SHARED VISION
PSYCHOLOGICAL SERVICES
Building Healthy Connections

RELATIONSHIP EXPERIENCE INVENTORY

This form is intended to help your therapist 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:**_____

E-mail:_____

Do you have any objections to being contacted by telephone, mail, e-mail, etc... ❒ yes ❒ no

How would you prefer to be contacted? _____ **SSN#:** _____

Date of Birth: _____ **Age:** _____ **Gender:** _____

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:**

_____

_____

How would you rate the intensity of the problem or concern that led you to seek professional services?

☐5 Extreme ☐4 Severe ☐3 Strong ☐2 Moderate ☐1 Mild

2. **Approximately how long have you had the current problem or concern?**

_____

3. **In what ways have you attempted to cope with this problem or concern?**

_____

5. **How would you rate the effectiveness of these coping strategies?** (please circle)

☐5	☐4	☐3	☐2	☐1
Extremely Effective		Moderately Effective		Not Effective

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 (specify): _____
   - ❒ International (specify): _____

2. **How much do you identify with your ethnic heritage**?

☐5	☐4	☐3	☐2	☐1
Strongly	Often	Somewhat	Rarely	Not at all

3. **Religious or spiritual preference:** _____

4. **Are you currently active in your religion?** ❒ yes ❒ somewhat ❒ no

5. **Do you attend religious services?** ❒ yes ❒ no

6. **Were you adopted?** ❒ yes ❒ no
   If yes, do you have a relationship with your biological parent(s)? ❒ yes ❒ no

7. **Does your family speak a language other than English at home?** ❒ yes ❒ no
   If yes, what language is spoken? _____

8. **Were you and both of your biological parents born in the U.S.?** ❒ yes ❒ no
   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 #1	***Age:***	***Occupation:***	***Gender***:
Sibling #2	***Age:***	***Occupation:***	***Gender***:
Sibling #3	***Age:***	***Occupation:***	***Gender***:
Sibling #4	***Age:***	***Occupation:***	***Gender***:

2. **Is your father living?** ❒ yes ❒ no (Year deceased?_____)
   Is your mother living? ❒ yes ❒ no (Year deceased?_____)

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 #1	***Age:***	***Occupation:***	***Gender***:
Step/half sibling #2	***Age:***	***Occupation:***	***Gender***:
Step/half sibling #3	***Age:***	***Occupation:***	***Gender***:
Step/half sibling #4	***Age:***	***Occupation:***	***Gender***:

5. **What is your relationship status?**
   ❒ single
   ❒ divorced
   ❒ separated
   ❒ widowed
   ❒ married/committed relationship
   ❒ remarried

6. **What is your spouse's/partner's**: **Age** _____ **Education**: _____
   Occupation _____ If deceased, year? _____

7. **Please list your children, if any**.

Child #1	***Age:***	***Adopted?*** ❒yes ❒no	***Gender***:
Child #2	***Age:***	***Adopted?*** ❒yes ❒no	***Gender***:
Child #3	***Age:***	***Adopted?*** ❒yes ❒no	***Gender***:
Child #4	***Age:***	***Adopted?*** ❒yes ❒no	***Gender***:
Child #5	***Age:***	***Adopted?*** ❒yes ❒no	***Gender***:

8. **Please list your step-children, if any**.

Step-child #1	***Age:***	***Gender***:
Step-child #2	***Age:***	***Gender***:
Step-child #3	***Age:***	***Gender***:
Step-child #4	***Age:***	***Gender***:
Step-child #5	***Age:***	***Gender***:

9. **Please check any past, present, or impending problems/issues in your family**:
   ❒ Deaths
   ❒ Divorce
   ☐ unemployment
   ❒ Physical / sexual abuse
   ❒ Financial crisis /
   ❒ Frequent relocations

- ❒ Legal problems
- ❒ Debilitating injuries / disabilities
- ❒ Attempted / completed suicide
- ❒ Alcohol / drug abuse
- ❒ Eating disorders
- ❒ Serious / chronic illness
- ❒ Depression / BiPolar Disorder
- ❒ Anxiety / Panic Disorder
- ❒ Marital affairs/infidelity
- ❒ Other:_____

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

_____

10. **In general, how happy or adjusted were you growing up?**
    - ❒ poor
    - ❒ unsatisfactory
    - ❒ average
    - ❒ substantially
    - ❒ completely
11. **How much is your family a source of emotional support for you?**
    - ❒ none
    - ❒ little
    - ❒ somewhat
    - ❒ substantially
    - ❒ always
12. **How much conflict do you currently experience with your parents?**
    - ❒ none
    - ❒ little
    - ❒ some
    - ❒ 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 highest educational level**.
    - ❒ Elementary School, grade _____
    - ❒ H.S. equivalent/GED
    - ❒ High school diploma
    - ❒ Vocational school
    - ❒ 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
    - ❒ some
    - ❒ substantial
    - ❒ always/constant struggle
4. **How satisfied are you with your academic progress so far?** (please circle)

