

APPENDIX E
Cumberland University Counseling Center
Client Questionnaire Update

NAME _____ DATE _____

SOCIAL SECURITY #: _____ - _____ - _____ AGE _____ DOB ____/____/____

LOCAL ADDRESS _____ CU Box # _____
Street or Residence Hall City Zip

LOCAL OR CELL PHONE #: (____) _____ - _____ MAY WE LEAVE MESSAGES? Yes ___ No ___

PERMANENT OR FAMILY ADDRESS: _____ PERMANENT OR FAMILY PHONE #: (____) _____ - _____
Street City State Zip

CURRENT MAJOR _____ CURRENT GPA _____

MARITAL STATUS	UNIVERSITY STATUS	LIVING SITUATION	RACE/ETHNICITY
<input type="checkbox"/> Never Married	<input type="checkbox"/> Freshman	<input type="checkbox"/> Alone	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Married	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Roommate(s)	<input type="checkbox"/> African American
<input type="checkbox"/> Divorced	<input type="checkbox"/> Junior	<input type="checkbox"/> Spouse	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Widowed	<input type="checkbox"/> Senior	<input type="checkbox"/> Partner	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Separated	<input type="checkbox"/> Graduate	<input type="checkbox"/> Parents and/or Family	<input type="checkbox"/> Native American
<input type="checkbox"/> Living with Partner		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> International Student Country _____
			<input type="checkbox"/> Other (specify) _____

ARE YOU A CURRENTLY ENROLLED STUDENT? Yes No

HOW MANY CREDIT HOURS ARE YOU TAKING THIS SEMESTER? _____

DO YOU WORK? _____ IF SO, HOURS PER WEEK? _____ WHERE? _____

PLEASE STATE BRIEFLY YOUR REASONS FOR COMING TO COUNSELING SERVICES AT THIS TIME.

WERE YOU REFERRED HERE? _____ IF SO, BY WHOM? _____

PLEASE ESTIMATE THE SEVERITY OF YOUR CONCERNS AT THIS TIME (CIRCLE ONE):

MILD MODERATE MARKED EXTREME CRISIS

DESCRIBE ANY CURRENT PHYSICAL PROBLEMS: _____

LIST ANY MEDICATIONS OR HERBAL TREATMENTS YOU CURRENTLY ARE TAKING.

PLEASE STATE BRIEFLY YOUR REASONS FOR COMING TO THE COUNSELING CENTER AT THIS TIME.

IN WHAT WAY(S) DO YOU THINK WE MIGHT BE ABLE TO HELP YOU?

APPENDIX E (continued)

SELF-REPORT FORM

The following is a list of concerns many people have. Please indicate those that are current concerns by rating each item according to the following scale. If the concern was a problem in the past, please put a check mark under the "Past" column.

- 1 not at all
- 2 a little
- 3 moderately
- 4 quite a bit
- 5 extremely

CURRENT

PAST

- | | | |
|-----------|---------------------------------------|-------|
| 1. _____ | Career exploration and planning | _____ |
| 2. _____ | Academic progress | _____ |
| 3. _____ | Test anxiety | _____ |
| 4. _____ | Study habits or time management | _____ |
| 5. _____ | Assertiveness | _____ |
| 6. _____ | Social skills | _____ |
| 7. _____ | Out of touch with my feelings | _____ |
| 8. _____ | Phobias | _____ |
| 9. _____ | Confused about my beliefs/values | _____ |
| 10. _____ | Self-identity | _____ |
| 11. _____ | Feeling dependent on others | _____ |
| 12. _____ | Breakup of intimate relationship | _____ |
| 13. _____ | Dating/relationship with partner | _____ |
| 14. _____ | Relationship with parents/family | _____ |
| 15. _____ | Relationship with roommate(s) | _____ |
| 16. _____ | Loneliness/feeling isolated | _____ |
| 17. _____ | Dealing with anger | _____ |
| 18. _____ | Alcohol or drugs | _____ |
| 19. _____ | Excessive Internet use | _____ |
| 20. _____ | Sleep problems | _____ |
| 21. _____ | Eating/weight problems | _____ |
| 22. _____ | Physical appearance/body image | _____ |
| 23. _____ | Death of a friend or loved one | _____ |
| 24. _____ | Depression | _____ |
| 25. _____ | Anxiety | _____ |
| 26. _____ | Feeling unworthy or inferior | _____ |
| 27. _____ | Worrying too much | _____ |
| 28. _____ | Self-injury | _____ |
| 29. _____ | Thoughts of suicide | _____ |
| 30. _____ | Thoughts of hurting others | _____ |
| 31. _____ | Arrest or legal problems | _____ |
| 32. _____ | Adjustment to the university | _____ |
| 33. _____ | Stress | _____ |
| 34. _____ | Pregnancy (yours or hers) | _____ |
| 35. _____ | Physical abuse, sexual abuse, neglect | _____ |
| 36. _____ | Sexuality/intimate relationships | _____ |
| 37. _____ | Sexual orientation | _____ |
| 38. _____ | Financial Difficulties | _____ |
| 39. _____ | Other | _____ |

Please describe: _____