lacking supervision on the job |

- | Now | Past | Problems |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | frequently throwing up |
| <input type="checkbox"/> | <input type="checkbox"/> | eating too much |
| <input type="checkbox"/> | <input type="checkbox"/> | having poor eating habits |
| <input type="checkbox"/> | <input type="checkbox"/> | using alcohol |
| <input type="checkbox"/> | <input type="checkbox"/> | using drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | smoking cigarettes or chewing tobacco |
| <input type="checkbox"/> | <input type="checkbox"/> | boss being critical or unfair |
| <input type="checkbox"/> | <input type="checkbox"/> | having arguments on the job |
| <input type="checkbox"/> | <input type="checkbox"/> | working too many hours |
| <input type="checkbox"/> | <input type="checkbox"/> | job creating health problems |
| <input type="checkbox"/> | <input type="checkbox"/> | job having no future |
| <input type="checkbox"/> | <input type="checkbox"/> | feeling bored with job |
| <input type="checkbox"/> | <input type="checkbox"/> | lacking experience needed to get a job |
| <input type="checkbox"/> | <input type="checkbox"/> | friend or family member committing suicide |
| <input type="checkbox"/> | <input type="checkbox"/> | friend or family member having a serious illness |
| <input type="checkbox"/> | <input type="checkbox"/> | friend or family member getting a divorce |
| <input type="checkbox"/> | <input type="checkbox"/> | friend or family member dying |
| <input type="checkbox"/> | <input type="checkbox"/> | pet dying |
| <input type="checkbox"/> | <input type="checkbox"/> | losing something valuable |
| <input type="checkbox"/> | <input type="checkbox"/> | mother or father having legal problems |
| <input type="checkbox"/> | <input type="checkbox"/> | being physically hurt or abused |
| <input type="checkbox"/> | <input type="checkbox"/> | losing temper and hurting someone |
| <input type="checkbox"/> | <input type="checkbox"/> | friend or family member hurting self |
| <input type="checkbox"/> | <input type="checkbox"/> | friend or family member losing job |
| <input type="checkbox"/> | <input type="checkbox"/> | friend or family member being upset |
| <input type="checkbox"/> | <input type="checkbox"/> | being robbed |
| <input type="checkbox"/> | <input type="checkbox"/> | brother or sister running away from home |
| <input type="checkbox"/> | <input type="checkbox"/> | mother or father losing job |
| <input type="checkbox"/> | <input type="checkbox"/> | being in trouble with the police |
| <input type="checkbox"/> | <input type="checkbox"/> | having thoughts of suicide |
| <input type="checkbox"/> | <input type="checkbox"/> | planning to hurt someone else |

List below any other problems you might have:
