Life Functioning Inventory

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

SECTION A: Basic Client Information

Full Name:_____ Address: _____

City/State/Zip:_____ Home Phone: _____

Work Phone:_____ Cell Phone: _____

Fax:_____ E-mail: _____

Do you have any objections to being contacted by telephone, mail, e-mail etc… ❑ Yes ❑ No

How would you like to be contacted? _____

Date of Birth:_____ Age:_____ Gender: ❑ Male ❑ Female

Emergency Contact Name:_____ Relationship: _____

Address:_____ City/State/Zip: _____

Home Phone:_____ E-mail: _____

Referred by: _____

SECTION B: Presenting Problem Analysis

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

_____

_____

_____

2. How would you rate the intensity of the problem or concern that led you to seek professional services? (circle one)

Extremely Intense		Moderately Intense		Not Intense
5	4	3	2	1

3. Approximately how long have you had the current problem or concern? _____

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

_____

_____

SECTION C: Cultural Background

1. What is your race/ethnicity?
   - ❑ White (non-Hispanic/Latino) ❑ Hispanic/Latino ❑ Black/African American
   - ❑ Asian American ❑ American Indian/Alaska Native ❑ Native Hawaiian/Pacific Islander
   - ❑ Multiracial (please specify): _____
   - ❑ International (please specify): _____
2. How much do you identify with your ethnic heritage? ❑ not at all ❑ a little ❑ somewhat ❑ moderately ❑ strongly
3. Religious or spiritual preference: _____
4. Are you currently active in your religion? ❑ yes ❑ somewhat ❑ no
5. Does your family speak a language other than English at home?
   - ❑ not at all ❑ very little ❑ sometimes ❑ frequently ❑ always

   If "sometimes" to "always", what language is spoken? _____
6. Were you and both your biological parents born in the U.S.? ❑ yes ❑ no ❑ unsure

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

   _____

   _____

SECTION D: Family Background

1. Please list the members of your current family:

Father	Age:	Occupation:	Education:
Mother	Age:	Occupation:	Education:
Sibling one	Age:	Occupation:	Gender: ❑ male ❑ female
Sibling two	Age:	Occupation:	Gender: ❑ male ❑ female
Sibling three	Age:	Occupation:	Gender: ❑ male ❑ female
Sibling four	Age:	Occupation:	Gender: ❑ male ❑ female

2. Is your father deceased? ❑ yes ❑ no Year? _____Is your mother deceased? ❑ yes ❑ no Year?_____
3. What is/was your parents' marital status? ❑married ❑divorced ❑separated ❑father remarried ❑mother remarried

4. Please list your step-family members (please circle “step” or “half”)

Step-Father	Age:	Occupation:	Education:
Step-Mother	Age:	Occupation:	Education:
Step/Half Sibling one	Age:	Occupation:	Gender: ❑ male ❑ female
Step/Half Sibling two	Age:	Occupation:	Gender: ❑ male ❑ female
Step/Half Sibling three	Age:	Occupation:	Gender: ❑ male ❑ female
Step/Half Sibling four	Age:	Occupation:	Gender: ❑ male ❑ female

What is your relationship status?

❑ Single ❑ Divorced ❑ Separated ❑ Widowed ❑ Married/Committed Relationship ❑ Remarried

5. What is your spouse’s/partner’s: Age?_____ Occupation? _____

Education?_____ Deceased? ❑ yes ❑ no Year? _____

6. Please list any children of yours:

Child one	Age:	Adopted?	❑ yes	❑ no	Gender: ❑ male ❑ female
Child two	Age:	Adopted?	❑ yes	❑ no	Gender: ❑ male ❑ female
Child three	Age:	Adopted?	❑ yes	❑ no	Gender: ❑ male ❑ female
Child four	Age:	Adopted?	❑ yes	❑ no	Gender: ❑ male ❑ female
Child five	Age:	Adopted?	❑ yes	❑ no	Gender: ❑ male ❑ female

7. Please list any step-children of yours:

Step-child one	Age:	Gender: ❑ male ❑ female
Step-child two	Age:	Gender: ❑ male ❑ female
Step-child three	Age:	Gender: ❑ male ❑ female
Step-child four	Age:	Gender: ❑ male ❑ female
Step-child five	Age:	Gender: ❑ male ❑ female

8. Please check any past, present, or impending problems/issues in your family:

❑ deaths ❑ physical/sexual abuse ❑ divorce

❑ financial crisis/unemployment ❑ frequent relocations ❑ legal problems

❑ debilitating injuries/disabilities ❑ attempted/completed suicide ❑ alcohol/drug abuse

❑ eating disorders ❑ serious/chronic illiness ❑ psychiatric disorder

❑ marital affairs/infidelity ❑ other: _____

Please specify family member(s), which problem/issue, and approximate year of occurrence.

