

# CONFIDENTIAL PERSONAL DATA INVENTORY

## I. Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Gender \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Referred here by \_\_\_\_\_

### Church affiliation

Present \_\_\_\_\_

Past \_\_\_\_\_

### Marital status

Single \_\_\_\_\_ Married \_\_\_\_\_ Years \_\_\_\_\_ Divorced \_\_\_\_\_ Years \_\_\_\_\_

Name of spouse \_\_\_\_\_ Age \_\_\_\_\_

How long did you know each other before you were married? \_\_\_\_\_

Your ages when married: You \_\_\_\_\_ Your spouse \_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ How long? \_\_\_\_\_

Have either of you filed for divorce? \_\_\_\_\_

Is your spouse willing to come for counseling? \_\_\_\_\_

Previous marriage information \_\_\_\_\_

**Children (begin with the youngest)**

Name	Age	Sex	Education (in years)	By previous marriage		Marital status
				Yes	No	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Vocation**

Title \_\_\_\_\_ Name of company \_\_\_\_\_

What do you do? \_\_\_\_\_

**II. Family History**

Briefly explain your parents' Christian experience (i.e., were they Christians, and did they profess and live their Christianity?). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you say that your parents were consistent in public and in private with how they acted and treated you? \_\_\_\_\_ if no please explain: \_\_\_\_\_

\_\_\_\_\_

Did you feel accepted by your father? \_\_\_\_\_ if no please explain: \_\_\_\_\_

\_\_\_\_\_

On a scale of 1-10, with 10 being the most, how close would you say you are to your father? \_\_\_\_\_

Give 3 words that describe your father: \_\_\_\_\_

Did you feel accepted by your mother? \_\_\_\_\_ if no please explain: \_\_\_\_\_

\_\_\_\_\_

On a scale of 1-10, with 10 being the most, how close would you say you are to your mother? \_\_\_\_\_

Give 3 words that describe your mother: \_\_\_\_\_

Are you adopted? \_\_\_\_\_ If yes please share what you know: \_\_\_\_\_

\_\_\_\_\_

Are your parents presently married or divorced? \_\_\_\_\_ (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there a sense of security and harmony in your home during the first twelve years of your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was your father clearly the head of the home, or was there a role reversal in which your mother ruled the home? \_\_\_\_\_ (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did your father treat your mother? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were raised by someone other than your parents, explain: \_\_\_\_\_

\_\_\_\_\_

Have there been any deaths of close family members in the past year? \_\_\_\_\_

If so, explain: \_\_\_\_\_

\_\_\_\_\_

### III. Health

Rate your health: Very good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_

Weight changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

List all important present or past illnesses, injuries, or handicaps.

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Date of last medical exam: \_\_\_\_\_

Are you presently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

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Are there any addictive problems in your family (alcohol, drugs, etc.)? \_\_\_\_\_

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Is there any history of mental illness? \_\_\_\_\_

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Is there any history of the following ailments in your family? (please circle)

Thyroid

Heart

Ulcers

Diabetes

Cancer

Glandular problems

Other \_\_\_\_\_

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Do you have any addictions or cravings that you find difficult to control (sweets, drugs, alcohol, food in general, etc.)? \_\_\_\_\_

Explain \_\_\_\_\_

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Are you presently under any kind of medication for either physical or psychological reasons? \_\_\_\_\_

Explain: \_\_\_\_\_

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Do you have any problem sleeping? Are you having recurring nightmares or disturbances? \_\_\_\_\_

Explain \_\_\_\_\_

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When you wake up, do you feel rested? \_\_\_\_\_

Does your present schedule allow for regular periods of rest and relaxation? \_\_\_\_\_  
 Explain: \_\_\_\_\_

Have you ever been physically beaten or sexually molested? \_\_\_\_\_ if yes, please give a brief explanation of the type of abuse, who abused you, how many times (if known) and how long the abuse continued. \_\_\_\_\_

