

LION OF JUDAH DISCIPLESHIP COUNSELING CENTER

Cordova, TN 38018

CONFIDENTIAL PERSONAL INVENTORY

(Adult)

1. PERSONAL INFORMATION:

Name: _____ Age: _____ DOB _____

Telephone: _____

Email Address: _____

Mailing Address: _____

Church Affiliation Current: _____

Education: Highest grade completed: _____

Degree (s) earned: _____

Marital Status: _____

Vocation Current: _____

Previous Vocation: _____

II. FAMILY HISTORY:

A. Religious:

1. Have any of your parents, grandparents, or great-grandparents, to your knowledge, ever been involved in any occult, cultic, or non-Christian religious practices? Please describe.

2. Briefly describe your parents' Christian experience (if they were believers, or did they profess and live their Christian values?

3. Are either of your parents deceased? Which one?

4. Do you have or do you now have a good or bad relationship with:
 - a. Father_____Explain_____
 - b. Mother_____Explain_____
 - c. Step-Parent_____Explain_____
 - d. Step-Parent_____Explain_____
 - e. Brothers_____Explain_____
 - f. Sisters_____Explain_____

B. Marital Status:

1. Are your parents presently married or divorced? Explain.

2. Was your father clearly the head of the home, or was there a role reversal where your mother ruled the home?
3. How did your father treat your mother?
4. Was there ever an adulterous affair to your knowledge with your parents or grandparents? Any incestuous relationships?
5. Are you adopted, or were you raised by foster parents or legal guardians?

C. Sibling Data:

1. Please identify the sex and age of your sibling (s) and place yourself in birth order.
2. Please describe the emotional atmosphere in your home while you were growing up. Include a brief description of your relationship with your parents and sibling (s).

D. Health:

1. How long has it been since you had a complete physical exam?
2. Are there any addictive problems in your family history (alcohol, drugs, etc)?
3. Is there any history of mental illness? Please describe.
4. Please indicate if you have any history of the following ailments in your family:

_____ Tuberculosis	_____ Cancer
_____ Heart Disease	_____ Ulcers
_____ Diabetes	_____ Glandular problems
_____ Others _____	
5. How would you describe your family's concern for:
 - a. Diet:
 - b. Exercise:
 - c. Rest
6. Do you use caffeine? (coffee, tea, cola, energy drink)?
7. Do you use electronic cigarettes? _____ How often _____

8. Do you use marijuana? _____ How often _____
9. Do you use illicit drugs (cocaine, meth, ecstasy, heroin) _____ How often _____.
10. Do you use prescribed or un-prescribed pain meds or uppers? _____ How often? _____
11. Do you take vitamins? _____ What kind? _____
- How often? _____
12. Have you been physically beaten? _____ When and by whom? _____
13. Have you ever been sexually molested? _____ When and by whom? _____
14. Have you ever been raped? _____ When and by whom? _____
15. Have you ever had an abortion? _____ How many? _____ When? _____
16. If yes, what were the circumstances? _____

E. Moral Climate:

Rate the moral atmosphere in which you were raised during the first 18 years of your life by circling the number that applies to you.

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing	5	4	3	2	1
Sex	5	4	3	2	1
Dating	5	4	3	2	1
Movies	5	4	3	2	1

Music	5	4	3	2	1
Literature	5	4	3	2	1
Free Will	5	4	3	2	1
Drinking	5	4	3	2	1
Smoking	5	4	3	2	1
Church/ Attendance	5	4	3	2	1

III. YOUR MARITAL AND DATING INFORMATION:

1. Married? _____ How Long _____ Name of Spouse _____
2. Divorced? _____ How many times? _____ Circumstances _____
3. Widowed? _____ When? _____ Circumstances _____
4. Remarried? _____ How Long? _____ Name of Spouse _____
5. Dating? _____ How Long? _____ Person's name _____
6. Cohabiting? _____ How Long? _____ Person's name _____
7. Describe the relationship with the present spouse or significant other.
8. If previous marriages ended in divorce, give the circumstances leading to divorce.
9. Please list the names and ages of your children and or stepchildren.

A
B
C
D
E

F
G
H
I
J

10. How many children presently live in your home?

11. How many children living in your home are from a previous marriage?

IV. HISTORY OF PERSONAL HEALTH:

A. Physical:

1. Describe your eating habits (Do you lean toward eating junk food or eating healthy food, do you eat regularly or sporadically, is your diet balanced, Etc)?

2. Do you have any addictions or cravings that cause you to find it difficult to control, like sweets, drugs, alcohol, or food in general?

3. Are you presently under any kind of medication for either physical or psychological reasons? Explain.

4. Do you have any problems sleeping? Describe your sleeping pattern (do you have restful sleep? Are you having any recurring nightmares or disturbances?)

5. Does your schedule allow for regular periods of rest and relaxation?

6. Have you ever experienced any type of trauma (Physical, emotional, or sexual history of abuse, involvement in a severe accident, death of a family member etc.)? Explain.

