

New Creature Counseling

Client Background Survey

(ages 17 – up)

Name _____ Date _____

Purpose of this Questionnaire:

This survey obtains a comprehensive picture of your background. In counseling, records are necessary, since they permit a more thorough dealing with one's problems. By completing these questions as fully and accurately as you can, you will facilitate your therapeutic program. You are requested to answer these routine questions in your own time instead of using your actual therapy time. It is understandable that you might be concerned about what happens to the information about you because much or all of this information is highly personal. Case records are strictly confidential. NO OUTSIDER IS PERMITTED TO SEE YOUR CASE RECORD WITHOUT YOUR PERMISSION or the permission of your parents if you are a minor.

If you do not desire to answer a question, merely write, "Do not care to answer."

1. GENERAL INFORMATION:

- a. By whom were you referred?
- b. May we send a simple "Thank you" letter to the person who referred you? YES/NO
If yes please give the person's address.
- c. State in your own words the nature of your own problems.
- d. On the scale below please estimate the severity of your problem(s):
Mildly upsetting Moderately upsetting Very severe

Extremely severe Totally incapacitating
- e. Please describe significant events occurring at that time, or since then, which relate to the development or maintenance of your problems?
- f. What solutions to your problems have been most helpful?
- g. Have you been in therapy before or received any prior professional assistance for your problems? If so, please give name(s), professional title(s), dates of treatments, and results.

- h. Please list any medications you are presently taking.

2. PERSONAL HISTORY

- a. Circle any of the following that applied during your childhood/adolescents:
- Happy Childhood School Problems Medical Problems Unhappy Childhood
- Family Problems Alcohol Abuse Emotion/Behavior Problems
- Strong Religions Convictions Legal Trouble Drug Abuse Other:
- b. What sort of work are you doing now?
- c. What kind of jobs have you held in the past?
- d. Does your present work satisfy you? If not, please explain.
- e. What were your past ambitions?
- f. What are your current ambitions?
- g. What is your height?
- h. What is your weight?
- i. Have you ever been hospitalized for psychological problems? If yes, when and where?
- j. Do you have a family physician? Yes/No If so, please give his/her name(s), address, and telephone number(s).
- k. Have you ever attempted suicide? Yes/No
- l. Does any member of your family suffer from alcoholism, epilepsy, depression, or anything else that might be considered a "mental disorder"?
- m. Has any relative attempted or committed suicide?
- n. Has any relative had serious problems with the law?

- o. What church do you attend?
- p. What duties do you have at your church?
- q. How often do you go to church?

3. CURRENT INFORMATION. The following section is designed to help you describe your current problems in greater detail and to identify problems which might otherwise go unnoticed.

- a. Are there any specific behaviors, actions, or habits that you would like to change?
- b. What are some special talents or skills that you feel proud of?
- c. What would you like to do more of?
- d. What would you like to do less of?
- e. What would you like to start doing?
- f. What would you like to stop doing?
- g. How is your free time spent?
- h. Do you keep yourself compulsively busy doing endless list of chores or meaningless activities?
- i. Do you practice relaxation or meditation regularly?

4. CURRENT FEELINGS.

- a. List your five main fears:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- b. What feelings would you most like to experience more often?
- c. What feelings would you like to experience less often?

d. What are some positive feelings you have experienced recently?

e. When are you most likely to lose control of your feelings?

f. Describe any situations that make you feel calm or relaxed.

g. Please complete the following sentences:

If I told you what I'm feeling now...

One of the things I feel proud of is...

One of the things I feel guilty about is...

I am happiest when...

One of the things that saddens me the most is...

If I weren't afraid to be myself, I might...

I get angry when...

If I get angry with you...

h. What kind of hobbies or leisure activities do you enjoy or find relaxing?

i. Do you have trouble relaxing and enjoying the weekends and vacations? (If "yes", please explain)

5. HISTORY AND IMAGES

a. Menstrual History (for females only)

Age of your first period.

Were you informed or did it come as a shock?

Are you regular?

Date of last period?

Do you have pain?

Do your periods affect your mood?

b. Self-Stimulation History (for males and females)

Were you ever severely scolded or punished for masturbating?

At what age did you first masturbate?

Who told you about or taught you to masturbate?

What mental image do you have when you masturbate?

How often do you masturbate now?

c. What sensations are especially:

Pleasant for you?

Unpleasant for you?

d. Circle any of the following that apply to you:

pleasant sexual images unpleasant sexual images unpleasant childhood images

lonely images helpless images seduction images aggressive images

images of being loved other:

e. Circle which of the following that applies to you:

I PICTURE MYSELF:

being hurt hurting others not coping being in charge

succeeding failing losing control being trapped

being followed being laughed at being talked about

being promiscuous other:

f. What picture comes into your mind most often?

g. Describe a very pleasant image, mental picture, or fantasy.

h. Describe a very unpleasant image, mental picture, or fantasy.

i. Describe your image of a completely "safe place".

j. How often do you have nightmares?

k. Circle any of the following words that you might use to describe yourself:

intelligent, confident, worthwhile, ambitious, sensitive, loyal, trustworthy, full of regrets, worthless, a nobody, useless, evil, crazy, morally degenerate, considerate, deviant, unattractive, unlovable, inadequate, confused, ugly, stupid, naïve, honest, incompetent, horrible thoughts, conflicted, concentration difficulties, memory problems, attractive, can't make decisions, suicidal ideas, preserving, good sense of humor, hard-working

