



1. Do you drink coffee/tea? **Yes** **No**  
If yes, how much & how often?
2. Do you drink alcoholic beverages? **Yes** **No**  
If yes, what do you drink most often and how often?
3. Do you smoke cigarettes or marijuana? **Yes** **No**  
If yes, how much do you smoke per day?
4. Do you take any medications on a regular basis? **Yes** **No**  
If yes, what and why?
5. Are you on any medication at the present? **Yes** **No**  
If yes, what and why?
6. Do you take vitamins regularly? **Yes** **No**  
If yes, what vitamins and how often?
7. What are your favorite foods?
8. Which foods do you eat most often?
9. How many meals \_\_\_\_\_ snacks \_\_\_\_\_ do you eat a day?
10. How much exercise do you get a week? Type?
11. Describe yourself, as you perceive yourself?
12. Describe yourself, as others perceive you.
13. What are the 3 things you like most about yourself?  
A.  
B.  
C.
14. What are the 3 things you like least about yourself?  
A.  
B.  
C.
15. Describe your personal responsibilities briefly.
16. What activities do you enjoy? Things you do alone and/or with others?
17. Do you have any close relationships or friendships? **Yes** **No**  
If yes, with whom?

**Circle all that apply.**

18. Household depends on incomes) of: **Man** **Woman** **Child** **Parent** **Other**\_\_\_\_\_

19. I am committed to attending regular therapeutic sessions. **Yes** **No**

20. I am willing to take a pre-counseling diagnostic evaluation test to establish my baseline psychological level\*. **Yes** **No**

\* **MMPI** (Minnesota Multiple Personality Inventory) **Required of ALL new clients.**

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IF PARTICIPATING MARITAL/PARTNER COUNSELING, PLEASE ANSWER QUESTIONS 1-5.

1. What are 3 things you like about your spouse or partner)?

A.

B.

C.

2. What are 3 things you like least about your spouse or partner)?

A.

B.

C.

3. I am willing to come to marital counseling sessions on a regular basis. **Yes** **No**

4. I am willing to participate in taking a pre-marital counseling inventory. **Yes** **No**

5. Whose idea was it to come for marital counseling? Circle) **Female** **Male** **Both**

6. Who will be responsible for payment? Circle) **Female** **Male** **Both**