

APPENDIX I

**Personal Data Inventory**

**Church Counseling Ministry**

**IDENTIFICATION DATA:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_  
Education: (Last year completed) \_\_\_\_\_ Other training: \_\_\_\_\_  
Referred here by: \_\_\_\_\_ Address: \_\_\_\_\_

**HEALTH INFORMATION:**

Rate Your Health: Very Good: \_\_\_\_\_ Good: \_\_\_\_\_ Average: \_\_\_\_\_ Declining: \_\_\_\_\_ Other: \_\_\_\_\_  
Your approximate weight: \_\_\_\_\_ lbs.; Recent weight changes: Lost \_\_\_\_\_ lbs. Gained \_\_\_\_\_ lbs.  
List all important, present or past, injuries, illnesses or handicaps: \_\_\_\_\_  
Date of Last Medical Examination: \_\_\_\_\_ Report: \_\_\_\_\_  
Your Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
Are you currently taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_  
Have you used drugs for other than medical purposes? Yes \_\_\_\_\_ No \_\_\_\_\_ Which Drugs? \_\_\_\_\_  
Have you ever had a severe emotional upset? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_  
Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_  
Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes \_\_\_\_\_ No \_\_\_\_\_

**RELIGIOUS BACKGROUND:**

Denominational preference: \_\_\_\_\_ Church: \_\_\_\_\_ Member: \_\_\_\_\_  
Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+  
Church Attended in childhood: \_\_\_\_\_ Were you baptized? Yes \_\_\_\_\_ No \_\_\_\_\_  
Religious background of spouse (if married): \_\_\_\_\_  
Do you consider yourself a religious person? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_  
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 counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list counselor or therapist and dates: \_\_\_\_\_

## APPENDIX 1: PERSONAL DATA INVENTORY

### PERSONALITY INFORMATION (CONTINUED):

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

CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW: active ambitious  
 self-confident persistent nervous hard-working impatient impulsive moody often-blue excitable  
 imaginative calm serious easy-going shy good-natured introvert extrovert likeable leader quiet  
 hard-boiled submissive self-conscious lonely sensitive  
 other: \_\_\_\_\_

- Have you ever thought 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 colors ever seem too bright? Yes \_\_\_ No \_\_\_ Too Dull? Yes \_\_\_ No \_\_\_  
 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: \_\_\_\_\_ Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Spouse's Age: \_\_\_\_\_ Education (yrs.): \_\_\_\_\_ Religion: \_\_\_\_\_  
 Is spouse willing to come for counseling? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
 Have you ever been separated? Yes \_\_\_ No \_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_  
 Have either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_  
 Date of marriage: \_\_\_\_\_ 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: \_\_\_\_\_

### INFORMATION ABOUT CHILDREN:

PM*	Name	Age	Sex	Living Y/N	Education in years	Marital Status	Living w/you? Y/N

\* Check column if child is by previous marriage of either spouse.  
 If you were reared by anyone other than your own parents, briefly explain: \_\_\_\_\_

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?  
 How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

## APPENDIX I: PERSONAL DATA INVENTORY

1. What is the main problem as you see it (What brings you here)? \_\_\_\_\_

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2. What have you done about it? \_\_\_\_\_

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3. What do you want us to do about it? \_\_\_\_\_

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4. What further information about yourself should we know? \_\_\_\_\_

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