_____

_____

9. Have you personally experienced significant abuse?

❑ none ❑ unsure ❑ emotional ❑ physical ❑ sexual

10. In general, how happy or adjusted were you growing up?

❑ poor ❑ unsatisfactory ❑ average ❑ substantial ❑ completely

11. How much is your immediate family a souce of emotional support for you?

❑ none ❑ little ❑ somewhat ❑ substantial ❑ always

12. How much conflict in values do you currently experience with your parents?

❑ none ❑ little ❑ somewhat ❑ substantial ❑ always

13. Who in your family do you currently feel closest to? _____

Most distant from?_____ In most conflict with? _____

SECTION E: Education Information and Work History

1. Please indicate your educational level.

❑ less than high school ❑ H.S. equivalent/GED ❑ high school diploma

❑ vocational ❑ some college (no degree completed) ❑ bachelor's degree

❑ master's degree ❑ doctoral degree ❑ other: _____

2. What was your major/minor/area of concentration? _____

3. Did you experience any learning problems in school?

❑ none ❑ little ❑ somewhat ❑ substantial ❑ always

4. How satisfied are you with your academic progress so far? (please circle)

very satisfied satisfied very dissatisfied

5 4 3 2 1

5. What barriers, if any, are impeding your academic progress? _____

6. What is your current job and/or occupation? _____

7. Where are you employed? _____

8. How satisfied are you with your current job and or occupation? (please circle)

very satisfied satisfied very dissatisfied

5 4 3 2 1

9. Please list four most recent employers and dates of employment:

Employer one:	Dates of employment:

Employer one:	Dates of employment:
Employer one:	Dates of employment:
Employer one:	Dates of employment:

10. Have you ever been fired from a job? ❑ yes ❑ no

    If yes, for what reason? _____

11. Have you ever walked off a job? ❑ yes ❑ no

    If yes, for what reason? _____

SECTION F: Health and Social Issues

1. How is your physical health at present? ❑ poor ❑ fair ❑ satisfactory ❑ good ❑ excellent
2. Please list any persistent physical symptoms or health concerns (e.g., chronic pain, headaches, diabetes, etc.)

   _____

3. Please list any prescribed medications you are presently taking:

   _____

4. Are you having any problems with your sleep habits? ❑ yes ❑ no

   If yes, check were applicable: ❑ sleeping too little ❑ sleeping too much ❑ poor quality sleep
   ❑ disturbing dreams ❑ other: other: _____

5. How many times per week do you exercise?_____ For how long? _____
6. Are you having any difficulty with appetite or eating habits? ❑ yes ❑ no

   If yes, check were applicable: ❑ eating less ❑ eating more ❑ binge eating
   ❑ restricting calories ❑ significant weight change (in past two months)

7. 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? _____

8. Have you ever tried to cut down on the amount of alcohol you consume? ❑ yes ❑ no
9. Has anyone close to you ever been annoyed by your drinking? ❑ yes ❑ no
10. Do you consider your alcohol consumption to be a problem? ❑ yes ❑ no ❑ unsure
11. How often do you engage in recreational drug use? ❑ daily ❑ weekly ❑ monthly ❑ rarely ❑ never
12. Do you consider this drug use to be a problem? ❑ yes ❑ no ❑ unsure
13. Have you ever experienced legal problems? ❑ yes ❑ no Nature of problem: _____

    _____

14. In the past, how would you rate the quality of your peer relationships?

❑ very poor ❑ unsatisfactory ❑ average ❑ good ❑ excellent

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

Are you currently in one? ❑ yes ❑ no ❑ unsure

16. Do you have any problems or worries about sexual functioning? ❑ yes ❑ no

If yes, check were applicable: ❑ performance problem ❑ sexual impulsiveness ❑ lack of desire

❑ difficulty maintaining arousal ❑ worry about STD(s) ❑ other _____

17. What is your sexual orientation? ❑ heterosexual ❑ gay/lesbian ❑ bisexual ❑ unsure

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

19. How do you spend your leisure time? _____

SECTION G: Mental Health History

1. Are you currently receiving psychiatric services, professional counseling or therapy elsewhere? ❑ yes ❑ no

2. 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: _____

3. 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: _____

4. 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: _____

Physician who prescribed medication: _____

5. Have you had suicidal thoughts recently? ❑ yes ❑ no How often? ❑ daily ❑ weekly ❑ monthly ❑ rarely

Have you had them in the past? ❑ yes ❑ no How often? ❑ daily ❑ weekly ❑ monthly ❑ rarely

6. Have you ever intentionally inflicted harm upon yourself? ❑ yes ❑ no

How often? ❑ daily ❑ weekly ❑ monthly ❑ rarely Nature of harm: _____

7. Have you ever intentionally hurt someone else? ❑ yes ❑ no Nature of harm: _____

8. Have you ever experienced any form of traumatic experience? ❑ yes ❑ no When: _____

   Nature of experience: _____

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

   ❑ frequently ❑ a few times ❑ once ❑ never ❑ unsure

10. How does the future look to you? ❑ poor ❑ fair ❑ neutral ❑ good ❑ excellent

11. Please describe your future plans: _____

    _____

12. What do you hope to accomplish through counseling? _____

    _____

13. Is there anything else you would like your counselor to know about you? _____

    _____

Thank you for your time and effort!