

# PERSONAL DATA INVENTORY

## IDENTIFICATION DATA:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation : \_\_\_\_\_

Business Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Marital Status: Single Courting Married Separated Divorced Widowed

Education (last year completed) : \_\_\_\_\_ (grade) Other training (list type and years):

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## HEALTH INFORMATION:

Rate your health (check): Very Good Good Average Declining Other

Your approximate weight Kg's. \_\_\_\_\_

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

List all important present or past illnesses or injuries or handicaps: \_\_\_\_\_

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Date of last medical examination: \_\_\_\_\_ Report: \_\_\_\_\_

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Your physician: \_\_\_\_\_ Address: \_\_\_\_\_

Are you presently taking medication? Yes No

What? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes No

What? \_\_\_\_\_

Have you ever had a severe emotional upset? Yes No

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

Have you ever been arrested?                      Yes    No

Are you willing to sign a release of information form so that your counsellor may write for social, psychiatric, or medical reports?                      Yes    No

Have you recently suffered the loss of someone who was close to you?                      Yes    No

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

Have you recently suffered loss from serious social, business, or other reversals? Yes    No

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

**RELIGIOUS BACKGROUND:**

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

Church Attendance per month (circle) :            0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood: \_\_\_\_\_

Baptized?    Yes    No

Religious background of spouse (if married) \_\_\_\_\_

Do you believe in God?                      Yes    No    Uncertain

Do you pray to God?                      Never              Occasionally              Often

Are you saved?                      Yes    No    Not sure what you mean

How much do you read the Bible?            Never              Occasionally              Often

Do you have regular family devotions?                      Yes    No

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

**PERSONALITY INFORMATION:**

Have you ever had any psychotherapy or counselling before?      Yes    No

If yes, list counsellor or therapist and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the outcome? \_\_\_\_\_

Circle any of the following words which best describe you now:

active      ambitious      self-confident      persistent      nervous      hardworking  
impatient      impulsive      moody      often-blue      excitable      imaginative      calm  
serious      easy-going      shy      good-natured      introvert      extrovert      likeable  
leader      quiet      hard-boiled      submissive      lonely      self-conscious  
sensitive      other: \_\_\_\_\_

Have you ever felt people were watching you?      Yes    No

Do people's faces ever seem distorted?      Yes    No

Do you ever have difficulty distinguishing faces?      Yes    No

Do colours ever seem:      Too bright?      Too dull?

Are you sometimes unable to judge distance?      Yes    No

Have you ever had hallucinations?      Yes    No

Are you afraid of being in a car?      Yes    No

Is your hearing exceptionally good?      Yes    No

Do you have problems sleeping?      Yes    No

**MARRIAGE AND FAMILY INFORMATION:**

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Business phone \_\_\_\_\_

Occupation \_\_\_\_\_

Your spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_

Is spouse willing to come for counselling?      Yes                  No                  Uncertain

Have you ever been separated?      Yes      No      From \_\_\_\_\_ to \_\_\_\_\_

Has either of you ever filed for divorce? Yes      No      When? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Your ages when married: Husband \_\_\_\_\_ Wife: \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating with spouse: \_\_\_\_\_ Length of Engagement: \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

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**Information about children:**

Name	*	Age	Sex	Education

\*Check this column if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain:

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How many older siblings do you have? :      brothers \_\_\_\_\_ sisters \_\_\_\_\_

How many younger siblings do you have? :      brothers \_\_\_\_\_ sisters \_\_\_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What is your problem?
2. What have you done about it?
3. What can we do? (What are your expectations in coming here?)
4. As you see yourself, what kind of person are you? Describe yourself.
5. What, if anything, do you fear?
6. Is there any other information we should know?