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WORKSHOP QUESTIONNAIRE

*****IF MORE SPACE IS NEEDED FOR YOUR ANSWERS, PLEASE USE THE BACKSIDE OF EACH PAGE*****

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (C) _____ (W)

Which Phone number is best to leave messages? _____

Age: _____ Birth Date: _____ Gender: _____

How did you hear about this workshop? _____

Describe what personal issue lead you to this workshop. _____

How long of a workshop are you wanting? Circle One.

Two day Three day

What type of workshop are you requesting? Circle One.

Individual Couple

What areas of focus will you want to include in this workshop?

- | | |
|--|--|
| <input type="checkbox"/> <i>Spirituality</i> | <input type="checkbox"/> <i>Self Esteem Building</i> |
| <input type="checkbox"/> <i>Attitudinal Work</i> | <input type="checkbox"/> <i>Inner Child Work</i> |
| <input type="checkbox"/> <i>Family of Origin Influences</i> | <input type="checkbox"/> <i>Family of Origin Work</i> |
| <input type="checkbox"/> <i>Relationship Recovery</i> | <input type="checkbox"/> <i>Communication Skills</i> |
| <input type="checkbox"/> <i>Negotiation Skills</i> | <input type="checkbox"/> <i>Relational Development</i> |
| <input type="checkbox"/> <i>Men's or Women's Issues</i> | <input type="checkbox"/> <i>Creating Positive Thinking</i> |
| <input type="checkbox"/> <i>Fantasy Thinking</i> | <input type="checkbox"/> <i>Codependence Recovery</i> |
| <input type="checkbox"/> <i>Blocks to Intimacy</i> | <input type="checkbox"/> <i>Boundaries</i> |
| <input type="checkbox"/> <i>The 12 Step Process</i> | |
| <input type="checkbox"/> <i>Addictions (all) and Alcoholism Recovery</i> | |
| <input type="checkbox"/> <i>Other, please describe below:</i> | |

What do you hope to achieve from this workshop? _____

What are your expectations of this workshop? _____

Please list any additional information that you think would be beneficial in the design of this workshop. _____

Family History

Describe your childhood home:

Positive:

Negative:

What messages did you learn about "Home":

Describe your Family:

Positive:

Negative:

What messages did you learn about "Family":

Does any of your family have any addictions and/or compulsive behaviors?

Personal History:

Have you ever experienced or witnessed any Abuse, Abandonment, Neglect or Enmeshment? _____

How has this affected your life and what would you like to change about how this has affected your life? _____

How has this affected your self-talk, self-esteem and/or self-care and what would you like to change? _____

Do you ever have suicidal thoughts and/or have you ever attempted suicide? Please explain. _____

Are you satisfied or dissatisfied with the way you treat yourself? Please explain.

What would you like to change about yourself if you were able to? _____

Relationship History:

Are you in significant relationship? _____

*Living Together?*_____ *Living Separately?*_____ *Engaged?* _____

*Married?*_____ *Separated?*_____ *Divorced?*_____

How many times have you been married? _____

How many times have you had a serious love/sex relationship? _____

Describe what happened to end each significant relationship. Include your age when the relationship ended:

<i>Person</i>	<i>What ended the relationship</i>	<i>Age when ended</i>

Describe your current relationship?

What changes, if any, would you like to see in your relationship? _____

What messages/self-talk do you give to yourself as to how you are as a partner?

Do you have biological, adopted, step or foster children? If so, please list their name, gender and ages? Please indicate "B" for biological, "A" for adopted, "S" for step and "F" for foster. (See next page)

Name _____ *Age* _____ *B/A/S/F* _____ *Living?* _____

What messages/self-talk do you give to yourself as to how you parent?

Do you have close friendships? If so, are they male or female? How long have you had the friendship(s)? And are you satisfied with the way you treat your friend(s)? _____

What messages/self-talk do you give to yourself as to how you are as a friend?

Do you have a pet(s)? If so, are you satisfied with the way you treat your pet(s)? Please explain _____

Addictive and Compulsive Behavior

What is your definition of an addict and/or alcoholic? _____

What is your definition of codependence? _____

Do you have any addictive or compulsive behaviors, past and present, including codependence? Please circle your answer.

Alcohol
Overeating
Gambling
Bulimia

Drugs
Compulsive Sexual Behavior
Anorexia
Codependence

List any others:

Have you ever received therapy or inpatient treatment? If yes, please state when, where and by whom.

Date

Place

Reason

Are you in recovery from any addictions, compulsive behaviors and/or codependence? If so, how long? _____

Have you or do you attend a 12-Step Program? And if so, which one and for how long? _____

Did/Do you have a 12 Step sponsor? _____ How often do you talk to your sponsor? _____

Are you currently on any medications? If so, please explain the type, dosage and when you began taking the medication. _____

Spirituality

What role did religion and/or spirituality play in your family-of-origin?

Circle One: Important Moderate Unimportant

What form of religion and/or spirituality was practiced in your family-of-origin?

Do you currently believe in a Higher Power, God or Creator? If so, please describe your Higher Power. If not, please explain why you do not believe.

What role does religion and/or spirituality currently play in your life today?

Circle One: Important Moderate Unimportant

What form of religion and/or spirituality do you practice today, if any? _____

Occupation

Occupation: _____

Describe your occupation: _____

Are you satisfied or dissatisfied with your occupation? Please explain. _____

What messages and/or self-talk do you tell yourself about your occupation: _____

Military

Have you ever been part of the Military? If so, when and what branch of service?

If you were part of the Military, have you ever been in combat? If so, when and where. _____

Legal

Are there any legal situations pending at the present time? Please explain.

Please list any time you have ever been arrested, jailed or involved in any legal situation:

<i>Date</i>	<i>City/State</i>	<i>Charge/Situation</i>	<i>Disposition/Fine</i>
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Intellectual

Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12

Graduated: _____ G.E.D.: _____

College: 1 2 3 4 Major: _____

Graduate School: _____ Major: _____

Technical or vocational school: _____ Type of vocation: _____

