

# PERSONAL DATA INVENTORY

Please complete this inventory carefully  
(Question marks have been omitted)

## PERSONAL IDENTIFICATION:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Referred By \_\_\_\_\_

Marital Status:

Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Education: (last year completed): \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ (name)

\_\_\_\_\_ (Phone numbers)

## MARRIAGE AND FAMILY:

Spouse \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_ How long employed \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Length of dating \_\_\_\_\_

Give brief statement of circumstances of meeting and dating \_\_\_\_\_

Have either of you been previously married \_\_\_\_\_ To Whom \_\_\_\_\_

Have you ever been separated \_\_\_\_\_ Filed for divorce \_\_\_\_\_

Information about children:

Name	Age	Sex	Living	Yrs. Ed.	Step-child
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe relationship to your father \_\_\_\_\_

Describe relationship to your mother \_\_\_\_\_

Number of siblings \_\_\_\_\_ Your sibling order \_\_\_\_\_

Did you live with anyone other than parents \_\_\_\_\_

Are your parents living \_\_\_\_\_ Do they live locally \_\_\_\_\_

**HEALTH**

Describe your health \_\_\_\_\_

Do you have any chronic conditions \_\_\_\_\_ what \_\_\_\_\_

List important illnesses and injuries or handicaps \_\_\_\_\_

Date last medical exam \_\_\_\_\_ Report \_\_\_\_\_

Physician's name and address \_\_\_\_\_

Current medication(s) and dosage \_\_\_\_\_

Have you ever used drugs for other than medical purposes \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been arrested \_\_\_\_\_

Do you drink alcoholic beverages \_\_\_\_\_ If so, how frequently and how much \_\_\_\_\_

Do you drink coffee \_\_\_\_\_ How much \_\_\_\_\_

Other caffeine drinks \_\_\_\_\_ How much \_\_\_\_\_

Do you smoke \_\_\_\_\_ What \_\_\_\_\_ Frequency \_\_\_\_\_

Have you ever had interpersonal problems on the job \_\_\_\_\_

Have you ever had a severe emotional upset \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever seen a psychiatrist or counselor \_\_\_\_\_ If yes, explain \_\_\_\_\_

**SPIRITUAL:**

Denominational preference \_\_\_\_\_

Church attending \_\_\_\_\_

Church attendance per month (circle one)    0    1    2    3    4    5    6    7    8+

Do you believe in God \_\_\_\_\_ Do you pray \_\_\_\_\_

Would you say you are a Christian or still in the process of becoming a Christian \_\_\_\_\_

Have you been baptized \_\_\_\_\_

How often do you read the Bible \_\_\_\_\_ never \_\_\_\_\_ Occasionally \_\_\_\_\_ Daily

Explain any recent changes in your religious life \_\_\_\_\_

**WOMEN ONLY:**

Have you had any menstrual difficulties \_\_\_\_\_ Do you experience tension, tendency to cry, other symptoms prior to your cycle, please explain \_\_\_\_\_

Is your husband willing to come for counseling \_\_\_\_\_

Is he in favor of your coming \_\_\_\_\_ If no, explain \_\_\_\_\_

**PROBLEM CHECKLIST:**

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|-------------------------|-------------------|-------------------|
| ___ Anger               | ___ Depression    | ___ Loneliness    |
| ___ Anxiety             | ___ Drunkenness   | ___ Lust          |
| ___ Apathy              | ___ Envy          | ___ Memory        |
| ___ Appetite            | ___ Fear          | ___ Moodiness     |
| ___ Bitterness          | ___ Finances      | ___ Perfectionism |
| ___ Change in lifestyle | ___ Gluttony      | ___ Rebellion     |
| ___ Children            | ___ Guilt         | ___ Sex           |
| ___ Communication       | ___ Health        | ___ Sleep         |
| ___ Conflict (fights)   | ___ Homosexuality | ___ Wife Abuse    |
| ___ Deception           | ___ Impotence     | ___ A vice        |
| ___ Decision-making     | ___ In-laws       | ___ Other         |

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What is the problem or concern that brings you here today?

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2. What have you done about this problem?

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3. What are your expectations from counseling?

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4. Is there any other information we should know about?

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**PERSONAL INVENTORY:** Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating Scale: 0 = Never    1 = Seldom    2 = Sometimes    3 = Often    4 = Usually

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|--|--|
| <input type="checkbox"/> Loving                      | <input type="checkbox"/> Courteous     |
| <input type="checkbox"/> Honest                      | <input type="checkbox"/> Creative      |
| <input type="checkbox"/> Sensitive                   | <input type="checkbox"/> Decisive      |
| <input type="checkbox"/> Good father/mother          | <input type="checkbox"/> Efficient     |
| <input type="checkbox"/> Works hard                  | <input type="checkbox"/> Forgiving     |
| <input type="checkbox"/> Humble                      | <input type="checkbox"/> Generous      |
| <input type="checkbox"/> Keeps his/her word          | <input type="checkbox"/> Frugal        |
| <input type="checkbox"/> Dependable                  | <input type="checkbox"/> Appreciative  |
| <input type="checkbox"/> Does not take advantage     | <input type="checkbox"/> Hospitable    |
| <input type="checkbox"/> Does not use people         | <input type="checkbox"/> Diligent      |
| <input type="checkbox"/> Not an opportunist          | <input type="checkbox"/> Discerning    |
| <input type="checkbox"/> Plans ahead                 | <input type="checkbox"/> Encouraging   |
| <input type="checkbox"/> Knows where he/she is going | <input type="checkbox"/> Enthusiastic  |
| <input type="checkbox"/> Fair                        | <input type="checkbox"/> Courageous    |
| <input type="checkbox"/> Consistent                  | <input type="checkbox"/> Conscientious |
| <input type="checkbox"/> Perseveres                  | <input type="checkbox"/> Patient       |
| <input type="checkbox"/> Admits it when wrong        | <input type="checkbox"/> Considerate   |
| <input type="checkbox"/> Teachable                   | <input type="checkbox"/> Persistent    |
| <input type="checkbox"/> Analytical                  | <input type="checkbox"/> Punctual      |
| <input type="checkbox"/> Compassionate               | <input type="checkbox"/> Disciplined   |
| <input type="checkbox"/> Cooperative                 | <input type="checkbox"/> Resourceful   |
| <input type="checkbox"/> Neat                        | <input type="checkbox"/> Sincere       |
| <input type="checkbox"/> Objective                   | <input type="checkbox"/> Other         |

**SPIRITUAL CONVICTIONS QUESTIONNAIRE:** (Please use the back of this sheet if necessary.)

1. Describe Who God is:

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2. Describe Who Jesus Christ is:

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3. Describe the kind of relationship you have with God and His Son Jesus Christ:

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4. What is the Definition of a Christian?

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5. I am or (I am not) a Christian because:

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6. What do you believe about the Bible?

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7. What is your definition of sin?

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8. What sins do you struggle with the most?

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9. How do you handle sin in your life?

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10. How do you handle guilt?

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11. What do you tend to pray about the most?

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12. What do you seek to accomplish in life?

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13. I do attend or I do not attend church because:

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14. I allow Christians or I do not allow Christians to be involved in my life because:

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15. The changes I would like to make in my life are

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What have you learned about yourself and what have you learned about your partner? What changes do you need to make in light of this study?

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