Are you still being abused? \_\_\_\_\_

Have you ever received counseling for the abuse that you suffered? \_\_\_\_\_

Do you feel that the abuse you suffered is currently affecting you? \_\_\_\_\_

#### IV. Moral Climate:

During the first eighteen years of your life, how would you rate the moral atmosphere in which you were raised? (circle number)

	overly permissive	permissive	average	strict	overly strict
clothing	5	4	3	2	1
sex	5	4	3	2	1
dating	5	4	3	2	1
movies	5	4	3	2	1
music	5	4	3	2	1
literature	5	4	3	2	1
free will	5	4	3	2	1
drinking	5	4	3	2	1
smoking	5	4	3	2	1
church attendance	5	4	3	2	1

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ State circumstances if so: \_\_\_\_\_

Have you been or are you currently involved with pornography? \_\_\_\_\_

Have you been or are you currently sexually promiscuous? \_\_\_\_\_

Do you struggle with questions about your sexual identity? \_\_\_\_\_

How would you describe your sexual orientation? \_\_\_\_\_

**V. Emotional Condition:**

Which of the following are you currently struggling with (please check)?

- |  |   |
|--|---|
| <input type="checkbox"/> daydreaming             | <input type="checkbox"/> worry                |
| <input type="checkbox"/> lustful thoughts        | <input type="checkbox"/> doubts               |
| <input type="checkbox"/> thoughts of inferiority | <input type="checkbox"/> fantasy              |
| <input type="checkbox"/> thoughts of inadequacy  | <input type="checkbox"/> insecurity           |
| <input type="checkbox"/> obsessive thoughts      | <input type="checkbox"/> blasphemous thoughts |
| <input type="checkbox"/> compulsive thoughts     | <input type="checkbox"/> dizziness            |
| <input type="checkbox"/> headaches               | <input type="checkbox"/> fear                 |

Which if any the above-listed emotions do you feel are sinful? \_\_\_\_\_

Why? \_\_\_\_\_

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Describe your emotional state right now:

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Would you consider yourself to be an optimist or a pessimist (i.e., do you have a tendency to see the good in people and life, or the bad? \_\_\_\_\_

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Do you find yourself being upset with others who do not think or feel how you do? \_\_\_\_\_

How often do you get angry? Daily Weekly Monthly

What most often makes you angry? \_\_\_\_\_

Do you find yourself disappointed that others have broken your expectations? \_\_\_\_\_

If so, how often do you feel this way? \_\_\_\_\_

Would you say you have a short temper or are you patient with others? \_\_\_\_\_

Are you often anxious or fearful? Yes / No

If Yes, how often and how do you normally respond:

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Are you often depressed or discouraged? Yes / No

If Yes, how often and how do you normally respond:

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Are you bitter or holding a grudge about anything? Yes / No

If Yes, what:

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Is there anyone you have unforgiveness toward right now?

If Yes, who and why:

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Do you find yourself thinking about your problems often? \_\_\_\_\_

If so, what problems do you most often think about? \_\_\_\_\_

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Do you consider yourself a victim? Yes / No

If yes, why? \_\_\_\_\_

Do you feel that most of your problems are the result of your own decisions or because of what others have done? \_\_\_\_\_

If the answer is others, who in particular? \_\_\_\_\_

Do you often think about how things you hear from others or in the news relate to your problems? \_\_\_\_\_

Do you often use words like always, never, everyone, or everything? \_\_\_\_\_

Rank the following (from 1 to 5) in order of your interest, 1 being most interested, 2, 3 and 4 next in interest, and 5 being least interested.

