

Waterloo Counseling Center

Intake Assessment – Adult

Completing this brief questionnaire will help us provide services that meet your needs. All information shared is covered by the "Therapist-Client Agreement" in terms of confidentiality.

Name: _____ Age: _____ Date _____

How do you identify in terms of your:

Gender? _____ Sexual Orientation? _____ Ethnicity _____

For questions 1 – 40, please think about your experience in the past 2 months.

How often have you experienced each of the following?

	<i>Never</i>	<i>A Little</i>	<i>Somewhat</i>	<i>A lot</i>
1. Headaches	C	C	C	C
2. Insomnia	C	C	C	C
3. Weight loss (without dieting)	C	C	C	C
4. Stomach problems	C	C	C	C
5. Sexual problems	C	C	C	C
6. Feeling isolated from others	C	C	C	C
7. Flashbacks (sudden, vivid, distracting memories)	C	C	C	C
8. Restless sleep	C	C	C	C
9. Low sex drive	C	C	C	C
10. Anxiety attacks	C	C	C	C
11. Sexual overactivity	C	C	C	C
12. Loneliness	C	C	C	C
13. Nightmares	C	C	C	C
14. Spacing out (going away in your mind)	C	C	C	C
15. Sadness	C	C	C	C
16. Dizziness	C	C	C	C
17. Not feeling satisfied with your sex life	C	C	C	C
18. Trouble controlling your temper	C	C	C	C
19. Waking up early and can't get back to sleep	C	C	C	C
20. Uncontrollable crying	C	C	C	C
21. Fear of men	C	C	C	C
22. Not feeling rested in the morning	C	C	C	C
23. Having sex you didn't enjoy	C	C	C	C
24. Trouble getting along with others	C	C	C	C
25. Memory problems	C	C	C	C
26. Desire to physically hurt yourself	C	C	C	C
27. Fear of women	C	C	C	C
28. Waking up in the middle of the night	C	C	C	C
29. Bad thoughts or feelings during sex	C	C	C	C
30. Passing out	C	C	C	C
31. Feeling things are "unreal"	C	C	C	C
32. Unnecessary or over-frequent washing	C	C	C	C

	<i>Never</i>	<i>A Little</i>	<i>Somewhat</i>	<i>A lot</i>
33. Feelings of inferiority	C	C	C	C
34. Feeling tense all the time	C	C	C	C
35. Being confused about your sexual feelings	C	C	C	C
36. Desire to physically hurt others	C	C	C	C
37. Feelings of guilt	C	C	C	C
38. Feelings that you are not always in your body	C	C	C	C
39. Having trouble breathing	C	C	C	C
40. Sexual feelings when you shouldn't have them	C	C	C	C

How much do you agree with the following?

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
41. I feel good about myself	C	C	C	C
42. I can deal with my problems	C	C	C	C
43. I am able to accomplish the things I want	C	C	C	C
44. I have friends or family that I can count on for help	C	C	C	C

History

Before you were age 18, did a parent or another adult ever hurt or punish you in a way that left a bruise, cut, scratches, or made you bleed? YES NO

Before you were age 18, did anyone who was 4 or more years older than you ever do something sexual with you or to you? YES NO

Before you were age 18, did anyone who was less than 4 years older than you ever do something sexual to you that was against your will or that happened when you couldn't defend yourself (for example when you were asleep or intoxicated)? YES NO

Were you ever involved in a serious fire, earthquake, flood, or other disaster?

Before you were age 18, YES NO

After you were age 18, YES NO

Were you ever involved in a serious automobile accident?

Before you were age 18, YES NO

After you were age 18, YES NO

Did you ever see someone else get killed or badly hurt?

Before you were age 18, YES NO

After you were age 18, YES NO

Since you were 18 or older, did anyone ever do something sexual to you that was against your will or that happened when you couldn't defend yourself (for example when you were asleep or intoxicated)?

YES NO

Since you were 18 or older, have you ever been slapped, hit, or beaten in a sexual or marital relationship?

YES NO

Since you were 18 or older, have you ever been shot, shot at, stabbed, or nearly strangled in a sexual relationship? YES NO

Since you were 18 or older, have you ever been physically attacked, assaulted, stabbed, or shot at by someone who wasn't a sex partner or husband/wife? YES NO

Since you were 18 or older, have you ever fought in a war? YES NO

Please complete the following sentences

What I'm feeling now is _____

One of the things I feel proud of is _____

One of the things I feel guilty about is _____

I am happiest when _____

One of the things that saddens me most is _____

If I weren't afraid to be myself, I might _____

I get so angry when _____

If I get angry with you I _____

My three greatest fears are _____

The personal qualities I look for in an ideal therapist are _____

What I didn't like about a previous therapist was _____