    ☐ 5 very satisfied ☐ 4 ☐ 3 satisfied ☐ 2 ☐ 1 very dissatisfied
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)

    ☐ 5 very satisfied ☐ 4 ☐ 3 satisfied ☐ 2 ☐ 1 very dissatisfied

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

Employer #1:	***Dates of employment:***
Employer #2:	***Dates of employment:***
Employer #3:	***Dates of employment:***
Employer #4:	***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 of a job?** ❒ yes ❒ no

    If yes, for what reason? _____

12. **Were you ever in the military?** ❒ yes ❒ no
    If yes, When/how long? _____

    For what reason were you discharged? _____

SECTION F: Health and Social Issues

1. **How is your physical health at present?**
   ❒ poor ❒ satisfactory ❒ excellent
   ❒ fair ❒ good

2. **Please list any persistent physical symptoms or health concerns:** (e.g., chronic pain, headaches, diabetes, etc.)

   _____

   Please list any prescribed medications you are presently taking:

   _____

3. **Are you having any problems with your sleep habits?** ❒ yes ❒ no
   If yes, for how long? _____
   ❒ sleeping too little ❒ disturbing dreams
   ❒ sleeping too much ❒ other: _____
   ❒ poor quality sleep

4. **Are you having any problems with your memory?** ❒ yes ❒ no For how long? _____

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, are you:
   ❒ eating less ❒ restricting calories
   ❒ eating more ❒ weight change (in past two months)
   ❒ binge eating

7. **Do you smoke cigarettes?** ❒ yes ❒ no **For how long?** _____
   In a typical day, how many cigarettes do you smoke? _____

8. **Do you regularly use alcohol?** ❒ yes ❒ no
   In a typical month, how often do you have 4 or more drinks in a 24 hr. period? _____

9. **Have you ever tried to cut down on the amount of alcohol you consume?** ❒ yes ❒ no
   When? _____

10. **Has anyone close to you ever been annoyed by your drinking?** ❒ yes ❒ no

11. **Do you consider your alcohol consumption to be a problem?** ❒ yes ❒ no ❒ unsure

12. **How often do you engage in recreational drug use?**
    ❒ daily ❒ monthly ❒ never
    ❒ weekly ❒ rarely

13. **Do you consider this drug use to be a problem?** ❒ yes ❒ no ❒ unsure

14. **Have you ever experienced legal problems?** ❒ yes ❒ no
    Please describe: _____

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

16. **Approximately how many significant intimate relationships, lasting six months or more, have you had?** _____
    Are you currently in one? ❒ yes ❒ no ❒ unsure

17. **Do you have any problems or worries about sexual functioning?** ❒ yes ❒ no

    If yes, your worries include:
    ❒ performance problem ❒ difficulty maintaining arousal
    ❒ sexual impulsiveness ❒ worry about STD(s)
    ❒ lack of desire ❒ other _____

18. **What is your sexual orientation?**
    ❒ heterosexual ❒ bisexual
    ❒ gay/lesbian ❒ unsure

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

20. **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 If yes, with whom? _____

2. **Have you ever had previous counseling or psychotherapy?** ❒ yes ❒ no

If yes, reason for counseling:_____

_____

Name of provider:: _____

Dates/duration: _____

3. **Have you ever been hospitalized for psychiatric reasons?** ❒ yes ❒ no
   If yes: Reason for hospitalization: _____
   Name of hospital: _____
   Dates/Duration of hospitalization: _____

4. **Have you ever been prescribed medication for psychiatric reasons?** ❒ yes ❒ no
   If yes, Name/dosage of medication: _____
   Date (approx.) prescribed: _____
   Prescribing physician: _____

5. **Have you had suicidal thoughts recently?** ❒ yes ❒ no
   If yes, how often?
   ❒ daily ❒ weekly ❒ monthly ❒ rarely

   Have you had suicidal thoughts in the past? ❒ yes ❒ no
   If yes, when? _____

6. **Have you ever intentionally inflicted harm upon yourself?** ❒ yes ❒ no
   If yes, 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 personally experienced significant abuse?**
   ❒ none ❒ emotional ❒ sexual
   ❒ unsure ❒ physical

9. **Have you ever experienced any form of traumatic experience?** ❒ yes ❒ no
   When? _____
   Please describe:_____

10. **Have you ever experienced sexual assault, unwanted sex, or uncomfortable touching?**
    ❒ frequently ❒ once ❒ unsure
    ❒ a few times ❒ never

11. **How does the future look to you?**

12. ❒ poor ❒ neutral ❒ excellent
    ❒ fair ❒ good

13. **Please describe your future plans**: _____

    _____

14. **What do you hope to accomplish through therapy?** _____

    _____

15. **Is there anything else you would like your therapist to know about you?**

Thank you for your time and effort!