

# PERSONAL DATA INVENTORY SHEETS

## Basic Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Other \_\_\_\_\_

Education Level (Circle last year completed):

High School: 9 10 11 12 College 1 2 3 4 5 6+

Other Training: \_\_\_\_\_

Referred here by: \_\_\_\_\_

## Health Information

Rate your physical health (check): Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_\_\_

Your approximate weight \_\_\_\_\_ Recent weight changes: Lost \_\_\_\_\_ Gained \_\_\_\_\_

List all important present or past illnesses, injuries or handicaps: \_\_\_\_\_

\_\_\_\_\_

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

Have you ever used drugs for other than medical purposes: Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_ No \_\_\_ What and why? \_\_\_\_\_

\_\_\_\_\_

Prescribed by: \_\_\_\_\_ Address: \_\_\_\_\_

Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_

Have you ever had any psychotherapy or counseling? Yes \_\_\_ No \_\_\_

If yes, list counselor or therapist and dates: \_\_\_\_\_

\_\_\_\_\_

When was the last time you have seen the dentist? \_\_\_\_\_

Are you currently in pain? Yes \_\_\_ No \_\_\_ If so, please describe: \_\_\_\_\_

## Religious Background

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

Pastors Name: \_\_\_\_\_ Church Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Church Attendance per Month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attendance in childhood: \_\_\_\_\_

Baptized? Yes \_\_\_ When? \_\_\_\_\_ No \_\_\_ Religious background of spouse (if married) \_\_\_\_\_

Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

What do you pray about? \_\_\_\_\_

Do you read the Bible? Never \_\_\_ Occasionally \_\_\_ How Often? \_\_\_\_\_

Have you come to the place in your spiritual life where you know for certain if you died tonight you would go to Heaven? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

If you were to die tonight and stand before God and he asked "Why should I let you into Heaven?" what would you say? \_\_\_\_\_

If you have received Christ as Savior, what changes took place in your life when you became a believer? \_\_\_\_\_

If you have received Christ as Savior, have you told anyone you are close to about your decision?

Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Have you ever been disciplined? Yes \_\_\_ No \_\_\_ Briefly describe: \_\_\_\_\_

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

Does any mature member of your church know you are having these problems? Yes \_\_\_ No \_\_\_

## Personal Information

Circle any of the following words that best describe you now:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody  
often-blue excitable imaginative calm serious easy-going shy good-natured introvert  
extrovert likable leader quiet hard-boiled submissive self-conscious lonely sensitive  
aggressive alone bossy fearful stupid deceitful bitter insecure unforgiving useless ugly  
critical optimistic misunderstood giving talkative controlling forgetful lazy apathetic  
disorganized

How much sleep do you get each night? \_\_\_\_\_

When do you normally:

Go to bed? \_\_\_\_\_ Fall asleep? \_\_\_\_\_ Wake up? \_\_\_\_\_ Get out of bed? \_\_\_\_\_

Describe any recent changes in your sleep habits: \_\_\_\_\_

Have you ever had hallucinations? Yes \_\_\_ No \_\_\_

Do you have difficulties in hearing? Yes \_\_\_ No \_\_\_

Do you consume alcohol? Yes \_\_\_ No \_\_\_ If yes, how often? \_\_\_\_\_

How much? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_ If yes, for what? \_\_\_\_\_

Are you satisfied in your job? Yes \_\_\_ No \_\_\_ How many jobs have you had in the past 5 years? \_\_\_\_\_

Complete these sentences:

One thing I can not forgive is \_\_\_\_\_.

I am a person who \_\_\_\_\_.

All my life \_\_\_\_\_.

Ever since I was a child \_\_\_\_\_.

One thing I feel proud of is \_\_\_\_\_.

It's hard for me to admit \_\_\_\_\_.

One of the ways people hurt me is \_\_\_\_\_.

Sometimes I get angry because \_\_\_\_\_.

To unwind or relax I \_\_\_\_\_.

**Marriage Information (Skip only if never married)**

Spouses Name: \_\_\_\_\_ Age \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education level: \_\_\_\_\_ Religion: \_\_\_\_\_

How long have you been married? \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Your ages when you got married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know each other before you got married? \_\_\_\_\_

How long did you date? \_\_\_\_\_ How long were you engaged? \_\_\_\_\_

Do you feel that your spouse is supportive of you? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ How long were you separated? \_\_\_\_\_

Have either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Broken by divorce \_\_\_ Death \_\_\_

Information about children:

PM*	M/F	Name	Birthday	Living yes/no	Marital Status
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Previous Marriage

Is your spouse willing to come in for counseling? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_\_\_

## Family Background

If you were reared by anyone other than your parents, briefly explain: \_\_\_\_\_

Answer this section describing your own parents or parent substitute:

Still living (yes, no) Father \_\_\_\_\_ Mother \_\_\_\_\_

Religion and church attendance per month: Father \_\_\_\_\_ 1 2 3 4 Mother \_\_\_\_\_ 1 2 3 4

Occupation: Father \_\_\_\_\_ Mother \_\_\_\_\_

Are your parents still together? Yes \_\_\_\_ No \_\_\_\_

If not, cause and date of separation: \_\_\_\_\_

Rate your parents' marriage: Unhappy \_\_\_\_ Average \_\_\_\_ Happy \_\_\_\_ Very Happy \_\_\_\_

As a child, did you feel closest to your father \_\_\_\_ mother \_\_\_\_ Other \_\_\_\_\_

Rate your childhood life: Very Happy \_\_\_\_ Happy \_\_\_\_ Average \_\_\_\_ Unhappy \_\_\_\_

How many siblings do you have? Brothers \_\_\_\_ Sisters \_\_\_\_ What position were you in birth order? \_\_\_\_

Were you able to confide in your parents?

### BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

Please tell me what you want to change. \_\_\_\_\_

When did this problem first appear? \_\_\_\_\_

What have you done about the problem? \_\_\_\_\_

What help are you seeking? \_\_\_\_\_

What led you to seek help at this time? \_\_\_\_\_

**Please complete and send by texting it to:**

**260-242-3090 to set up an appointment.**

FOR MINISTRY USE ONLY: Date PDIF Received \_\_\_\_\_ Date Assigned \_\_\_\_\_ First Interview \_\_\_\_\_

Lead Counselor: \_\_\_\_\_ Advocate 1: \_\_\_\_\_ Advocate 2: \_\_\_\_\_