

Patient Questionnaire - Part II
PERSONAL INFORMATION QUESTIONNAIRE

Fill in what you can. Your doctor will assist with the rest. Indicate "yes by placing a check in the box provided for each question. Indicate "no" by leaving box blank:

Name: _____

SPIRITUAL CONCERNS

(FOR PERSONS WHO ARE RELIGIOUS)

- Do you feel separated from God*?
Are you experiencing:
guilt about some act, attitude, or thought?
doubts about God* or some other aspect of your religious faith?
Have you made a commitment to a religious way of life?
State what religion
Are you experiencing:
a lack of hope in God*'s help for the future?
problems in living out your spirituality:
in your neighbourhood?
in your job?
in your circle of friends?
in your family
a lack of assurance of salvation?
discouragement about your spiritual way of life?
a lack of regular scripture reading and prayers?
a lack of spiritual growth?
a lack of regular attendance at religious worship and other activities?
Do you feel that God* has given up on you?
Have you experienced any recent changes (for better or worse) in your religious practices, experiences, or lifestyle?
Have you ever consulted an occult healer?
Are you experiencing any specific evidence of spiritual evil affecting you?
Do you feel that you are neglecting your spiritual life due to distractions such as work, materialism, relationship problems, or illness?
Do you feel uncertain that you are following the will of God* in:
your career or vocation?
your choice of partner?
any other important areas?

Are there any other spiritual problems affecting you? If so, please specify:

* "God" according to your religion.

- Do you have a religious faith or spiritual commitment?
If not, are you thinking of making a commitment? If so, which faith?

PHYSICAL CONCERNS

- Do you feel you have a physical problem?
If so, specify the symptoms:
If so, would you like one of our doctors to manage these?
Are you due for an annual medical check-up?
Do you wish to have one?

HEALTH HABITS

- Have you been neglecting to do the following:
exercise for at least 30 minutes 3 times a week regularly?
regularly monitor your intake of:
sugars?
oils and fats?
salt?
fruit?
vegetable?
water?
eat 7-10 portions of fruits and/or vegetables daily?
drink one glass of skim, or low fat soy milk daily?
avoid fatty meats?
eat meat substitutes (e.g. soy products, legume-combinations)?
eat mostly whole and natural carbohydrates?
take multivitamin and mineral supplements?
avoid fats except "good fats" (e.g. olive, canola, peanut, fish or flaxseed oils)?
avoid sugar and salt, except that which occurs naturally in food?
use herbal seasoning for taste and medicine?
drink 6-8 glasses of water daily?
have an annual medical check up?
have regular fun, e.g. entertainment and recreation?
have regular hobbies?
find occasions for humour?
relax regularly?
promote your intellectual growth?

- pay regular attention to your spiritual life (e.g. devotions, fellowship, meditation, praise, forgiveness)?
 - pay attention to your social life (e.g. close friends, calling, visiting and entertaining)?
 - help others in the society (voluntary service)?
 - enjoy nature regularly (e.g. gardening, pets, walks, seabathing)?
 - regularly help to preserve the environment and avoid practices that will damage it?
- Other symptoms or concerns not mentioned:
-

B. PERSONAL INFORMATION

1. FAMILY AND CULTURE

FAMILY

Spouse: Name _____ D.O.B _____ Age _____

Occupation _____ Religion _____

Parents : Father _____ Age _____ Religion _____

Occupation _____

Deceased: yes/no _____ Year (if yes): _____ Cause _____

Mother _____ Age _____ Religion _____

Occupation: _____

Deceased: yes/no _____ Year (if yes): _____ Cause _____

Rate your father's relationship to his children as a whole.				Rate your mother's relationship to her children as a whole.			
Not Good	Moderate	Good	Very Good	Not Good	Moderate	Good	Very Good

Parents' relationship with each other:	PAST-	Not Good	Moderate	Good	Very Good
		Not Good	Moderate	Good	Very Good
	PRESENT-				

Comment on any difficulties. Include and indicate *past* and *present* problems that are significant.

BROTHERS AND SISTERS :

Name and Occupation	Sex and Age	Marital Status	Living Overseas?	Rate your relationship with that person			
				Not good	Moderate	Good	Very Good
1. _____	_____	_____	_____				
2. _____	_____	_____	_____				
3. _____	_____	_____	_____				
4. _____	_____	_____	_____				
5. _____	_____	_____	_____				
6. _____	_____	_____	_____				

Your position in family: _____ of _____ (e.g. 1st of 5)

Rate your siblings' relationship to each other			

Comment on difficult relationships and problems. Include and indicate *past* and *present* problems that are significant.

Children :

	Name and Occupation	Sex and Age	Marital Status	Living Overseas?	Rate your relationship with that person			
					Not Good	Moderate	Good	Very Good
1.	_____	_____	_____	_____				
2.	_____	_____	_____	_____				
3.	_____	_____	_____	_____				
4.	_____	_____	_____	_____				
5.	_____	_____	_____	_____				
6.	_____	_____	_____	_____				
					Rate your children's' relationship with each other			

Comment on difficult relationships and problems. Include and indicate *past* and *present* problems that are significant.

