LIFE FUNCTIONING INVENTORY

Name: ____ **Age:** _________**Date:** ________________________________

The information you provide will help in the planning of your counseling.

PROBLEM ANALYSIS

1. PROBLEM DESCRIPTION**:** Briefly **describe the problem** you most wish help with right now**:**

____
____
____
____

Please mark any of the following symptoms you may be experiencing:

☐sad mood/tearfulness	☐intrusive thoughts	☐elated/manic mood	☐no pleasure	☐obsessive thinking
☐rapid speech	☐no energy	☐compulsive behavior	☐impulsive	☐sleep disturbances
☐panic attacks	☐hallucinations	☐appetite changes	☐fear of crowds	☐suicidal thoughts
☐low self-esteem	☐fear of germs	☐violent thoughts	☐guilt	☐compulsions
☐severe nausea	☐poor concentration	☐nightmares	☐flashbacks	☐migraine headaches
☐excessive worry	☐sexual dysfunction			

2. PROBLEM INTENSITY**:** How would you **rate the intensity** of the problem or concern that brought you in?
☐not intense ☐moderately ☐intense ☐extremely intense

3. PROBLEM DURATION: Approximately **how long** have you had the current problem?
____
____

4. COPING ATTEMPTS: In what ways have you attempted to cope with this problem?
____
____
(Please include if you are using any addictive substances, such as increased alcohol use, drugs, etc.)

PRIOR COUNSELING

1. Have you been in counseling before? ☐yes ☐no
2. Was it a positive experience? ☐yes ☐no
3. Why/Why not?
____
____

4. What are the things that work well for you in counseling?
____
____
____

GENDER

1. What is your gender? ☐male ☐female ☐other: ____

2. Do you consider yourself: ☐heterosexual/straight ☐homosexual ☐bisexual ☐transgender ☐prefer not to answer

RELATIONSHIP INFORMATION

1. What is your **relationship status**? ☐single ☐divorced ☐separate ☐widowed ☐married/committed
If previously married, how long? ______________________________

2. If divorced, what was the main reason for this? ☐marital conflict ☐infidelity ☐money ☐lack of intimacy
☐family/in-laws ☐other____

3. How long have you and your current partner (partners) been together?
____

4. What is your spouse/partner(s)'s age? ____________ Occupation? ______________________________
Education? ____

5. What were the qualities that initially attracted you to your current partner (partners)?
____
____

6. What was the very beginning of your relationship like? ____
____

7. What was your first and/or most recent disappointment of the relationship? __________________________
____
____

8. How do you handle conflict? ____________________________________
____

9. How does your partner handle conflict? ____
____

10. What helps you to calm down when you are upset? ____
____

11. When you want support from your partner do you get it? If so, how? ______________________________
____

12. What is your biggest concern in the relationship right now? ☐marital conflict ☐infidelity ☐money ☐lack of intimacy ☐family/in-laws ☐addiction (drugs, alcohol, porn, etc.) ☐communication issues ☐other: __________
____

13. If you could change one thing to improve your relationship with your partner, what would it be? ____________
____

14. What do you want to get out of therapy? (i.e., awareness, skills, resources, understanding, tools, strategies, etc.)
____
____

Immediate Family Members	**Relationship** (spouse, children, parents, etc.)	**Age**
1.		
2.		
3.		
4.		
5.		

FAMILY HISTORY/CULTURAL BACKGROUND

1. Has anyone in your immediate or extended family struggled with or is currently struggling with the following issues:
   ☐divorce ☐attempted or completed suicide ☐frequent relocations ☐infidelity
   ☐psychiatric disorder ☐serious illness ☐eating disorder(s) ☐disabilities
   ☐debilitating injury ☐financial crisis ☐alcoholism ☐drug abuse
   ☐abuse: ▫physical ▫emotional ▫sexual ▫verbal

   If yes, please indicate relationship:
   ☐spouse ☐mother ☐father ☐sibling ☐child ☐grandfather/mother ☐other: ____________________

2. Have you personally experienced significant **family abuse**? ☐no ☐unsure ☐emotional ☐physical ☐verbal ☐sexual By whom? ______________________________ Was it ever reported? ☐yes ☐no ☐unsure

3. In general, how **happy or adjusted** were you growing up? (check one)
   ☐poor ☐unsatisfactory ☐about average ☐substantial ☐completely

4. How much is your immediate family a source of **emotional support** for you? (check one)
   ☐none ☐little ☐somewhat ☐substantial ☐very strong

5. How much **conflict in values** do you currently experience with your parents? (check one)
   ☐very little or none ☐some/moderate ☐strong/extreme

6. Who in your family do you currently **feel closest** to? ____
   Most distant from? ____________________________ In most conflict with? ______________________________

7. Does your family speak another language other than English at home? ☐yes ☐no
   If so, what language? ____

8. Were you and both of your biological parents born in the U.S.? ☐yes ☐no ☐unsure

HEALTH AND SOCIAL ISSUES

1. How is your present **physical health**?
   ☐poor ☐unsatisfactory ☐satisfactory ☐good ☐very good

2. Please list any persistent physical symptoms or health concerns (chronic pain, headaches, hypertension, diabetes,etc.)____

