

## Personal Questionnaire

I am seeking to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name and Age \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Best Phone: Daytime  Evening  Cell  \_\_\_\_\_

E-Mail \_\_\_\_\_@\_\_\_\_\_. \_\_\_\_\_

How did you find us? Pastor/Church Leader  \_\_\_\_\_

Attorney  \_\_\_\_\_

Directory/Web Search  \_\_\_\_\_

Other  \_\_\_\_\_

Education \_\_\_\_\_ School/College/Univ \_\_\_\_\_  
Level/Field of Study Name

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Since \_\_\_\_\_

Religious Faith: None  Christian  Jewish  Muslim  Hindu  Other  \_\_\_\_\_

Health: Good  Fair  Poor  Recent Surgery/Major Illness/Disability

(Detail): \_\_\_\_\_

With whom are you in conflict? \_\_\_\_\_  
Name(s)

Mail Address, City/State/Zip Code

Best Phone: Daytime  Evening  Cell  \_\_\_\_\_

E-Mail \_\_\_\_\_@\_\_\_\_\_. \_\_\_\_\_

Have you received advice from anyone else regarding this situation? No  Yes

Please provide names and dates. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How may we serve you? What are your expectations in contacting us? (Attach additional pages or continue below)

---

---

---

Is there any other information we would find helpful or should know? (Attach additional pages or continue below)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Spiritual Background

*It is our experience that a person's spirituality can impact how they deal with conflict. So that we may be sensitive to your convictions, please provide the following information.*

Please describe your spiritual/religious upbringing \_\_\_\_\_

Do you believe in God? No  Yes  Uncertain  If you checked "yes" or "uncertain":

How often to you pray to God? Daily  Weekly  Occasionally  Never

When you die, will you be with God eternally? No  Yes  Uncertain

Why? \_\_\_\_\_

Have there been any recent significant changes in your spiritual life? No  Yes

(Please describe) \_\_\_\_\_

If you presently attend a house of worship, please provide the following:

\_\_\_\_\_

Name

\_\_\_\_\_

Leader's Name

\_\_\_\_\_

Street Address, City/State/Zip Code

Are you a member? No  Yes, since \_\_\_\_\_. How often do you attend? \_\_\_\_\_ times per \_\_\_\_\_

Do you hold any position(s) of leadership or participate in activities? (Please describe)

\_\_\_\_\_

Is your pastor aware of the conflict? No  Yes . Do you give permission for your pastor to be aware or involved? No  Yes . If yes, provide your Pastor's Email \_\_\_\_\_

Spiritual reading routine: Daily  Weekly  Occasionally  Never

Your opinion of the Bible:

- I don't know enough to have an opinion.
- It contains helpful principles that I'm free to follow or disregard as I think best.
- It was inspired by God and contains helpful principles and instructions I should follow unless I believe there's good reason to do otherwise.
- It was inspired by God and contains helpful principles, instructions and commands that I should follow regardless of my feelings or preferences.
- Other  (Please describe) \_\_\_\_\_

Who, if anyone, has had the most influence on your spiritual life? (Please provide name(s) and relationship(s))

\_\_\_\_\_

What's your perception of the other person(s) spiritual orientation and commitment?

\_\_\_\_\_

## Problem or Conflict Background

1. **Briefly** describe the circumstances that led you to seek assistance in dealing with this discord. (More detailed information will be provided during your intake session)

---

---

---

2. **Briefly** describe any communication difficulties with the other party. Under what circumstance do such problems occur?

---

---

---

3. What have you done to deal with this conflict or discord?

---

---

---

4. What issues or questions do you want to have resolved or answered?

---

---

---

5. What do you want from the other party?

---

---

---