

KW COUNSELING SERVICES, LLC
ASSESSMENT INFORMATION

Name: _____ Today's Date _____

1. Single Divorced
 Married Widowed
 Separated Cohabiting

If you are living with someone, what is the quality of that relationship?
 Good Fair Poor

2. Employed: Yes No

If yes, what is your occupation? _____

3. What brings you to counseling?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Family | <input type="checkbox"/> Marital/Relationship |
| <input type="checkbox"/> Job | <input type="checkbox"/> Alcohol/Drugs |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Criminal Charges |
| <input type="checkbox"/> Stress | Other: _____ |

How severe is this issue(s)? Mild Moderate Severe Disabling

How long have you been dealing with this? _____

4. Are you experiencing any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Trouble Concentrating |
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Panic/Extremely nervous |
| <input type="checkbox"/> Memory Problems | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Worry | <input type="checkbox"/> Feeling Helpless |
| <input type="checkbox"/> Loss of interest | <input type="checkbox"/> Feeling Hopeless |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Irritability |

5. Are you presently taking any medication? Yes No

If yes, what medication/dose and for how long? _____

6. Have you ever had any counseling before? Yes No

If yes, what for, where and when? _____

7. If you drink, would you describe yourself as being:

a social drinker a binge drinker not applicable
 a problem drinker an alcoholic

Has anyone ever told you that they thought you might have a problem with alcohol?

Yes No

Have you ever had treatment for alcohol problems? Yes No

If yes, where and when? _____

8. If you use illicit drugs, would you describe yourself as being:

a recreational user
 a problem user
 addicted
 not applicable

Has anyone ever told you they thought you might have a problem with prescriptions or illicit drugs?

Yes No

Have you ever had treatment for prescription or illicit drug abuse? Yes No

If yes, where and when? _____

9. Do you have any relatives with a history of emotional issues, alcohol abuse, and/or prescription or illicit drug abuse? Yes No

If yes, who and what kind of issues? _____

10. Do you presently have any involvement with the legal system? Yes No

If yes, describe: _____

11. Is there anything else about you that might be helpful to the counseling process?