- l. What do you consider to be your most irrational thought or idea?
- m. Are you bothered by thoughts that occur over and over again?
- n. On each of the following items, please circle the number that most accurately reflects your opinions:

Strongly Disagree = 1, Disagree = 2, Neutral = 3, Agree = 4, Strongly Agree = 5

- | | |
|-----------|--|
| 1 2 3 4 5 | I should not make mistakes. |
| 1 2 3 4 5 | I should be good at everything I do. |
| 1 2 3 4 5 | When I do not know, I should pretend that I do. |
| 1 2 3 4 5 | I should not disclose personal information. |
| 1 2 3 4 5 | I am a victim of circumstances. |
| 1 2 3 4 5 | My life is controlled by outside forces. |
| 1 2 3 4 5 | Other people are happier than I am. |
| 1 2 3 4 5 | It is very important to please other people. |
| 1 2 3 4 5 | Play it safe; don't take any risks. |
| 1 2 3 4 5 | I don't deserve to be happy. |
| 1 2 3 4 5 | If I ignore my problems, they will disappear. |
| 1 2 3 4 5 | It is my responsibility to make other people happy. |
| 1 2 3 4 5 | Basically, there are two ways of doing things—the right way and the wrong way. |

6. EXPECTATIONS REGARDING THERAPY

- a. In a few words, what do you think therapy is all about?
- b. How long do you think your therapy should last?
- c. How do you think a therapist should interact with his/her clients?
- d. What personal qualities do you think the ideal therapist should possess?

- e. Please complete the following sentences:

I am a person who...

All my life...

Ever since I was a child...

It is hard for me to admit...

One of the things I can't forgive is...

A good thing about having problems is...

The bad thing about growing up is...

One of the ways I could help myself but don't is...

7. FAMILY ORIGIN

- a. If you were not brought up by your parents, who raised you and between what years?
- b. Give a description of your father's (or father's substitute's) personality and his attitude towards you (past and present)
- c. Give a description of your mother's (or mother's substitute's) personality and her attitude towards you (past and present)
- d. In what ways were you disciplined (punished) by your parents as a child?
- e. Give an impression of your home atmosphere (i.e. the home in which you grew up). Mention state of compatibility between parents and between children.
- f. Were you able to confide in your parents?
- g. Did your parents understand you?
- h. Basically, did you feel loved and respected by your parents?
- i. If you have a step parent, give your age when parent remarried.
- j. Has anyone (parents, relatives, friends) ever interfered in you marriage, occupation, etc.?
- k. Who are the most important people in your life?

8. FRIENDSHIPS

- a. Do you make friend easily?
- b. Do you keep them?
- c. Were you ever bullied or severely teased?
- d. Describe any relationship that gives you:
 - d.1) joy
 - d.2) grief
- e. Rate the degree to which you generally feel comfortable and relaxed in social situations:
Very relaxed Relatively comfortable Relatively uncomfortable Very anxious
- f. Generally, do you express your feelings, opinions, and wishes to others in an open, appropriate manner?
- g. Describe those individuals with whom (or those situations in which) you have trouble asserting yourself.
- h. Did you date much during middle school?
- i. Did you date much during high school?
- j. Did you date much during college?
- k. Do you have one or more friends with whom you feel comfortable sharing your most private thoughts and feelings?

9. MARRIAGE (complete if married or previously married)

- a. How long did you know your spouse before your engagement?
- b. How long have you been married?
- c. What is your spouse's age?
- d. What is your spouse's occupation?
- e. Describe your spouse's personality.
- f. In what areas are you compatible?
- g. In what areas are you incompatible?
- h. How do you get along with your in-laws (this includes brother and sister in-laws)?
- i. Do any of your children present special problems?

- j. Give information regarding abortions or miscarriages in your life?
- k. When and how did you derive your first knowledge of sex with another person?
- l. When did you first become aware of your own sexual impulses toward another person?
- m. Describe your anxiety or guilt feeling arising out of sex with another person.
- n. Give any relevant details regarding your first or subsequent sexual experience with another person.
- o. Is your present sex life satisfactory? If not, please explain.
- p. Provide any information about any homosexual feelings, reactions, or relationships.
- q. List sexual concerns not discussed above.
- r. Have you had any sexual relations outside your marriage?

10. OTHER RELATIONSHIPS:

- a. Are there any problems in your relationships with people at work? If so, please describe.
- b. Please complete the following sentences:

One of the ways people hurt me is...

I could shock you by...

A mother should...

A father should...

A true friend should...

- c. Give a brief description of yourself as you would be described by:

Your spouse (if married)

Your best friend

Someone who dislikes you

- d. Are you currently troubled by any past rejections or loss of a love relationship? If

so, please explain.

- e. Have you ever had any head injuries or loss of consciousness? Please give details.
- f. Please describe any surgery you have had (give dates).
- g. Please describe any accident or injuries you have suffered (give dates).

11. SEQUENTIAL EXPERIENCES. Please outline your most significant memories and experiences within the following ages:

0-5

6-10

11-15

16-20

21-25

26-30

31-35

36-40

41-45

46-50

51-55

56-60

61-65

66-70

71-75

Over 75

12. OTHER. List here any additional information you feel your therapist should know.

Please keep this information in a sealed envelope until you return to the center. Thank you.