3. Are you currently taking prescribed antidepressant, psychiatric or other medication? ☐yes ☐no
   If yes, name of the medication, dosage, and length of use: ________________________________

   Do you feel that it is working ☐yes ☐no

   Do you have a family history of anyone being diagnosed with depression, anxiety, or any other mental health condition? ☐yes ☐no

   If yes, please list family member and condition: ________________________________

   ____

   Have you **ever** been prescribed psychiatric medication? ☐yes ☐no
   Medication & dose: ____

4. Are you having any problems with your **sleep habits**? ☐yes ☐no (If yes, check where applicable
   ☐sleeping too little ☐sleeping too much ☐poor quality sleep ☐disturbing dreams ☐other

5. How many times per week do you **exercise**? ____________ How long each time? ____________
   What type of exercise do you enjoy doing? ____

6. Are you having any difficulty with **appetite or eating habits**? ☐yes ☐no (If yes, check where applicable)
   ☐eating less ☐eating more ☐binging ☐restricting
   Weight change in the last 2 months? ☐yes ☐no If yes, how much? ____________________
   Did something in your life change that may have caused your eating habits to change? Explain: __________
   ____

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? ________________
   Do you consider your alcohol consumption a problem? ☐yes ☐no ☐unsure
   Has your alcohol use negatively impacted your relationships, job, ability to function? Explain: __________
   ____

8. How often do you engage in **recreational drug use**? ☐never ☐rarely ☐monthly ☐weekly ☐daily
   Do you consider this drug use a problem? ☐yes ☐no ☐unsure
   Has your drug use negatively impacted your relationships, job, ability to function? Explain: __________
   ____

9. Do you have any problems or worries about **sexual functioning**? ☐yes ☐no (If yes, check where applicable)
   ☐lack of desire ☐performance problem ☐sexual impulsiveness ☐unable to achieve orgasm ☐difficulties maintaining arousal ☐worried about sexually transmitted disease ☐other: ____________________
   Since when? ____

10. Have you ever experienced **sexual assault, unwanted sex, or uncomfortable touching**?
☐unsure ☐never ☐once ☐a few times ☐frequently By whom? _________________
Was it ever reported? ☐yes ☐no ☐unsure When did it occur? __________________________________

11. Do you engage in **viewing pornography**? ☐yes ☐no ☐sometimes

12. Do you engage in **compulsive sexual behavior** (i.e., compulsive self-stimulation, sexual impulsiveness, lack of sexual control, etc.)?
☐never ☐rarely ☐monthly ☐weekly ☐daily ☐multiple times daily
Do you consider this a problem? ☐yes ☐no ☐unsure

If applicable, has the use of pornography or other sexual behaviors negatively impacted your intimate relationships, employment, ability to function, etc.? Please explain: _____________________________________
____

13. Have you had **suicidal thoughts** recently? ☐never ☐rarely ☐sometimes ☐frequently
Have you had them in the past? ☐never ☐rarely ☐sometimes ☐frequently

14. Have you ever intentionally **inflicted any harm upon yourself**? ☐yes ☐no ☐unsure
If yes, how? ☐cutting ☐suicide attempt ☐other (specify): _______________________________________

15. In the past, how would you rate the quality of your **peer relationships**?
☐excellent ☐good ☐about average ☐unsatisfactory ☐very poor

16. Besides family members, approximately how many people can you really count on right now for **friendship or emotional support**? ______ Who are they? ____

17. Have you experienced a **recent loss/losses** (i.e., death of loved one, divorce, unemployment, major life change, illness, accident, empty nest, etc.)? If yes, please explain: ____
____
Do you feel that you have dealt with or resolved your grief? ☐yes ☐no

ACADEMIC/WORK BACKGROUND

1. How would you describe your **work/school life**?
☐poor ☐unsatisfactory ☐about average ☐good ☐excellent

2. How satisfied are you with your **work/academic** progress? ____

3. Did you experience learning or other academic problems in elementary, middle school, or high school?
☐none ☐little ☐some ☐substantial ☐constant struggle ☐underperformance/low grades
☐social problems ☐inattention/staying "on task" ☐unable to sit still ☐lack of focus ☐organization/time
Highest educational level ____________________________ Degree ______________________________________

4. Have you ever been fired from a job? ☐yes ☐no

5. Have you ever walked out of a job? ☐yes ☐no If so, why? ____

MEMORIAL RELATIONSHIPS &
COUPLES CENTER, PLLC

PERSONAL

1. List your most dominant **positive thoughts** about yourself.
   ____

2. List your most dominant **negative thoughts** about yourself.
   ____

3. Do you struggle with **self-esteem or identity issues**? If yes, please explain:
   ____

4. Have you personally experienced **legal problems**? ☐yes ☐no

FAITH PRACTICE

1. Faith preference ___________________________ Currently active? ☐yes ☐no ☐somewhat/occasionally