

Optimal Performance Training

CHECKLIST OF CLIENT CONCERNS

NAME: _____

Date: _____

Pre/Ongoing/Post

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

Immune System

1. Allergies
2. Asthma
3. Frequent colds, infections
4. Yeast infections
5. Fatigue

Sleep

6. Difficulty falling asleep
7. Wakeful or restless during night
8. Waking up early
9. Difficulty waking up
10. Nightmares or night terrors
11. Snoring
12. Sleep walking

Skin/Hair/Nails

13. Problems with skin
14. Hair
15. Nails

Eyes

16. Double or blurred vision
17. Blind spots
18. Spots in your vision

Ear/Nose/Throat

19. Hearing loss
20. Ringing in ears
21. Earaches
22. Sense of smell changed or lost
23. Nose or sinuses blocked
24. Grinding your teeth
25. Sense of taste changed or lost
26. Hoarseness or sore throat

Heart/Lungs

27. Problems breathing

28. Heart problems
29. Hypertension
30. Palpitations
31. Dizziness

Intestines

32. Nausea or vomiting
33. Gastric pain
34. Gas or bloating
35. Irritable bowel
36. Diarrhea
37. Constipation

Hormonal/Blood

38. Appetite problems (e.g. wanting to eat when not hungry, etc)
39. Diabetes
40. Desire for sweets or carbohydrates
41. Sensitivity to heat or cold
42. Thyroid problems
43. PMS symptoms
44. Hot flashes
45. Other menopausal symptoms
46. Low interest in sex
47. Excessive interest in sex

Bones/Joints/Muscles

48. Pain or stiffness in joints or muscles
49. Sore trigger points
50. Fibromyalgia
51. Bodily fatigue

Nervous System

52. Headaches or migraines
53. Fainting
54. Seizures
55. Memory loss
56. Blocking on words
57. Reading problems
58. Difficulty speaking
59. Tremor (shaking)
60. Weakness
61. Hyperactivity
62. Problems with balance
63. Motor or vocal tics

Attention and Organization

64. Difficulty focusing

65. Easily distracted
 66. Make mistakes
 67. Difficulty organizing activities
 68. Not completing tasks
 69. Lose train of thought
- ### School/Learning

70. Difficulty completing schoolwork
71. Getting into trouble at school
72. Inverting letters/numbers
73. Spatial problems (e.g. difficulty building things, understanding how things should be put together)
74. Difficulty with particular subjects

Bowel/Bladder

75. Difficulty urinating
76. Difficulty holding your urine
77. Difficulty controlling your bowels
78. Frequent bladder infections

Habits

79. Sometimes drink too much
80. Smoke cigarettes
81. Concerns about your diet
82. Desire caffeine
83. Use marijuana
84. Other addictions

Behavior/Emotions

85. Mood swings
86. Feeling down, depressed or flat
87. Feeling sad
88. Feeling anxious
89. Panic attacks
90. Worry
91. Thoughts that won't leave your mind
92. Need to repeat actions or words over and over
93. Bingeing
94. Restricting your food intake
95. Making yourself vomit
96. Phobias- avoiding things
97. Feeling others are against you
98. Behaviors that get you into trouble, or are not good for you
99. Feeling angry a lot
100. Impulsive
101. Feeling overwhelmed
102. Other comments on back