Self \_\_\_\_\_ (Your concern for your personal thinking and feelings)

People \_\_\_\_\_ (Your interest in others)

Activities \_\_\_\_\_ (Your interest in doing things)

Ideas \_\_\_\_\_ (Your interest in learning or thinking about things)

Things \_\_\_\_\_ (Your interest in working on projects)

Have you ever thought that maybe you were going crazy? \_\_\_\_\_ Do you presently fear that possibility? \_\_\_\_\_ if yes please explain how you feel: \_\_\_\_\_

Do you find prayer difficult mentally? \_\_\_\_\_ if yes please explain why: \_\_\_\_\_

When attending church or other Christian ministries, are you plagued by foul thoughts, jealousies, or other mental harassment? \_\_\_\_\_ if yes please explain when and what: \_\_\_\_\_

Do you listen to music a lot? \_\_\_\_\_ What type do you enjoy most? \_\_\_\_\_



Have you been or are you currently suicidal? \_\_\_\_\_

If you are currently suicidal, do you presently have a plan to commit suicide? \_\_\_\_\_

If yes, what is your plan? \_\_\_\_\_

Do you struggle with feelings of guilt? \_\_\_\_\_

If yes, over what? \_\_\_\_\_

\_\_\_\_\_

Write out 12 words that best describe your emotional condition now.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **VI. Spiritual History**

Do you believe in God? \_\_\_\_\_

Do you pray to God? Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_

How often do you read the Bible? Never \_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_

To your knowledge, have any of your parents, grandparents, or great-grandparents ever been involved in any occultism (satanic), cult (Mormon, J.W., 7<sup>th</sup> day Adventist, etc.), or non-Christian religious practices? \_\_\_\_\_

\_\_\_\_\_

Do you consider yourself a religious person? Yes / No

If yes, what does being religious mean to you? \_\_\_\_\_

\_\_\_\_\_

If you were to die tonight, do you know where you would spend eternity? \_\_\_\_\_

Suppose you die tonight and appear before God in Heaven, and He asks you, "By what right should I allow you into My presence?" How would you answer Him? \_\_\_\_\_

\_\_\_\_\_

Please write out the account of your personal conversion, if any, be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On a scale of 1-10 with 10 being the greatest how sure are you that you will go to heaven? \_\_\_\_\_

Do you have doubts about going to Heaven? \_\_\_\_\_

If you have doubts, what are they? \_\_\_\_\_

\_\_\_\_\_

Are you presently enjoying fellowship with other believers, and if so where and when?

\_\_\_\_\_

Are you under the authority of a local church where the Bible is taught?

\_\_\_\_\_

Do you regularly support it with your time, talent, and money? \_\_\_\_\_

If not, why not? \_\_\_\_\_

\_\_\_\_\_

Do you have regular personal devotions? \_\_\_\_\_

Do you have regular family devotions? \_\_\_\_\_

Explain recent changes in your religious life, if any: \_\_\_\_\_

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Is there any other information concerning your religious life we should know? \_\_\_\_\_

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## **VII Present Issues:**

Please describe what brings you in for counseling? \_\_\_\_\_

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How have you responded in the situation?

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What could you have done differently in the situation?

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What do you think brought you to this point?

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What could be done on your part to fix this situation?

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If yes, who and when did you see them? \_\_\_\_\_

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Are you presently seeing anyone about this issue other than me? \_\_\_\_\_

If yes who? \_\_\_\_\_

What have you done personally to try and resolve this issue other than seeking counsel?

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What do you want us to do? (What are your expectations in coming here?)

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Is there any other information we should know? \_\_\_\_\_

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**If seeking marital counseling, please answer the following:**

Please rate your marriage on a scale of 1-10 with 10 being the best: \_\_\_\_\_

Please give detail about what you perceive the marriage issue to be:

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What do you believe you need to do to fix this situation?

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What do you believe your spouse needs to do to fix this situation?

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What would you like your spouse to understand?

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Where do you see the situation going from here?

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**VIII Final Information needed**

Are you in any type of litigation, such as child custody battles, divorce, abuse charges, or getting legal counsel with a lawyer? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain)

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Do you receive any financial help from any government agency? \_\_\_\_\_

Are you willing to sign a release of information so that your counselor may request an exchange of information regarding your problems with your pastor or others that have counseled you?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, explain)

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I, \_\_\_\_\_, do hereby give my permission to release any privileged information concerning counseling sessions while counseling with (counselor's name)

\_\_\_\_\_.

Signature \_\_\_\_\_

Date: \_\_\_\_\_