



INNERLIFE
ADVENTURES

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Detailed Questionnaire

All of the questions listed here are optional, but we encourage you to answer as much as you can to get you thinking in more detail about your life and to save us time in session. Some of these topics may or may not come up in our work together. The more you complete, the more we can understand you as a whole and complete person, even if the question doesn't seem relevant at this time. Remember, this and anything we discuss are strictly confidential.

Name_____

Date_____

How would you describe yourself as a person?

What are your top 3 strengths?

What are your top 3 perceived weaknesses?

Who or what is the best support for you in your life right now?

What is your definition of a life well lived?

What is your life about?

What do you most enjoy spending your time doing? What do you do for fun and/or play?

How much time do you spend outside? What do you do outside?

Present Situation

What made you decide to seek counseling/therapy?

How long has this been going on?

What have you done to address this in the past? Especially what has helped in the past?

What would you like to experience in life that is different from what you are experiencing now?

What are your top 3 self-sabotaging behaviors?

Please describe any alcohol or other drug use past or present. How much? How often?

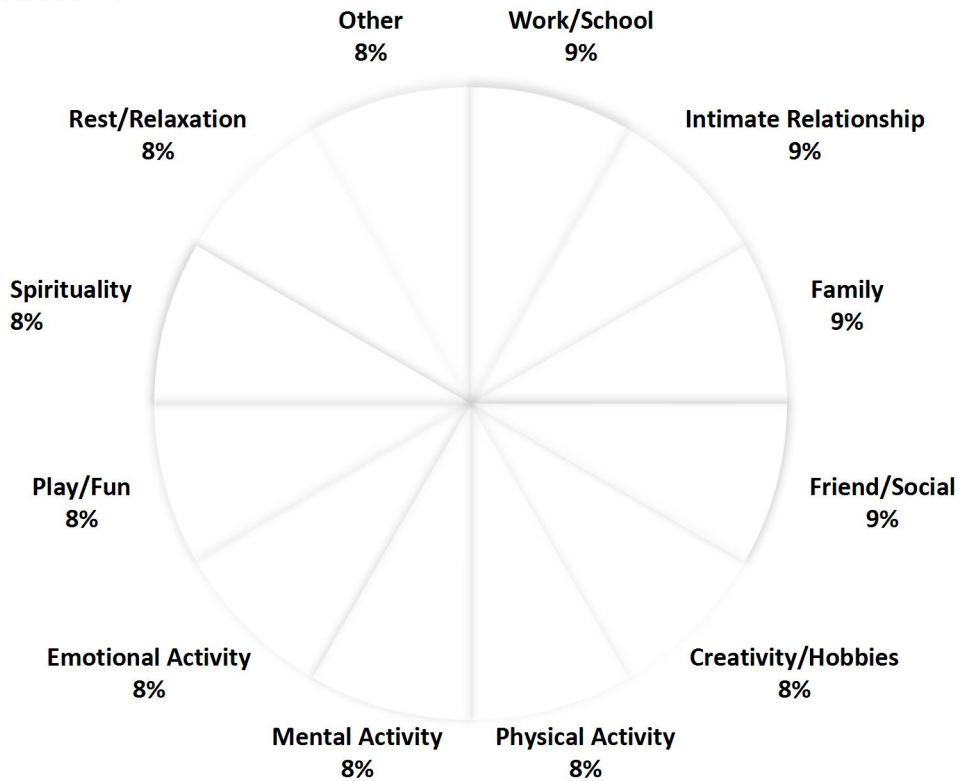
Please list any prescription or over the counter medications, or supplements with dosages.

Do you or have you had thoughts of hurting or killing yourself or someone else? If so, please describe.

What do you do for yourself every week that makes you feel better?

How is your diet/nutrition?

LIFE BALANCE



Please shade in the above wheel in each category from the center outward representing how much time/energy you currently spend engaging in each of the above activities each week.

Past History

Please briefly list any trauma, abuse, or major loss you may have experienced. This could be any deeply distressing or disturbing event where your system feels a state of shock, overwhelm, numbing, etc. It can be relational involving another person including emotional harm or neglect or physical (such as a car or bike accident).

Please list any current or past diseases, illnesses, mental health diagnosis, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures, and any other medical conditions.

If you have been in therapy before, who did you see? What did they do that was helpful/not helpful?

What 3 events have had the biggest impact on your life? (Could be positive or negative.)

What regrets do you hold?

What resentments do you hold?

What personal growth, workshops, seminars, therapy, etc have you engaged in that has been most impactful to you?

Relationships

Are you currently in an intimate relationship? With whom? How would you describe it?

Please list any significant past relationships and one word to describe them. How/why did it end?

How would you describe your sex life?

How would you describe your relationships with your friends?

How would you describe your relationships with children?

How would you describe your relationship with your emotions?

What is your relationship with the unknown? And/or what is your current relationship with religion/spirituality? What was your experience/involvement growing up?

How what is your relationship with intimacy, authenticity, and/or vulnerability?

