Intake Questionnaire

This form is intended to help me become better acquainted with you and, in turn, serve you better. Please print the information requested or checkmark the appropriate responses. You may omit any item, but try to be as thorough as possible. Thank you.

SECTION A: Presenting Problem

1. **Briefly describe the problem or concern you most wish help with currently**:

   _____

   _____

2. **How would you rate the intensity of the problem or concern that led you to seek professional services?** (please circle)

   Extremely Intense 5 4 Moderately Intense 3 2 Not Intense 1

3. **Approximately how long have you had the current problem or concern?** _____

4. **In what ways have you attempted to cope with this problem or concern?** _____

   _____

5. **How would you rate the effectiveness of these coping strategies?** (please circle)

   Extremely Effective 5 4 Moderately Effective 3 2 Not Effective 1

SECTION B: Cultural Background

1. **What is your race/ethnicity?**

   ❒ White (non-Hispanic/Latino) ❒ Hispanic/Latino ❒ Black/African American
   ❒ Asian American ❒ American Indian/Alaska Native ❒ Native Hawaiian/Pacific Islander
   ❒ Multiracial (specify): _____ ❒ International (specify): _____

2. **How much do you identify with your ethnic heritage**? ❒ not at all ❒ a little ❒ somewhat ❒ moderately ❒ strongly

3. **Religious or spiritual preference**:_____

4. **Are you currently active in your religion?** ❒ yes ❒ somewhat ❒ no

5. **Do you attend church?** ❒ yes ❒ no **If yes, what church do you attend?** _____

6. **Were you adopted?** ❒ yes ❒ no **If yes, do you have a relationship with your biological parent(s)?** ❒ yes ❒ no

7. **Does your family speak a language other than English at home?** ❒ yes ❒ no

   If yes, what language is spoken? _____

8. **Were you and both your biological parents born in the U.S.?** ❒ yes ❒ no

   If no, who was foreign-born, from what country, and what was the approximate age of immigration to the

U.S.?

_____

SECTION C: Family Background

1. **Please list the members of your current family**.

a. ***Father*** ***Age:***	***Occupation:***	***Education****:*
b. ***Mother*** ***Age:***	***Occupation:***	***Education****:*
c. ***Sibling one*** ***Age:***	***Occupation:***	***Gender****:* ❒male ❒female
d. ***Sibling two*** ***Age:***	***Occupation:***	***Gender****:* ❒male ❒female
e. ***Sibling three*** ***Age:***	***Occupation:***	***Gender****:* ❒male ❒female
f. ***Sibling four*** ***Age:***	***Occupation:***	***Gender****:* ❒male ❒female

2. **Is your father deceased?** ❒ yes ❒ no Year? _____ **Is your mother deceased?** ❒ yes ❒ no Year? _____

3. **What is/was your parents' marital status?** ❒ married ❒ divorced ❒ separated ❒ father remarried ❒ mother remarried

4. **Please list your step-family members**. (please circle "step" or "half")

a. ***Step-father*** ***Age:***	***Occupation:***	***Education****:*
b. ***Step-mother*** ***Age:***	***Occupation:***	***Education****:*
c. ***Step/half sibling one*** ***Age:***	***Occupation:***	***Gender****:* ❒male ❒female
d. ***Step/half sibling two*** ***Age:***	***Occupation:***	***Gender****:* ❒male ❒female
e. ***Step/half sibling three*** ***Age:***	***Occupation:***	***Gender****:* ❒male ❒female
f. ***Step/half sibling four*** ***Age:***	***Occupation:***	***Gender****:* ❒male ❒female

5. **What is your relationship status?**

❒ single ❒ divorced ❒ separated ❒ widowed ❒ married/committed relationship ❒ remarried

6. **What is your spouse's/partner's**: **Age** _____ **Occupation** _____
Education _____ **Deceased?** ❒ yes ❒ no **Year?** _____

7. **Please list any children of yours**.

