

# SBC BIBLICAL COUNSELING CENTER

## PERSONAL DATA INVENTORY

Please complete this inventory carefully

### PERSONAL IDENTIFICATION:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Referred By \_\_\_\_\_

Marital Status:

Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Education: (last year completed): \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_\_

Emergency Contact (Name and Phone Number): \_\_\_\_\_

### MARRIAGE AND FAMILY:

Spouse \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_ How long employed? \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Length of dating \_\_\_\_\_

Give brief statement of circumstances of meeting and dating \_\_\_\_\_

Have either of you been previously married? \_\_\_\_\_ To Whom? \_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ Filed for divorce? \_\_\_\_\_

Information about children:

Name	Age	Sex	Living	Yrs. Ed.	Step-child
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe relationship to your father \_\_\_\_\_

Describe relationship to your mother \_\_\_\_\_

Number of siblings \_\_\_\_\_ Your sibling order \_\_\_\_\_

Did you live with anyone other than parents? \_\_\_\_\_

Are your parents living? \_\_\_\_\_ Do they live locally? \_\_\_\_\_

### **HEALTH**

Describe your health \_\_\_\_\_

Do you have any chronic conditions? \_\_\_\_\_ what? \_\_\_\_\_

List important illnesses and injuries or handicaps \_\_\_\_\_

Date last medical exam \_\_\_\_\_ Results? \_\_\_\_\_

Physician's name and address \_\_\_\_\_

Current medication(s) and dosage \_\_\_\_\_

Have you ever used drugs for other than medical purposes? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ If so, how frequently and how much \_\_\_\_\_

Do you drink coffee? \_\_\_\_\_ How much \_\_\_\_\_

Other caffeine drinks? \_\_\_\_\_ How much \_\_\_\_\_

Do you smoke? \_\_\_\_\_ What? \_\_\_\_\_ Frequency \_\_\_\_\_

Have you ever had interpersonal problems on the job? \_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever seen a psychiatrist or counselor? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you currently seeing a psychiatrist or counselor? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records? \_\_\_\_\_

**SPIRITUAL:**

Denominational preference \_\_\_\_\_

Church attending \_\_\_\_\_

Church attendance per month (circle one)    0    1    2    3    4    5    6    7    8+

Do you believe in God? \_\_\_\_\_ Do you pray? \_\_\_\_\_

Would you say you are a Christian or still in the process of becoming a Christian? \_\_\_\_\_

Have you been baptized? \_\_\_\_\_

How often do you read the Bible? \_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Daily

Explain any recent changes in your religious life \_\_\_\_\_

**WOMEN ONLY:**

Have you had any menstrual difficulties? \_\_\_\_\_ Do you experience tension, tendency to cry, other symptoms prior to your cycle? Please explain \_\_\_\_\_

Is your husband willing to come for counseling? \_\_\_\_\_

Is he in favor of your coming? \_\_\_\_\_ If no, explain \_\_\_\_\_

**PROBLEM CHECKLIST:**

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|-------------------------|-------------------|-------------------|
| ___ Anger               | ___ Depression    | ___ Loneliness    |
| ___ Anxiety             | ___ Drunkenness   | ___ Lust          |
| ___ Apathy              | ___ Envy          | ___ Memory        |
| ___ Appetite            | ___ Fear          | ___ Moodiness     |
| ___ Bitterness          | ___ Finances      | ___ Perfectionism |
| ___ Change in lifestyle | ___ Gluttony      | ___ Rebellion     |
| ___ Children            | ___ Guilt         | ___ Sex           |
| ___ Communication       | ___ Health        | ___ Sleep         |
| ___ Conflict (fights)   | ___ Homosexuality | ___ Wife Abuse    |
| ___ Deception           | ___ Impotence     | ___ A vice        |
| ___ Decision-making     | ___ In-laws       | ___ Other         |

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

1. What is the problem or concern that brings you here today?

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2. What have you done about this problem?

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3. What are your expectations from counseling?

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4. Is there any other information we should know about?

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**PERSONAL INVENTORY:** Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating Scale: 0 = Never    1 = Seldom    2 = Sometimes    3 = Often    4 = Usually

- |                                   |                     |
|-----------------------------------|---------------------|
| _____ Loving                      | _____ Courteous     |
| _____ Honest                      | _____ Creative      |
| _____ Sensitive                   | _____ Decisive      |
| _____ Good father/mother          | _____ Efficient     |
| _____ Works hard                  | _____ Forgiving     |
| _____ Humble                      | _____ Generous      |
| _____ Keeps his/her word          | _____ Frugal        |
| _____ Dependable                  | _____ Appreciative  |
| _____ Does not take advantage     | _____ Hospitable    |
| _____ Does not use people         | _____ Diligent      |
| _____ Not an opportunist          | _____ Discerning    |
| _____ Plans ahead                 | _____ Encouraging   |
| _____ Knows where he/she is going | _____ Enthusiastic  |
| _____ Fair                        | _____ Courageous    |
| _____ Consistent                  | _____ Conscientious |
| _____ Perseveres                  | _____ Patient       |
| _____ Admits it when wrong        | _____ Considerate   |
| _____ Teachable                   | _____ Persistent    |
| _____ Analytical                  | _____ Punctual      |
| _____ Compassionate               | _____ Disciplined   |
| _____ Cooperative                 | _____ Resourceful   |
| _____ Neat                        | _____ Sincere       |
| _____ Objective                   | _____ Other         |

**SPIRITUAL CONVICTIONS QUESTIONNAIRE:** (Please use the back of this sheet if necessary.)

1. Describe Who God is:

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2. Describe Who Jesus Christ is:

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3. Describe the kind of relationship you have with God and His Son Jesus Christ:

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4. What is the Definition of a Christian?

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5. I am or (I am not) a Christian because:

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6. What do you believe about the Bible?

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7. What is your definition of sin?

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8. What sins do you struggle with the most?

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9. How do you handle sin in your life?

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10. How do you handle guilt?

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11. What do you tend to pray about the most?

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12. What do you seek to accomplish in life?

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13. I do attend or I do not attend church because:

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14. I allow Christians or I do not allow Christians to be involved in my life because:

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15. The changes I would like to make in my life are:

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What have you learned about yourself and what have you learned about your partner? What changes do you need to make in light of this study?

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Thank you for completing this Personal Data Inventory!