Association of Certified Biblical Counselors

# PERSONAL DATA INVENTORY

Date | |

Please be aware that there are no wrong or right answers to the following questions. Your honest answers will help us to know and serve you better.

## PERSONAL INFO

| | | |
|---|---|---|
| Name: | Sex: ☐ Male ☐ Female | Age |
| Email: | Date of Birth: \| \| | |
| Best phone number to reach you: ( ) | | |
| Address: | | |
| Education (last year completed): | | |
| Current Occupation (or responsibility): | | |
| How many hours do you work in a week at your job? | | |

Who do you live with (their relationship to you)? _____

Help us get to know you. Mark on each continuum line below how you would describe yourself, generally.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| More Analytical | _____ | More Creative | | More Energetic | _____ | More Calm/Sedate | |
| More Out-going | _____ | More Shy | | More of a Leader | _____ | More of a Follower | |
| More Easy-going | _____ | More Serious | | More of an Open Book | _____ | Harder to get to Know | |
| More Decisive | _____ | More Unsure | | More Confident | _____ | More Nervous | |
| More Introverted | _____ | More Extraverted | | More often Happy | _____ | More often Sad | |
| More Dependable | _____ | More Forgetful | | More Sensitive | _____ | More Direct/Blunt | |
| More of a hard-worker | _____ | More of a Procrastinator | | More Moody | _____ | More Even-Tempered | |
| More Logical | _____ | More Feeling led | | More Others-minded | _____ | More in my own World | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| More of a Fixer | _____ | More of a worrier | | More Self-Conscious | _____ | More Care-free | |
| More Organized | _____ | More Haphazard | | More Cautious | _____ | More Spontaneous | |
| More Independent | _____ | More Reliant | | More Gracious | _____ | More Critical | |
| More Slow to Act | _____ | More Impulsive | | More Patient | _____ | More Impatient | |
| More Go w/the Flow | _____ | more Controlling | | More People Oriented | _____ | More Project Oriented | |

Are you in a significant relationship other than marriage? Explain and include how long:

_____

## MARRIAGE AND FAMILY INFO

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Remarried

| Spouse's Name: | Length of Marriage: |
|---|---|
| Spouse's Current Occupation (or responsibility): | Weekly Hours: |

| Children's Names: | Age | Sex | Are they Living? | By Previous Marriage? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever been separated before? ☐ Yes ☐ No

If yes, please explain: _____

Has either of you ever considered or filed for divorce? ☐ Yes ☐ No

If yes, please explain: _____

Have you been married before? ☐ Yes ☐ No

If yes, please explain: _____

Is your spouse in favor of your coming to counseling? ☐ Yes ☐ No

Is your spouse willing to come to counseling (if needed)? ☐ Yes ☐ No

## HEALTH INFO

Rate your health: ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other _____

Date of last medical exam: _____ Report: _____

Physician's name: _____ Address: _____

List all prescriptions and over-the counter medications you are currently taking (Include diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin, etc.). *Continue on back as needed

Med: _____ For What? _____

Med: _____ For What? _____

Med: _____ For What? _____

Med: _____ For What? _____

List all important present or past illnesses, physical difficulties, injuries or handicaps:_____

_____

_____

_____

Do you have any chronic medical conditions?_____

Have you used drugs for other than prescribed medical purposes? ☐ Yes (Past) ☐ Yes (Now) ☐ No

What Drug? _____ How Long? _____

Have you used more than the prescribed amount of any medication? ☐ Yes (Past) ☐ Yes (Now) ☐ No

What Drug? _____ Amount: _____How Long? _____

How much of the following type of beverages do you consume daily or weekly?

Alcohol _____ Coffee _____ Tea _____ Soft Drink _____ Water _____

On a scale of 1-10, how healthy do you eat? _____ Do you smoke? ☐ Yes ☐ No

How often do you exercise? _____ Times/Week ☐ Rarely ☐ Never

How many hours of sleep do you average each night? _____

Has there been any recent change? _____

Is this sleep uninterrupted? _____

Have you ever experienced hallucinations, seen distorted faces, or heard voices? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever had a severe emotional upset? If so, please explain: _____

_____

Have others noticed any significant changes in your emotional or mental state, memory, or work abilities?

_____

_____

Are you willing to sign a release of information so that your counselor may write for any counseling and medical information that might be helpful? ☐ Yes ☐ No

## BACKGROUND INFO

Please answer these background questions to the best of your ability, so we might minister to you more sensitively and wisely. These questions are **not** meant to imply: 1) that we cannot now know God as sovereign, good and sufficient regardless of our past, 2) that God cannot use our past for good, 3) that our past is our identity nor, 4) that we will/must be determined by our past.

Were you raised by both biological parents? ☐ Yes ☐ No

If no, please explain: _____

Rate your parent's marriage: ☐ Unhappy ☐ Average ☐ Happy ☐ Very Happy

Are/were your parents divorced? ☐ Yes ☐ No Explain briefly when, and the basic circumstances:

_____

_____

Describe your relationship with your mother: _____

_____

Describe your relationships with your father: _____

_____

How many older siblings do you have? Brothers _____ Sisters _____

How many younger siblings do you have? Brothers _____ Sisters _____

Describe your relationships with your siblings: _____

_____

_____

Check all the following that best describe the parenting style of your childhood (M=Mother, F=Father):

| | | | |
|---|---|---|---|
| Excessively authoritative/ Very high control | ☐ M ☐ F | Rules/Instructions without relationship | ☐ M ☐ F |
| Excessively permissive/ Too low control | ☐ M ☐ F | Disengaged/ Excessively preoccupied | ☐ M ☐ F |
| Generally balanced leadership/Authority | ☐ M ☐ F | Caring involvement/ Instruction | ☐ M ☐ F |
| Manipulative (selfish, angry, guilt trip) | ☐ M ☐ F | Perfectionistic/very performance driven | ☐ M ☐ F |
| Leading by example | ☐ M ☐ F | | |

