

**Gratia Life**  
*Counseling & Coaching*

**Personal Inventory**

The following **Personal Inventory** is to present a comprehensive picture of your background. By completing this form as fully and accurately as possible, you will help expedite and facilitate the counseling process. This is an opportunity for you to review your own history and perform an honest and thoughtful self-inventory.

The Counselor: Counselee process is most successful when Truth is realized so that wise choices can be made. The Counselor merely helps to encourage that process. If you come to a question that you absolutely do not feel comfortable answering, leave it blank and move on to the next question. When a question does not apply to you, simply write "N/A" in the space provided. You are strongly encouraged to contribute any thoughts that might be helpful toward facing and realizing Truth. Please, try not to read anything into what the question asks. It is your story and enables the Counselor to get to know you, quickly. Please, complete and submit this form prior to your first counseling appointment.

Advisee Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Occupation \_\_\_\_\_ How long? \_\_\_\_\_

Current Faith/Denomination \_\_\_\_\_ Current Church \_\_\_\_\_

Church Attendance (circle): \_\_\_\_\_ times      Weekly      Monthly      Yearly

How devoted are you to your faith? (Score 1-10; 10 being the highest) \_\_\_\_\_

How committed are you to understanding and applying God's solution to your problem? (1-10) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

1. With whom are you now living? (List people, their names, ages & occupations. If they are students, indicate what grades.)

2. How strongly do you want/need a change from your problem? (1-10) \_\_\_\_\_

3. State in your own words the nature of your chief concern or problem.

4. If your problem is something you think happens too often, state approximately how often it occurs, how long it lasts and any other information you feel might be helpful in understanding your problem.

5. If your problem is concerned with something not happening as often as you would like, state what you would like to see happening more often, how often you think it should occur, etc., ...

6. Are any of the people listed in question 1 important in some way to your problem? \_\_\_\_\_  
 If yes, please mention specific ways they have been involved, both good and bad points should be mentioned if possible.
7. With whom have you talked about your problem? \_\_\_\_\_
8. Date and place of birth? \_\_\_\_\_
9. Approximately how many times did your family move when you were young? \_\_\_\_\_
10. How many times have you moved since you left your parental home? \_\_\_\_\_
11. How old were you when you left your parent's home? \_\_\_\_\_
12. What was your mother's condition during pregnancy as far as you know? \_\_\_\_\_
13. Circle any of the following that apply to your childhood (under age 13):  
 Night terrors; Bed wetting; Sleepwalking; Thumb-sucking; Nail-biting; Stuttering; Fears; Happy childhood; Unhappy childhood.
14. Health during childhood? \_\_\_\_\_
15. List childhood illnesses: \_\_\_\_\_
16. Health during adolescence: \_\_\_\_\_
17. List adolescence illnesses: \_\_\_\_\_
18. Any physical disabilities? \_\_\_\_\_
19. How related to your present problem are health issues, past or present? \_\_\_\_\_
20. Your present height: \_\_\_\_\_ weight: \_\_\_\_\_
21. List any surgical procedures and the age they occurred.  
 \_\_\_\_\_  
 \_\_\_\_\_
22. When was the last time you felt well, both physically and emotionally for a fair amount of time? (Explain)
23. Circle any of the following issues or struggles that currently apply to you:
- |                    |                    |                  |                      |                            |
|--------------------|--------------------|------------------|----------------------|----------------------------|
| Headaches          | Dizziness          | Fainting spells  | Palpitations         | Stomach trouble            |
| No appetite        | Bowel disturbances | Fatigue          | Insomnia             | Nightmares                 |
| Take sedatives     | Alcoholism         | Feel tense       | Tremors              | Depressed                  |
| Suicidal ideas     | Drugs              | Unable to relax  | Sexual problems      | Unable to have a good time |
| Dislike weekends   | Dislike vacations  | Over ambitious   | Shy with people      | Can't make friends         |
| Feel lonely        | Indecisive         | Can't keep a job | Inferiority feelings | Home conditions bad        |
| Financial problems | _____              | _____            | _____                | _____                      |

24. Games and interests during childhood, including make-believe:

25. Interests and hobbies during adolescence:

26. Any athletic interests and/or accomplishments?

27. Present interests, hobbies, activities, organizations:

28. How is most of your free time occupied?

29. Last grade and year of school completed: \_\_\_\_\_

Degrees: \_\_\_\_\_

30. Relationship to schoolmates:

31. Scholastic abilities & disabilities:

32. Were you ever bullied or given a nickname? Please explain:

33. Do you make friends easily? Do you keep them? \_\_\_\_\_

34. Age when you started working: \_\_\_\_\_

35. Jobs held in order and reason for changing:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

36. How long have you been employed at your present job? \_\_\_\_\_

37. Does your present work satisfy you? If not, in what ways are you dissatisfied?

38. What is your current household annual income? \_\_\_\_\_

39. Ambitions and aspirations?
40. Parental attitudes towards sex.. (For example, was there sex instruction or discussion in the home)?
41. When and how did you derive your first knowledge of sex?
42. When did you first become aware of your sexual impulses?
43. Did you ever experience any anxieties, guilt feelings or trauma arising out of personal sexual thoughts or acts? Explain.
44. Did you ever experience any anxieties, guilt feelings or trauma arising out of sexual acts with the opposite sex? Explain.
45. Did you ever experience any anxieties, guilt feelings or trauma arising out of sexual experience with the same sex? Explain.
46. Menstrual History: Age at first period:\_\_\_\_\_
47. Were you informed or did it come as a shock?\_\_\_\_\_
48. Are you regular?\_\_\_\_\_ Duration?\_\_\_\_\_
49. Do you have pain?\_\_\_\_\_ Do your periods affect your moods?\_\_\_\_\_
50. Is there any question or concern you have about sex past/present or future, or sexual identity?

