

APPENDIX D
Cumberland University Counseling Center
Client Questionnaire

NAME _____ DATE _____

SOCIAL SECURITY #: _____ - _____ - _____ AGE _____ DOB ____/____/____

LOCAL ADDRESS _____ CU Box # _____
Street or Residence Hall City Zip

LOCAL OR CELL PHONE #: (____) _____ - _____ MAY WE LEAVE MESSAGES? Yes ___ No ___

PERMANENT OR FAMILY ADDRESS: _____ PERMANENT OR FAMILY PHONE #: (____) _____ - _____

Street City State Zip
 GENDER: M ___ F ___ DATE OF ENTRY TO CU _____ MAJOR _____ GPA _____

MARITAL STATUS	UNIVERSITY STATUS	LIVING SITUATION	RACE/ETHNICITY
<input type="checkbox"/> Never Married	<input type="checkbox"/> Freshman	<input type="checkbox"/> Alone	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Married	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Roommate(s)	<input type="checkbox"/> African American
<input type="checkbox"/> Divorced	<input type="checkbox"/> Junior	<input type="checkbox"/> Spouse	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Widowed	<input type="checkbox"/> Senior	<input type="checkbox"/> Partner	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Separated	<input type="checkbox"/> Graduate	<input type="checkbox"/> Parents and/or Family	<input type="checkbox"/> Native American
<input type="checkbox"/> Living with Partner		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> International Student Country _____
			<input type="checkbox"/> Other (specify) _____

ARE YOU A CURRENTLY ENROLLED STUDENT? Yes No

HOW MANY CREDIT HOURS ARE YOU TAKING THIS SEMESTER? _____

DO YOU WORK? _____ IF SO, HOURS PER WEEK? _____ WHERE? _____

PLEASE STATE BRIEFLY YOUR REASONS FOR COMING TO COUNSELING SERVICES AT THIS TIME.

WERE YOU REFERRED HERE? _____ IF SO, BY WHOM? _____

PLEASE ESTIMATE THE SEVERITY OF YOUR CONCERNS AT THIS TIME (CIRCLE ONE):

MILD MODERATE MARKED EXTREME CRISIS

RELIGIOUS PREFERENCE _____ LEISURE ACTIVITIES _____

DESCRIBE ANY CURRENT PHYSICAL PROBLEMS:

DESCRIBE ANY MAJOR PAST PHYSICAL PROBLEMS:

PLEASE LIST ANY MEDICATIONS AND/OR HERBAL TREATMENTS YOU CURRENTLY ARE TAKING:

PLEASE LIST MEMBERS OF YOUR FAMILY:

Name	Relationship	Age	Education	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RELATIONSHIP OF PARENTS:

Never Married ____ Married ____ Separated ____ Divorced ____ Remarried? M ____ F ____ Deceased? M ____ F ____

PLEASE LIST FAMILY MEMBERS WHOM YOU BELIEVE HAD OR HAVE A MENTAL HEALTH PROBLEM OR ALCOHOL/DRUG ABUSE (ex: mother – depression):

Relationship to You:	Problem:
_____ -	_____
_____ -	_____
_____ -	_____
_____ -	_____
_____ -	_____

HAVE YOU EVER EXPERIENCED DIFFICULTY WITH AN EATING DISORDER? Yes No Unsure
 HAVE YOU EVER HAD AN UNWANTED SEXUAL EXPERIENCE? Yes No Unsure
 HAVE YOU EVER BEEN PHYSICALLY ABUSED? Yes No Unsure
 HAVE YOU EVER BEEN EMOTIONALLY ABUSED? Yes No Unsure

HOW OFTEN DO YOU DRINK ALCOHOL?

Daily Several times/week Once/week Several times/month Rarely Never

HOW MANY DRINKS DO YOU TYPICALLY CONSUME IN ONE SITTING? _____

DO YOU USE ANY DRUGS? Currently Past Never

ARE YOU CONCERNED ABOUT THE LEVEL OF YOUR ALCOHOL OR DRUG USE? Yes No

HAVE YOU BEEN SEEN AT THE CU COUNSELING SERVICES OFFICE BEFORE? Yes No

IF SO, BY WHOM? _____ WHEN? _____

HAVE YOU CONSULTED A MENTAL HEALTH PROFESSIONAL IN THE PAST? Yes No

IF YES, PLEASE GIVE NAME AND APPROXIMATE DATES AND PLACES OF TREATMENT:

HAVE YOU EVER HAD TO LEAVE SCHOOL FOR MORE THAN 1 OR 2 DAYS FOR MENTAL HEALTH REASONS? ____ Yes ____ No IF SO, PLEASE DESCRIBE THE SITUATION _____

Are you coming to the Counseling Center for assistance with career counseling? ____ Yes ____ No
If yes, please complete the following:

What majors and/or careers have you considered?

Have you ever had any career testing or counseling before? ____ Yes ____ No

If yes, when _____

BY VOLUNTARILY PROVIDING INFORMATION FOR AN INDIVIDUAL TO CONTACT IN A SITUATION DEEMED BY THE COUNSELING SERVICES STAFF TO BE OF A SERIOUS OR EMERGENCY NATURE, YOU ALLOW US TO MAKE SUCH CONTACT.

CRISIS / EMERGENCY CONTACT PERSON(S): _____

RELATIONSHIP TO YOU: _____

PHONE NUMBERS: _____

**PLEASE NOTIFY YOUR COUNSELOR IMMEDIATELY IF/WHEN
THERE ARE ANY CHANGES IN YOUR CRISIS CONTACT INFORMATION.**

SELF-REPORT FORM

The following is a list of concerns many people have. Please indicate those that are current concerns by rating each item according to the following scale. Please put a check mark under the "Past" column, if the concern was a problem in the past.

- | | |
|---|-------------|
| 1 | not at all |
| 2 | a little |
| 3 | moderately |
| 4 | quite a bit |
| 5 | extremely |

<u>Current</u>	<u>Past</u>
1. _____ Career exploration and planning	_____
2. _____ Academic progress	_____
3. _____ Test anxiety	_____
4. _____ Study habits or time management	_____
5. _____ Assertiveness	_____
6. _____ Social skills	_____
7. _____ Out of touch with my feelings	_____
8. _____ Phobias	_____
9. _____ Confused about my beliefs/values	_____
10. _____ Self-identity	_____
11. _____ Feeling dependent on others	_____
12. _____ Breakup of intimate relationship	_____
13. _____ Dating/relationship with partner	_____
14. _____ Relationship with parents/family	_____
15. _____ Relationship with roommate(s)	_____
16. _____ Loneliness/feeling isolated	_____
17. _____ Dealing with anger	_____
18. _____ Alcohol or drugs	_____
19. _____ Excessive Internet use	_____
20. _____ Sleep problems	_____
21. _____ Eating/weight problems	_____
22. _____ Physical appearance/body image	_____
23. _____ Death of a friend or loved one	_____
24. _____ Depression	_____
25. _____ Anxiety	_____
26. _____ Feeling unworthy or inferior	_____
27. _____ Worrying too much	_____
28. _____ Self-Injury	_____
29. _____ Thoughts of suicide	_____
30. _____ Thoughts of hurting others	_____
31. _____ Arrest or legal problems	_____
32. _____ Adjustment to the university	_____
33. _____ Stress	_____
34. _____ Pregnancy (yours or hers)	_____
35. _____ Physical abuse, sexual abuse, neglect	_____
36. _____ Sexuality/intimate relationships	_____
37. _____ Sexual orientation	_____
38. _____ Financial Difficulties	_____
39. _____ Other	_____
(Please, describe) _____	