I Relationship with Father During Childhood

Check appropriate box: NONE LITTLE MODERATE GREAT

1.	How much did you talk with & confide in your father?				
2.	How much did you feel your father loved and accepted you?				
3.	How much affection and praise did your father give to you?				
4.	How much activities did your father engage in with you?				
5.	How much skill did your father show in providing for the family?				
6.	How much skill did your father show as a homemaker, if and when he had to?				

Comment on difficulties specified and others as necessary

II Relationship with Mother During Childhood

Check appropriate box: NONE LITTLE MODERATE GREAT

1.	How much did you talk with & confide in your mother?				
2.	How much did you feel your mother loved and accepted you?				
3.	How much affection and praise did your mother give to you?				
4.	How much activities did your mother engage in with you?				
5.	How much skill did your mother show as a homemaker?				
6.	How much skill did your mother show in providing for the family, if and when she had to?				

Comment on difficulties specified and others as necessary

III. **Marriage or Living Partner Arrangement**

How long have you been together? _____

Conflict with spouse over:-

Check appropriate box: NONE LITTLE MODERATE GREAT

1.	Religion				
2.	Drinking				
3.	Money				
4.	Sex				
5.	Relatives / In-laws				
6.	How to handle differences of opinions				
7.	Excessive control & jealousy				
8.	Other areas (indicate)				

Comment on difficulties specified and others as necessary

IV. **Relationship with Partner**

How do you relate to your partner?

Check appropriate box: NONE LITTLE MODERATE GREAT

1.	How much do you talk with & confide in your partner?				
2.	How much do you think your partner feels loved and accepted by you?				
3.	How many activities do you engage in with your partner?				
4.	How much affection and praise do you give to your partner				
5.	How much skill do you show as a homemaker?				
6.	How much skill do you show in providing for the family, if and when you have to?				

Comment on difficulties specified and others as necessary

How does your partner relate to you?

1.	How much does your partner talk with & confide in you?				
2.	How much do you feel your partner loves and accepts you?				
3.	How many activities does your partner engage in with you?				
4.	How much affection and praise does your partner give to you?				
5.	How much skill does your partner show as a homemaker?				
6.	How much skill does your partner show in providing for the family, if and when he/she has to?				

Comment on difficulties specified and others as necessary

V. **Relationship with your Children**

Check appropriate box: Very Little Moderate Great
Little

1.	How adequate do you feel as a parent?				
2.	How much conflict do you have with your spouse or partner over problems of training & discipline of children?				
3.	How much personal satisfaction do you derive from being a parent?				
4.	How much do your children feel loved and accepted by you?				
5.	How much do you talk with your children?				
6.	How many activities do you engage in with your children?				
7.	How much affection and praise do you give your children?				
8.	How much do your children confide in you?				
9.	How much responsibility do you give to your children in the home?				
10.	How many conflicts do your adolescent or young adult children have with you over independence and trust?				
11.	How much do your children apply themselves to their responsibilities home, school, church community, etc.?				

Comment on difficulties specified and others as necessary.

Comment on difficult relationships. Include and indicate *past* and *present* problems that are significant.

CULTURAL HISTORY

How do you feel about your racial/ethnic background?

What experiences have you had with regard to your racial/ethnic background?

At home

school

community

workplace

church

other settings

How have you identified with your racial/ethnic heritage?

What has been your experience with cultural and religious beliefs and practices related to your racial/ethnic background?

CURRENT CONCERNS

What are the *major symptoms* and *problems* that have brought you here?

(Use “Symptoms and Concerns” questionnaire to assist)

Symptoms:

Problems:

List five things about yourself that *you would like to change*.

(Use “Symptoms and Concerns” questionnaire to assist)

What solutions or efforts have you tried to solve the problems that bring you here? State benefits, if any.

If you have a preference for one or more of the following methods, please indicate:

- 1. Individual counselling []
- 2. Marital or relationship counselling []
- 3. Group counselling []
- 4. Workshop/topic discussion []

2. SPIRITUAL ASSESSMENT

Dr. E. Anthony Allen
Consultant Psychiatrist

Name: _____

SELF-UNDERSTANDING

What is *most important* to you in life?

IDENTIFICATION

Do you belong to any *specific religion or denomination*? If so which?

OVERVIEW

Share about *your spiritual life*.

(If one is intentionally not spiritually involved then the other questions need not be pursued.)
What does your spirituality mean to you?

PRACTICES

How regularly do you attend your *place of worship*?

How regular are your *devotional activities*?
- the reading of your scriptures _____

- prayer and meditation _____

In what *other spiritual activities* are you involved?

FAITH

How do you *feel about God*?

EXPERIENCE

How has He *been to you*?

If you don't believe in God, what is your understanding of who or what you consider is most supreme in the order of life?

How has(ve) this/these being(s) or entity(ies) affected your life?

STRENGTHS

List five things you like about yourself or that others have complimented you about.

List five good things about your life circumstances.

What are your major strengths? (e.g. abilities, skills, physical attributes, character, personality, spirituality)

What are your major interests and hobbies?

EXISTENTIAL CONCERNS

How do you *feel about life*?

How do you feel about *the future*?

What do you see as the *main purpose* of your life?

What feeling do you have about *the end of life*?

PROBLEMS

Are you having any *spiritual problems*?

If so, do you wish to discuss them?

What are they?

GOALS OF GROWTH

What *goals*, if any, do you wish to set for your future spiritual growth?

Whom, if anyone, would you seek *assistance* from?