7. What kind of exercise do you get and how often?

B. MENTAL:

1. Describe briefly your earliest memory. What was your age at the time?

2. Do you have periods or blocks of time in your past that you can't remember? Please describe your experience.

3. Please indicate any of the following with which you have struggled or are presently struggling:

<input type="checkbox"/> daydreaming	<input type="checkbox"/> lustful thoughts
<input type="checkbox"/> inadequacy	<input type="checkbox"/> inferiority
<input type="checkbox"/> worry	<input type="checkbox"/> doubts
<input type="checkbox"/> fantasy	<input type="checkbox"/> obsessive thoughts
<input type="checkbox"/> insecurity	<input type="checkbox"/> dizziness
<input type="checkbox"/> headaches	<input type="checkbox"/> compulsive thoughts
<input type="checkbox"/> blasphemous thoughts	

4. Do you spend much time wishing you were somebody else or fantasizing that you were somebody else, or possibly imagining yourself living at a different time, place, or under different circumstances? Explain.

5. How many hours of TV do you watch per week? _____

List your favorite programs.

6. How many hours do you spend a week reading? _____

What do you read primarily (newspaper, magazines, books etc.?)

7. What type of music do you listen to, and what is the amount of time spent listening?

8. Would you consider yourself to be an optimist or pessimist (Do you have a tendency to see the good in people and life or the bad)?

9. Have you ever thought that maybe you were “cracking up” and/or do you presently fear that possibility? Explain.

10. Describe yourself in a few words.

11. Do you look at pornographic books or visit pornographic sites? _____ How often _____

12. Do you chat online in chat rooms? _____ how often & to whom _____

13. Are you now or have you ever been addicted to pornographic material? _____

14. If yes, are you fully recovered? _____ Explain _____

15. Have you ever attempted suicide? _____ If so, when and why _____

16. Do you ever think about running away? _____ Explain _____

17. What time period do you focus on the most?

_____ Past

_____ Present

_____ Future

18. Do you look forward to the future? _____

19. What are your feelings concerning the past?

_____ good

_____ ok

_____ guilty

_____ bitter

_____ anger

_____ confused

_____ wish I could change

20. Complete this sentence: Sex is _____

21. Do you believe your only problem is the behavior of someone else? _____

Explain _____

22. Do you gamble or play the lottery? _____ How often? _____

23. Do you have a criminal history? _____ Misdemeanor? _____ Felony? _____

Explain. _____

24. Have you ever served in the armed forces? _____ Explain _____

25. What are your goals in counseling, or what do you hope to accomplish? _____

C. EMOTIONAL:

1. Please indicate which of the following emotions you have struggled with or you are presently having difficulty controlling.

<input type="checkbox"/> frustration	<input type="checkbox"/> Fear of dying
<input type="checkbox"/> anger	<input type="checkbox"/> fear of losing your mind
<input type="checkbox"/> anxiety	<input type="checkbox"/> fear of committing suicide
<input type="checkbox"/> loneliness	<input type="checkbox"/> fear of hurting loved ones
<input type="checkbox"/> worthlessness	<input type="checkbox"/> fear of going to hell
<input type="checkbox"/> depression	<input type="checkbox"/> fear of abandonment
<input type="checkbox"/> hatred	<input type="checkbox"/> fear of _____
<input type="checkbox"/> bitterness	

2. Which of the above-listed emotions do you feel are sinful? Why?
3. Concerning your emotions, whether positive or negative, [please indicate which of the following best describes you:
☐ readily express them.
☐ express some of my emotions, but not all.
☐ readily acknowledge their presence but are reserved in expressing them.
☐ tendency to suppress my emotions.
☐ find it safer not to express how I feel.
☐ tendency to disregard how I feel since I cannot trust my feelings.
☐ consciously or subconsciously deny them since it is too painful to deal with them.

4. Is there someone in your life with whom you could be emotionally honest right now (Could you tell this person exactly how you feel about yourself, life, and other people)?
5. How important is it that we are emotionally honest before God? Do you feel you are emotionally honest with Him? Explain.

IV. SPIRITUAL HISTORY:

- a. Do you have regular devotions in the bible? When and to what extent?
- b. Do you find prayer difficult mentally? Explain.
- c. When attending church or other Christian meetings, are you plagued with foul thoughts, jealousies, or other mental harassments? Explain.
- d. If you were to die tonight, do you know where you would spend eternity?

- e. Suppose you did die tonight and appeared before God in heaven, and He were to ask you, “By what right should I allow you into My presence?” How would you answer Him?

- f. First John 5:11-12 says, “God has given us eternal life, and this life is in His son. He who has the Son has the life; he who does not have the Son of God does not have life.”
 - 1. Do you have the Son of God in you? (2 Cor. 13:3).
 - 2. When did you receive Him? (John 1:12).
 - 3. How do you know that you have received Him?

- g. Are you plagued with doubts concerning your salvation? Please Explain.

- h. Are you presently enjoying fellowship with other believers? If so, where and when?

i. Are you under the authority of a local church where the Bible is preached? Do you regularly support it with your time, talent, and treasure? If not, why?

j. Presently, I believe my spiritual condition is: Circle one
1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Presently, I believe my physical condition is: Circle one:

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Presently, I believe my emotional condition is: Circle one.

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

k. Have you sought help previously? _____ From
whom _____ When _____ What was the
outcome _____

l. To the best of your knowledge, have you answered the questions honestly?

Signature: _____