a. ***Child one*** ***Age:***	***Adopted?*** ❒yes ❒no	***Gender****:* ❒male ❒female
b. ***Child two*** ***Age:***	***Adopted?*** ❒yes ❒no	***Gender****:* ❒male ❒female
c. ***Child three*** ***Age:***	***Adopted?*** ❒yes ❒no	***Gender****:* ❒male ❒female
d. ***Child four*** ***Age:***	***Adopted?*** ❒yes ❒no	***Gender****:* ❒male ❒female
e. ***Child five*** ***Age:***	***Adopted?*** ❒yes ❒no	***Gender****:* ❒male ❒female

8. **Please list any step-children of yours**.

a. ***Step-child one*** ***Age:***	***Gender****:* ❒male ❒female
b. ***Step-child two*** ***Age:***	***Gender****:* ❒male ❒female
c. ***Step-child three*** ***Age:***	***Gender****:* ❒male ❒female
d. ***Step-child four*** ***Age:***	***Gender****:* ❒male ❒female
e. ***Step-child five*** ***Age:***	***Gender****:* ❒male ❒female

9. **Please check any past, present, or impending problems/issues in your family**:

❒ deaths ❒ physical/sexual abuse ❒ divorce
❒ financial crisis/unemployment ❒ frequent relocations ❒ legal problems
❒ debilitating injuries/disabilities ❒ attempted/completed suicide ❒ alcohol/drug abuse
❒ eating disorders ❒ serious/chronic illness ❒ Depression/BiPolar Disorder
❒ Anxiety/Panic Disorder ❒ marital affairs/infidelity ❒ other _____

Please specify family member(s), which problem/issue, and approximate year of occurrence:

_____

10. **In general, how happy or adjusted were you growing up?**

❒ poor ❒ unsatisfactory ❒ average ❒ substantial ❒ completely

11. **How much is your family a source of emotional support for you?**

❒ none ❒ little ❒ somewhat ❒ substantial ❒ always

12. **How much conflict do you currently experience with your parents?**

❒ none ❒ little ❒ sometimes ❒ substantial ❒ always

13. **Who in your family do you currently feel closest to?** _____

Most distant from? _____ **In most conflict with?** _____

SECTION D: Education Information and Work History

1. **Please indicate your educational level**.

❒ less than high school ❒ H.S. equivalent/GED ❒ high school diploma
❒ vocational ❒ some college (no degree completed) ❒ bachelor's degree
❒ master's degree ❒ doctoral degree ❒ other_____

2. **What was your major/minor/area of concentration?** _____

3. **Did you experience any learning problems in school?**

❒ none ❒ little ❒ some ❒ substantial ❒ always/constant struggle

4. **How satisfied are you with your academic progress so far?** (please circle)

very satisfied satisfied very dissatisfied
5 4 3 2 1

5. **What barriers, if any, are impeding your academic progress?** _____

6. **What is your current job and/or occupation?** _____

7. **Where are you employed?** _____

8. **How satisfied are you with your current job and or occupation?** (please circle)

very satisfied satisfied very dissatisfied
5 4 3 2 1

9. **Please list four most recent employers and dates of employment.**

*a. **Employer one**:*	***Dates of employment:***
*b. **Employer two**:*	***Dates of employment:***
*c. **Employer three**:*	***Dates of employment:***

*d. **Employer four**:*	***Dates of employment:***

10. **Have you ever been fired from a job?** ❒ yes ❒ no

    If yes, for what reason? _____

11. **Have you ever walked off of a job?** ❒ yes ❒ no

    If yes, for what reason? _____

12. **Were you ever in the military?** ❒ yes ❒ no **When/how long?** _____

    For what reason were you discharged? _____

SECTION E: Health and Social Issues

1. **How is your physical health at present?** ❒ poor ❒ fair ❒ satisfactory ❒ good ❒ excellent
2. **Please list any persistent physical symptoms or health concerns:** (e.g., chronic pain, headaches, diabetes, etc.)

