

WHOLE PERSON SELF-ASSESSMENT QUESTIONNAIRE FOR SEEKING PROFESSIONAL ASSISTANCE

○ *ARE THERE ASPECTS OF YOUR WHOLE PERSON THAT NEED PROFESSIONAL ATTENTION?*

This questionnaire is intended to help you assess and take the appropriate action for any help that might be necessary. For each question that applies to you, indicate “yes” by placing a check in the box provided. Indicate “no” by leaving the box blank. Photocopy original for repeated self-assessment.

Taking action will help to ensure wellness for the Whole Person.

PHYSICAL CONCERNS

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

EMOTIONAL AND STRESS SYMPTOMS

Tick for **unusual** symptoms.

Recently, have you:

- ☐ had difficulty in sleeping?
- ☐ been feeling a loss of desire to eat?
- ☐ been lacking in energy?
- ☐ been having any difficulty in concentrating on whatever you are doing?
- ☐ been feeling down in spirits or depressed?
- ☐ been feeling nervous or tense (tight in the muscles, headaches or skin sensations)?
- ☐ felt regularly under stress or pressure?

LIFE CONCERNS (Personal/Social/Economic)

Have you recently experienced, or are you now facing any of the following **crises**:

- ☐ death of a close friend, relative or community member?
- ☐ separation or divorce?
- ☐ a broken relationship?
- ☐ a difficult relationship?
- ☐ loss of your job?
- ☐ a difficult job?
- ☐ problems with finding employment?

- ☐ problems with finding housing?
- ☐ a severe financial crisis?
- ☐ stress in academic studies or exams?
- ☐ academic failure?
- ☐ trouble with the law?
- ☐ being the victim of crime or threats?
- ☐ facing retirement?
- ☐ getting married?
- ☐ unplanned pregnancy?
- ☐ problems with fertility issues (e.g. having children, birth control, abortion, difficult pregnancy)?

PROBLEMS WITH LIVING ENVIRONMENT

- ☐ Very depressed (poor) community
- ☐ High conflict crime
- ☐ Crime
- ☐ Noise
- ☐ Air pollution

LIFE -PROGRESS CONCERNS

- ☐ Are you uncertain in any way of your main goals in life?
- ☐ Do you feel as if you are not getting where you would like with your life?
- ☐ Have you had problems making life decisions?
- ☐ Do you feel greatly handicapped by a lack of educational opportunities?

RELATIONSHIP CONCERNS

Are you having problems in any of the following areas?

- ☐ with your partner?
- ☐ with your children?
- ☐ with your parents?
- ☐ with other relatives?
- ☐ on the job?
- ☐ at school?
- ☐ in your neighbourhood?
- ☐ in your church
- ☐ in getting on with other people?
- ☐ making friends?
- ☐ with loneliness?
- ☐ with a lack of persons with whom you can talk personally and rely on emotionally?
- ☐ with the opposite sex?
- ☐ with your sexual orientation?
- ☐ with your cultural background, i.e. colour, race, or nationality?

SPIRITUAL CONCERNS

- ☐ Do you feel separated from God?
- ☐ Do you feel that God has given up on you?

Are you experiencing

- ☐ guilt about some act, attitude, or thought?
- ☐ doubts about God or some other aspect of your religious faith?
- ☐ hopelessness in God's help for the future?
- ☐ any specific evidence of spiritual evil affecting you.
If so, please specify: _____
- ☐ problems in living out your spirituality in your neighbourhood, job, circle of friends or family?
- ☐ discouragement about your spiritual way of life?
- ☐ a lack of spiritual growth?
- ☐ a lack of regular scripture reading and prayers?
- ☐ a lack of regular attendance at religious worship and other activities?

- ☐ Do you feel that you are neglecting your spiritual life due to distractions such as work, materialism, relationship problems, or illness? If so please specify: _____
- ☐ Do you feel uncertain that you are following the will of God in:
 - ☐ your career or vocation?
 - ☐ your choice of partner?

HEALTH MAINTENANCE NEEDS

- ☐ Are you engaging in regular healthy lifestyles (e.g., exercise, nutrition, rest, relaxation, sleep, recreation & hobby and reaching out to others & God)
- ☐ Do I have annual medical checks?

ACTION STEPS

- ☐ I will consult
 - ☐ physician
 - ☐ counsellor
 - ☐ psychiatrist
 - ☐ social worker
 - ☐ pastor
- ☐ I will ask someone to spend time in prayer with me.
- ☐ I will improve my health lifestyle