What is your relationship with conflict?

List three people whom you most admire or would want to be like. List three specific qualities about each person that inspire you. This could be someone you know personally or a public figure.

Person	Quality 1	Quality 2	Quality 3

List three people whom you strongly dislike or would not want to be like. List three specific qualities about each person that you find objectionable. This could be someone you know personally or a public figure.

Person	Quality 1	Quality 2	Quality 3

Family Systems Information

Where were you born? _____ Where is "home?" _____

Ethnic/Cultural Identity _____ What is one word that describes your childhood? _____

Mother's Name: _____ Occupation: _____ Is she happy? Y/N

Father's Name: _____ Occupation: _____ Is he happy? Y/N

Are your parents still married? Y/N If not, when did they divorce? _____ How old were you at the time? _____

Siblings: Please list your siblings from oldest to youngest. Be sure to include yourself and circle yourself.

#1 M F Name _____ Age _____ Are you close? Y/N One word that describes this person? _____

#2 M F Name _____ Age _____ Are you close? Y/N One word that describes this person? _____

#3 M F Name _____ Age _____ Are you close? Y/N One word that describes this person? _____

#4 M F Name _____ Age _____ Are you close? Y/N One word that describes this person? _____

#5 M F Name _____ Age _____ Are you close? Y/N One word that describes this person? _____

#6 M F Name _____ Age _____ Are you close? Y/N One word that describes this person? _____

**** Please consider completing the Genogram Exercise to create a visual representation of this.**

Briefly describe your relationship with your mother (or who you consider to be your mother).

Briefly describe your relationship with your father (or who you consider to be your father).

How was your parent's relationship with each other?

Describe the atmosphere growing up in your childhood home. Especially around affection, emotions, conflict, parents relationship, etc.

Please describe any family history of alcoholism, domestic abuse, drug abuse, or mental health issues.

Life Timeline

Create a timeline of major life events. List anything that feels big or significant to you (or might to someone else). Some suggestions would be accomplishments, gains, losses, accidents, loves, celebrations, big decisions, changes, traumas, etc... No need to go into much detail right now. Just age and event.

Topics Checklist

Please circle any of the below topics that have been present in your life at some point.

Please put a star * next to any of the below topics which you may wish to address in our work together.

Abortion

Addictions - Specify: _____

Aggressive Behaviors

Anger Issues

Alcohol Use

Anxiety/panic attacks

Attention/Concentration

Birth of a Child

Body Image/Satisfaction

Career Problems

Change in eating habits

Childhood issues (your own)

Communication problems

Compulsive/repetitive behaviors

Concentration Issues

Death of a friend or family member

Decision Making

Depression

Disconnect from Emotions

Disorganized Thoughts

Dissociation

Divorce

Domestic Violence

Drug Use

Eating Concerns – Over/under eating, appetite, vomiting, weight

Emptiness

Failure

Family Issues

Fatigue

Fear of being alone

Fears/phobias

Financial Problems

Friendships

Gambling Addiction

Goal Setting

Grieving/Mourning

Guilt

Hallucinations (Visual/Audio)

Health, illness, medical concerns – Specify _____

High Blood Pressure

History of emotional/verbal abuse

History of physical abuse

History of sexual abuse

Homicidal thoughts

Hopelessness

Housework/Chores

Hurting others

Hurting yourself

Immaturity

Impulsiveness

Inability to Express Feelings

Indecisiveness

Interpersonal Conflicts

Irresponsibility

Irritability

Job/Employment Related Difficulties

Judgment Problems

Lack of interest

Lack of Self Confidence

Legal Problems

Loneliness

Loss or Grief

Low Energy

Marital/Relationship Problems – conflict, distance, infidelity

Memory Problems

Menstrual Concerns – PMS

Miscarriage

Mood swings

Mood swings

Motivation (Lack of)

Negativity

Nervousness

Nightmares

Obsessive/intrusive thoughts

Oversensitivity to People

Paranoia

Parenting challenges

Perfectionism

Persistent Guilt

Personal Care

Personal Growth

Pessimism

Physical or Sexual Assault

Poor Concentration or task completion difficulty

Post Traumatic Stress

Prioritizing

Procrastination

Racing Thoughts

Relationship problems

Self Actualization

Self esteem issues

Self Harm (Cutting, Hair Pulling, Skin Picking, etc.)

Self-Centeredness

Self Improvement

Separation/Divorce

Serious Relationship Problem

Sexual Abuse or Rape

Sexual Addiction

Sexual Difficulties

Sexual identity or Gender identity issues

Sexual Orientation

Shyness

Sleep Problems (too much, too little, insomnia, falling asleep, nightmares)

Smoking/Tobacco Use

Social anxiety

Stress/Relaxation

Substance Abuse/Dependency

Substance Abuse/Dependency

Suicidal Thoughts

Surgery

Suspiciousness

Temper Control

Trusting Others

Unexplained memory loss or time loss

Withdrawing/Isolating

Workaholism

Worthlessness

Other: _____
