



# Personal Data Inventory (PDI)

Please complete this inventory carefully and thoroughly.

## Personal Identification

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Referred By: \_\_\_\_\_

Marital Status (circle): Single Engaged Married Separated Divorced Widowed

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years: \_\_\_\_\_ Attend School: \_\_\_\_\_ Weekly Work/School hours: \_\_\_\_\_

Weekly availability for counseling: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Other significant time/financial commitments: \_\_\_\_\_

## Family

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

\_\_\_\_\_

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

\_\_\_\_\_

Number of sibling(s): \_\_\_\_\_ Your sibling order: \_\_\_\_\_

Do you or have you lived with anyone other than parents: \_\_\_\_\_

\_\_\_\_\_

Parents still married: \_\_\_\_\_ Parents living: \_\_\_\_\_ Parents live locally: \_\_\_\_\_

Parent's religious convictions, were/are they believers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have children please list below:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Step-Child (Y/N): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marriage**

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

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Length of Dating: \_\_\_\_\_

Give a 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: \_\_\_\_\_

**Health**

Describe your overall health: \_\_\_\_\_

\_\_\_\_\_

Describe any chronic conditions, important illnesses, injuries, or handicaps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Report: \_\_\_\_\_

Do you have a family doctor or physician you see regularly? \_\_\_\_\_

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

\_\_\_\_\_

Have you ever-used drugs for anything other than medical purposes: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested: \_\_\_\_\_ If so, for what?: \_\_\_\_\_

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

\_\_\_\_\_

Do you drink coffee: \_\_\_\_\_ How much: \_\_\_\_\_ Other caffeine drinks: \_\_\_\_\_

\_\_\_\_\_ How much: \_\_\_\_\_

Use Tobacco: \_\_\_\_\_ What: \_\_\_\_\_ Frequency: \_\_\_\_\_

Describe your normal sleeping schedule: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

## **Spiritual**

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

Church attending: \_\_\_\_\_ Member: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone Number: \_\_\_\_\_

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

Do you believe in God: \_\_\_\_ Do you pray: \_\_\_\_ Would you say that you are a Christian: \_\_\_\_\_,

Or still in the process of becoming a Christian: \_\_\_\_\_

Have you ever been baptized: \_\_\_\_\_ Are you involved in ministry: \_\_\_\_\_

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

Have you ever been disciplined? If yes, please describe: \_\_\_\_\_

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

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What are the three biggest positive influences on your spiritual life: \_\_\_\_\_

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What are the three biggest negative influences on your spiritual life: \_\_\_\_\_

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Have you shared the problems for which you are seeking counseling with your pastor and/or other mature members of your church? If yes, please write down their names. If no, please describe any concerns you have about doing so: \_\_\_\_\_

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### **Women Only**

Have you had any menstrual difficulties: \_\_\_\_\_ If 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, please explain: \_\_\_\_\_

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**Problem Checklist: Please rate how these items impact your life**

(blank) = no significant impact; 1 = mild impact; 2 = moderate impact; 3 = severe impact

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|---------------------------|----------------------------|-------------------------|
| _____ Anger               | _____ Discouraged/Downcast | _____ Memory            |
| _____ Anxiety             | _____ Drunkenness          | _____ Moodiness         |
| _____ Apathy              | _____ Envy                 | _____ Overwhelmed       |
| _____ Appetite            | _____ Fear                 | _____ Perfectionism     |
| _____ Bitterness          | _____ Finances             | _____ Pornography       |
| _____ Change in lifestyle | _____ Gluttony             | _____ Procrastination   |
| _____ Children            | _____ Guilt                | _____ Rebellion         |
| _____ Communication       | _____ Health               | _____ Sexual Immorality |
| _____ Conflict (fights)   | _____ Homosexuality        | _____ Sex (in marriage) |
| _____ Control             | _____ Impotence            | _____ Sleep             |
| _____ Deception           | _____ In-laws              | _____ Spouse Abuse      |
| _____ Decision Making     | _____ Laziness             | _____ Time Usage        |
| _____ Depression          | _____ Loneliness           | _____ Weary             |
| _____ Disciplined Living  | _____ Lust                 | _____ Other             |
| _____ Disorganization     | _____ Marriage             |                         |