Check all the following that best describe the predominant atmosphere(s) in your home as a child:

| | | | |
|---|---|---|---|
| ☐ Happy | ☐ Secure/Safe | ☐ Open/Honest | ☐ Truly Christian |
| ☐ Sad/Depressing | ☐ Tumultuous/ Uncertain | ☐ Closed off/Private | ☐ Outwardly-religious |
| ☐ Calm/Relaxed | ☐ Angry/Hostile | ☐ Loving/Encouraging | ☐ Non-Christian |

Was there any substance abuse in your family? ☐ Yes ☐ No

If yes, please explain: _____

Other and Later Life:

Other than your parent(s), describe people in your life who have had a significant influence in your life (positive or negative): _____

_____

Has there been any abuse in your past? ☐ Physical ☐ Verbal/Emotional ☐ Sexual ☐ No

If yes, by whom? _____ What age? _____

Have you ever seen a psychologist, psychiatrist or received counseling before? ☐ Yes ☐ No

If yes, list counselor(s): _____and dates ____ / ____ /____ to ____ /_____ /_____

_____and dates ____ / ____ /____ to ____ /_____ /_____

_____and dates ____ / ____ /____ to ____ /_____ /_____

What were you seen for? _____

What was the outcome? Was it helpful? _____

_____

Do you carry significant guilt? ☐ Yes ☐ No

If yes, for what? _____

Any job difficulties? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been arrested? ☐ Yes ☐ No When? _____

Describe the circumstances:_____

Describe any recent, significant event(s) in your life (i.e. job loss, birth, death, successes, etc.):

_____

_____

## SPIRITUAL LIFE INFO

Church/religious experience as a child (Denomination and length of time): _____

_____

Church/religious experience as an adult (Denomination and length of time): _____

_____

Do you attend a local Christian church? ☐ Yes ☐ No

Name of the church you attend: _____

Are you a member? ☐ Yes ☐ No How long? _____

Have you been baptized? ☐ Yes ☐ No At what age? _____

Church services/functions attended per month: _____

Are you part of a Small Group: ☐ Yes ☐ No Who is your Small Group leader: _____

Do you attend church with your spouse? ☐ Yes ☐ No

If no, please explain: _____

Do you consider yourself as "saved"? ☐ Yes ☐ No ☐ Not sure what you mean

Does your spouse consider himself/herself as "saved"? ☐ Yes ☐ No ☐ Don't know

Have you come to the place in your spiritual life where you know with certainty that you would enter heaven after death? ☐ Yes ☐ No

If you were to die and stand before God and He asked you why He should permit you to enter heaven, how might you respond? _____

_____

Explain recent changes in your spiritual life, if any: _____

_____

How often do you pray to God? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often

How often do you read the Bible? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often

Do you regularly give financially to the church/God's work? ☐ Yes ☐ No

Do you serve at your church? How? _____

## PROBLEM CHECK LIST

Please mark 1-3 on all that apply (1=Mild, 2=Moderate, 3=Severe). Circle where there are options.

| | | |
|---|---|---|
| ____ Abuse at present (sexual, Physical, verbal) | ____ Drunkenness | ____ Memory |
| ____ Anger | ____ Drugs | ____ Mental confusion |
| ____ Anorexia | ____ Envy or jealousy | ____ Moodiness |
| ____ Anxiety | ____ Fear | ____ Overwhelmed |
| ____ Apathy | ____ Finances | ____ Perfectionism |
| ____ Bitterness | ____ Gambling | ____ Poor concentration |
| ____ Bulimia | ____ Gluttony | ____ Pornography |

| | | | | | |
|---|---|---|---|---|---|
| ____ | Children | ____ | Guilt | ____ | Procrastination |
| ____ | Communication | ____ | Grief | ____ | Rebellion |
| ____ | Conflict (Fights) | ____ | Health | ____ | Same sex attraction |
| ____ | Deception | ____ | Homosexuality | ____ | Self-injury |
| ____ | Decision making | ____ | Infidelity | ____ | Sex (lust, impotence…) _____ |
| ____ | Depression | ____ | In-laws | ____ | Sleep |
| ____ | Drastic change in life circumstances/life style | ____ | Loneliness | ____ | Other _____ |

## PRE-COUNSELING QUESTIONS

Please take some time to think through what has been happening in your life that brings you to counseling. This section will help us get to know your current situation better, in order to match you with a counselor and/or provide the best help. Use the following questions as a guide to journal about what is going on in your life and heart.

1. What has brought you here? Describe the main problem in your life as you see it. (Include when it began and any other very significant events or information.)

_____

_____

_____

_____

_____

_____

_____

_____

2. What have you done to try and resolve the problem on your own?

_____

_____

_____

_____

3. Why are you now wanting to seek help?

4. What types of thoughts come to your mind in your current situation when you feel disappointed, discouraged, angry and/or fearful about the situation?

5. What are you hoping we can do for you?

6. Is there any other information you think we should know?

# SCHEDULING

Please check the time and days that you are available for counseling.

| | SUN | MON | TUE | WED | THU | FRI | SAT |
|---|---|---|---|---|---|---|---|
| Early morning (6am-9am) | | | | | | | |
| Morning (9am-12pm) | | | | | | | |
| Early afternoon (12pm-3pm) | | | | | | | |
| Afternoon (3pm-6pm) | | | | | | | |
| Evening (6pm-9pm) | | | | | | | |

Do you have flexibility with your schedule? ☐ Yes, on these days _____ ☐ No