

ASSESSMENT

1. Please check all the following that apply to you at this time:

- ☐ I feel depressed ☐ I feel anxious
- ☐ I am having marital problems ☐ I struggle with my in-laws
- ☐ I have children ☐ I struggle as a parent
- ☐ I abuse alcohol ☐ I use illegal drugs
- ☐ I use prescription drugs ☐ I abuse prescription drug
- ☐ I view pornography ☐ I struggle sexually
- ☐ I feel hopeless ☐ I feel fearful
- ☐ I feel angry ☐ I struggle with anger
- ☐ I am a poor communicator ☐ I feel sad
- ☐ I struggle with bitterness ☐ I feel worthless
- ☐ I do not attend church regularly ☐ I do not read my Bible often
- ☐ Jesus is important in my life ☐ I don't think about Jesus much
- ☐ I strongly fear rejection ☐ I have been sexually abused
- ☐ I have been physically abused ☐ I have been verbally abused
- ☐ I have been sexually abusive ☐ I have been physically abusive
- ☐ I am a loving husband ☐ I am a respectful wife

CHURCH AFFILIATION

1. Are you a member of a local church? Yes No (Circle One)
2. If so, how long have you attended this church? _____
3. Are you actively involved in your church? Yes No (Circle One)
4. Do you have a person/people to whom you are accountable at your church? Yes No (Circle One)
5. Do you believe being an active part of a community of believers is important to reaching your goals in counseling? Why? Why Not? (use back of this page if necessary)