CURRENT MARRIAGE: (If divorced, skip to #68)

51. How long did you know your marriage partner before engagement? \_\_\_\_\_
52. How long were you engaged?\_\_\_\_\_
53. How long have you been married?\_\_\_\_\_
54. Describe: What you **liked** the first few years of marriage.
55. Describe: What your mate **liked** the first few years of marriage.
56. Describe: What you **disliked** the first few years of marriage.
57. Describe: What your mate **disliked** the first few years of marriage.

58. Describe: What you **liked** the last few months of marriage.
59. Describe: What you **disliked** the last few months of marriage.
60. Describe: What your mate **liked** the last few months of marriage.
61. Describe: What your mate **disliked** the last few months of marriage.
62. In what areas are you most compatible?
63. In what areas are you incompatible?
64. How do you get along with your in-laws? (This includes brother and sister in-laws)
65. Give specific examples of those things you would like to see your spouse do more often (e.g.; take the garbage out, bring you a cup of coffee when you have just sat down to relax, etc.):
66. Give three examples of things you would like to see your spouse stop doing. (Three things that irritate(d) you):
- 1.
  - 2.
  - 3.
67. Please list the names of **your children** from oldest to youngest. (State if any of these children are from a previous marriage or adopted). (Also, in the birth order, please include any miscarriages or abortions). Please give the following information:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Married?</u>	<u>Occupation</u>	<u>Describe (type of person)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PREVIOUS MARRIAGE QUESTIONS:

68. When were you first married and for how long? \_\_\_\_\_

69. How long did you know your first spouse before engagement? \_\_\_\_\_

70. How long were you engaged? \_\_\_\_\_

71. What did you like about your previous spouse?

72. What did you dislike about your previous spouse?

73. What did your previous spouse like about you?

74. What did your previous spouse dislike about you?

75. List all **brothers and sisters** in order of oldest to youngest including yourself and any miscarriages or abortions you know of:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Married?</u>	<u>Occupation</u>	<u>Describe (type of person)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

76. Describe your relationship with your brothers and sisters in the past.

77. Describe your relationship with your brothers and sisters now.

78. Brother or sister most like you? In what respect?

79. Brother or sister most different from you? In what respect?

80. Who played together?

81. Any unusual achievements?

82. Any accidents or illnesses (bumps to head, hospitalizations)?

83. "Father" here means the man who took primary responsibility for raising you. If this is a different person from your biological father, please describe what you know of your biological father on the back of this page and describe your father (as defined above) on this page.

Father's Name: \_\_\_\_\_ Current Age \_\_\_\_\_

Occupation \_\_\_\_\_ Health: Good Average Poor (circle one)

If deceased, cause of death and age at death: \_\_\_\_\_

Kind of person:

Ambitions for the children:

Relationship to the children:

Relationship with spouse:

Favorite child? Why?

Child most similar to dad, how?

Child most different from dad, how?

As a child, what I liked about dad:

As a child, what I disliked about dad:

84. "Mother" here means the woman who took primary responsibility for raising you. If this is a different person from your biological mother, please describe what you know of your biological mother on the back of this page and describe your mother (as defined above) on this page.

Mother's Name: \_\_\_\_\_ Current Age \_\_\_\_\_

Occupation \_\_\_\_\_ Health: (circle one)      Good      Average      Poor

If deceased, cause of death and age at death: \_\_\_\_\_

Kind of person:

Ambitions for the children:

Relationship to the children:

Relationship with spouse:

Favorite child? Why?

Child most similar to mom, how?

Child most different from mom, how?

As a child, what I liked about mom:

As a child, what I disliked about mom:

85. As a child, in what ways did your parents punish you?

86. Give an impression of your home atmosphere (the home you grew up in).

87. Were you able to confide in your parents?

88. If you were not brought up by your biological parents, who did raise you? Between what years?

89. If your parents raised you, was there another parental figure?
90. Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?
91. Does anyone in your family suffer from alcoholism, drug addiction or anything that can be considered a mental disorder?
92. Are there any other members of the family about whom information regarding illness, etc. is relevant?
93. Please try to remember any fearful or distressing experiences not previously mentioned.
94. In what kinds of situations do you most readily lose self-control? (Cite particular instances if at all possible. Examples might be temper, uncontrollable crying, impatience, etc.):
95. In what situations are you best able to maintain self-control?:
96. Using one or a few words, how would the following describe you?
- Your spouse:
- Your best friend:
- Your worst enemy:
- Yourself:

If you require more space to answer the above questions, provide the Question number and thoughts, below:

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**Upon completion, please scan-email or fax this Questionnaire to:**

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