   _____

3. **Please list any prescribed medications you are presently taking**: _____
4. **Are you having any problems with your sleep habits?** ❒ yes ❒ no **For how long?** _____

   If yes, check where applicable: ❒ sleeping too little ❒ sleeping too much ❒ poor quality sleep
   ❒ disturbing dreams ❒ other _____
5. **Are you having any problems with your memory?** ❒ yes ❒ no **For how long?** _____
6. **How many times per week do you exercise?** _____ **For how long?** _____
7. **Are you having any difficulty with appetite or eating habits**? ❒ yes ❒ no

   If yes, check where applicable: ❒ eating less ❒ eating more ❒ binge eating
   ❒ restricting calories ❒ weight change (in past two months)
8. **Do you smoke cigarettes?** ❒ yes ❒ no **For how long?** _____

   In a typical day, how many cigarettes do you smoke? _____
9. **Do you regularly use alcohol?** ❒ yes ❒ no

   In a typical month, how often do you have 4 or more drinks in a 24 hr. period? _____
10. **Have you ever tried to cut down on the amount of alcohol you consume?** ❒ yes ❒ no **When?** _____
11. **Has anyone close to you ever been annoyed by your drinking?** ❒ yes ❒ no
12. **Do you consider your alcohol consumption to be a problem?** ❒ yes ❒ no ❒ unsure
13. **How often do you engage in recreational drug use?** ❒ daily ❒ weekly ❒ monthly ❒ rarely ❒ never
14. **Do you consider this drug use to be a problem?** ❒ yes ❒ no ❒ unsure
15. **Have you ever experienced legal problems?** ❒ yes ❒ no **Nature of problem**: _____

16. **In the past, how would you rate the quality of your peer relationships?**

    ❒ very poor ❒ unsatisfactory ❒ average ❒ good ❒ excellent

17. **Approximately how many significant intimate relationships, lasting six months or more, have you had?** _____

    Are you currently in one? ❒ yes ❒ no ❒ unsure

18. **Do you have any problems or worries about sexual functioning?** ❒ yes ❒ no

    If yes, check where applicable: ❒ performance problem ❒ sexual impulsiveness ❒ lack of desire
    ❒ difficulty maintaining arousal ❒ worry about STD(s) ❒ other _____

19. **What is your sexual orientation?** ❒ heterosexual ❒ gay/lesbian ❒ bisexual ❒ unsure

20. **Besides family members, approximately how many people can you really count on currently for friendship or emotional support?** _____

21. **How do you spend your leisure time?** _____

SECTION F: Mental Health History

1. **Are you currently receiving psychiatric services, professional counseling, or therapy elsewhere?** ❒ yes ❒ no

   If yes, with whom? _____

2. **Have you ever had previous counseling or psychotherapy?** ❒ yes ❒ no

   If yes, please specify the following: **Reason for counseling**:_____
   Counseling location: _____
   Counseling date/duration: _____

3. **Have you ever been hospitalized for psychiatric reasons?** ❒ yes ❒ no

   If yes, please specify the following: **Reason for hospitalization**: _____
   Hospital location: _____
   Dates/Duration of hospitalization: _____

4. **Have you ever been prescribed medication for psychiatric reasons?** ❒ yes ❒ no

   If yes, please specify the following: **Name/dose of medication**: _____
   Date/Duration of prescription: _____
   Physician who prescribed medication: _____

5. **Have you had suicidal thoughts recently?** ❒ yes ❒ no **How often?** ❒ daily ❒ weekly ❒ monthly ❒ rarely

   Have you had them in the past? ❒ yes ❒ no **How often?** ❒ daily ❒ weekly ❒ monthly ❒ rarely

6. **Have you ever intentionally inflicted harm upon yourself?** ❒ yes ❒ no

   How often? ❒ daily ❒ weekly ❒ monthly ❒ rarely **Nature of harm**: _____

7. **Have you ever intentionally hurt someone else?** ❒ yes ❒ no **Nature of harm**: _____

8. **Have you personally experienced significant abuse?**

   ❒ none ❒ unsure ❒ emotional ❒ physical ❒ sexual

9. **Have you ever experienced any form of traumatic experience?** ❒ yes ❒ no **When?** _____

   Nature of experience: _____

10. **Have you ever experienced sexual assault, unwanted sex, or uncomfortable touching?**

    ❒ frequently ❒ a few times ❒ once ❒ never ❒ unsure

11. **How does the future look to you?** ❒ poor ❒ fair ❒ neutral ❒ good ❒ excellent

12. **Please describe your future plans**: _____

    _____

13. **What do you hope to accomplish through counseling?** _____

    _____

14. **Is there anything else you would like your counselor to know about you?** _____

    _____

    _____

    _____

Thank you for your time and effort!