

## ***LIFE FUNCTIONING INVENTORY***

This form is intended to help your counselor become better acquainted with you and in turn, to serve you better. Please print, checkmark, or circle your responses. You may omit any item, but try to be as thorough as possible.

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***PRESENTING PROBLEM ANALYSIS***

**1. Briefly describe the problem or concern you most wish help with currently:**

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**2. How would you rate the intensity of the problem or concern that led you to seek professional services?**

Extremely Intense	Moderately Intense	Not Intense		
5	4	3	2	1

**3. Approximately how long have you had the current problem or concern?** \_\_\_\_\_

**4. In what ways have you attempted to cope with this problem or concern?**

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### ***CULTURAL BACKGROUND***

**5. What is your race/ethnicity?**

- |  |   |
|--|---|
| <input type="checkbox"/> White (non-Hispanic/Latino)           | <input type="checkbox"/> Asian American                   |
| <input type="checkbox"/> Hispanic/Latino                       | <input type="checkbox"/> American Indian/Alaska Native    |
| <input type="checkbox"/> Black/African American                | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Multiracial (please specify): _____   |   |
| <input type="checkbox"/> International (please specify): _____ |   |

**6. How much do you identify with your ethnic heritage?**

- |                                     |                                     |                                   |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> not at all | <input type="checkbox"/> somewhat   | <input type="checkbox"/> strongly |
| <input type="checkbox"/> a little   | <input type="checkbox"/> moderately |                                   |

**7. Religious or spiritual preference:** \_\_\_\_\_

**8. Are you currently active in your religion?**

- |                              |                                   |                             |
|------------------------------|-----------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> somewhat | <input type="checkbox"/> no |
|------------------------------|-----------------------------------|-----------------------------|

**9. Does your family speak a language other than English at home?**

- |                                      |                                     |                                 |
|--------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> not at all  | <input type="checkbox"/> sometimes  | <input type="checkbox"/> always |
| <input type="checkbox"/> very little | <input type="checkbox"/> frequently |                                 |

**If "sometimes" to "always," what language is spoken?** \_\_\_\_\_

**10. Were you and both your biological parents born in the U.S.?**

- |                              |                             |                                 |
|------------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> unsure |
|------------------------------|-----------------------------|---------------------------------|

**If no, who was foreign-born, in what country, and their approximate age of immigration to the U.S.?**

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**FAMILY BACKGROUND**

**11. Please list the members of your family of origin.**

<i>Name</i>	<i>Gender</i>	<i>Age</i>	<i>Occupation</i>	<i>Education</i>
<i>Father</i>				
<i>Mother</i>				
<i>Sibling 1</i>				
<i>Sibling 2</i>				
<i>Sibling 3</i>				
<i>Sibling 4</i>				

**12. Is your father deceased?**

Yes  No Year? \_\_\_\_\_ Age \_\_\_\_\_

**13. Is your mother deceased?**

Yes  No Year? \_\_\_\_\_ Age \_\_\_\_\_

**14. What is/was your parents' marital status?**

married  divorced  father remarried  
 separated  mother remarried

**15. Please list your step-family members. (please circle "step" or "half")**

<i>Name</i>	<i>Gender</i>	<i>Age</i>	<i>Occupation</i>	<i>Education</i>
<i>Step Father</i>				
<i>Step Mother</i>				
<i>Step/half Sibling 1</i>				
<i>Step/half Sibling 2</i>				
<i>Step/half Sibling 3</i>				
<i>Step/half Sibling 4</i>				

**16. What is your current relationship status?**

Single  Widowed  Committed relationship  
 Divorced  Married  Remarried  
 Separated  Engaged

**17. What is your spouse's/partner's:** Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Education \_\_\_\_\_

**18. Please list any children of yours.**

<i>Name</i>	<i>Gender</i>	<i>Age</i>	<i>Adopted? (Yes or No)</i>
<i>Child 1:</i>			
<i>Child 2:</i>			
<i>Child 3:</i>			
<i>Child 4:</i>			
<i>Child 5:</i>			



31. Do you regularly use alcohol?

- yes  no

In a typical month, how often do you have 4 or more drinks in a 24-hour period? \_\_\_\_\_

32. Have you ever tried to cut down on the amount of alcohol you consume?

- yes  no

33. Has anyone close to you ever been annoyed by your drinking?

- yes  no

34. Do you consider your alcohol consumption to be a problem?

- yes  no  unsure

35. How often do you engage in recreational drug use?

- daily  monthly  never  
 weekly  rarely

36. Do you consider this drug use to be a problem?

- yes  no  unsure

37. Have you ever experienced legal problems?  yes  no

If yes, nature of problem: \_\_\_\_\_

38. In the past, how would you rate the quality of your friend/peer relationships?

- very poor  average  excellent  
 unsatisfactory  good

39. Approximately how many significant intimate relationships, lasting six months or more, have you had?

\_\_\_\_\_ Are you currently in one?  yes  no  unsure

40. Do you have any problems or worries about sexual functioning?

- yes  no

If yes, check where applicable:

- performance problem  difficulty maintaining arousal  other \_\_\_\_\_  
 sexual impulsiveness  
 lack of desire  worry about STD(s)

41. What is your sexual orientation?

- heterosexual  gay/lesbian  bisexual  unsure

42. Besides family members, approximately how many people can you really count on currently for friendship or emotional support? \_\_\_\_\_

43. How do you spend your leisure time?

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

**MENTAL HEALTH HISTORY**

**44. Are you currently receiving psychiatric services, professional counseling, or therapy elsewhere?**

yes                       no

**45. Have you ever had previous counseling or psychotherapy?**                       yes                       no

**If yes, please specify the following:**

Reason for counseling: \_\_\_\_\_

Counseling location: \_\_\_\_\_

Counseling date: \_\_\_\_\_

Counseling duration: \_\_\_\_\_

**46. Have you ever been hospitalized for psychiatric reasons?**                       yes                       no

**If yes, please specify the following:**

Reason for hospitalization: \_\_\_\_\_

Hospital location: \_\_\_\_\_

Dates of hospitalization: \_\_\_\_\_

Duration of hospitalization: \_\_\_\_\_

**47. Have you ever been prescribed medication for psychiatric reasons?**                       yes                       no

**If yes, please specify the following:**

Name/dose of medication: \_\_\_\_\_

Date of prescription: \_\_\_\_\_

Duration of medication: \_\_\_\_\_

Name of physician who prescribed medication: \_\_\_\_\_

**48. Have you had suicidal thoughts recently?**                       yes                       no

**If yes, how often?**

daily                       weekly                       monthly                       rarely

**49. Have you had suicidal thoughts in the past?**                       yes                       no

**If yes, how often?**

daily                       weekly                       monthly                       rarely

**50. Have you ever intentionally inflicted harm upon yourself? ?**                       yes                       no

**If yes, how often?**

daily                       weekly                       monthly                       rarely

Nature of harm: \_\_\_\_\_

**51. Have you ever intentionally hurt someone else?**                       yes                       no

Nature of harm: \_\_\_\_\_

**52. Have you ever experienced any form of traumatic experience?**                       yes                       no

When? \_\_\_\_\_

Nature of experience: \_\_\_\_\_

**53. Have you ever experienced sexual assault, unwanted sex, or uncomfortable touching?**

- frequently
- a few times
- once

- never
- unsure

**54. How does the future look to you?**

- poor
- fair

- neutral
- good

- excellent

**55. Briefly describe your plans for the future.**

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**56. What do you hope to accomplish through counseling?**

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**57. Is there anything else you would like your counselor to know about you?**

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*Please bring this form with you to your next appointment.*

*Thank you for your time and effort!*