

BROADWAY COUNSELING CENTER
Lubbock, Texas

CLIENT INFORMATION QUESTIONNAIRE & ASSESSMENT PACKET

Your cooperation in completing this questionnaire will be helpful in planning our services for you. Please answer each item carefully. Ask your therapist for clarification if you do not understand an item.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ OK to leave message? Yes No

Cell Phone: _____ OK to leave message? Yes No

Work Phone: _____ OK to leave message? Yes No

Date of Birth: _____ Age: _____

Which kind of appointment reminder do you prefer?

- Email (requires email address) _____
- Text Message (requires cell phone number) _____
- None (no reminder will be sent) _____

Please list everyone who currently lives in your household.

Name	Sex (M or F)	Age/Date of Birth	Relationship to You
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide your Romantic Relationship history.

If never married or in a significant relationship, check box and skip this section.

1st Marriage/Relationship Date Began _____ Date Ended _____

Partner's Name _____ Sex: Male ___ Female ___ Transgendered ___

Children & Ages _____

2nd Marriage/Relationship Date Began _____ Date Ended _____

Partner's Name _____ Sex: Male ___ Female ___ Transgendered ___

Children & Ages _____

3rd Marriage/Relationship Date Began _____ Date Ended _____

Partner's Name _____ Sex: Male ___ Female ___ Transgendered ___

Children & Ages _____

Please provide the following information about yourself by checking the boxes that apply.

What is your gender?

- 1. Male
- 2. Female
- 3. Other

What language do you prefer to speak in therapy?

- 1. English
- 2. Spanish
- 3. Other: _____

Do you have any children?

- 1. No
- 2. Yes. How many? _____

What is the highest level of education that you have completed?

- 1. Grade school
- 2. High school (or GED)
- 3. Some college
- 4. Bachelor's degree
- 5. Graduate degree
- 6. Master's degree
- 7. Doctorate degree

What is your religious preference?

- 1. Christian (Catholic)
- 2. Christian (Protestant)
- 3. Latter-Day Saint (Mormon)
- 4. Jewish
- 5. Muslim
- 6. Other (specify): _____
- 7. None

Are you a member of Broadway Church of Christ?

- 1. Yes
- 2. No

What is your employment status?

- 1. Employed full time
Occupation? _____
- 2. Employed part time
Occupation? _____
- 3. Unemployed
- 4. Homemaker
- 5. Retired
- 6. Student

What is your current annual income?

- 1. \$0 - \$20,000
- 2. \$21,000 - \$35,000
- 3. \$36,000 - \$60,000
- 4. \$61,000 - \$75,000
- 5. \$76,000 - \$90,000
- 6. \$91,000 or above

What is your racial or ethnic origin?

- 1. American Indian or Alaska Native
- 2. Asian or Pacific Islander
- 3. African American/Black
- 4. Caucasian/White
- 5. Mexican American/Hispanic
- 6. Biracial: _____
- 7. Other: _____

What is your current relationship status?

- 1. Single, never married, not dating
- 2. Single, divorced, or separated
- 3. Single, widowed
- 4. Dating
- 5. Living together
- 6. Engaged to be married
- 7. Married, first marriage
- 8. Married, beyond first marriage

Length of current relationship: _____

On the following checklists, please indicate problems that are a concern to you.

Concerns about **yourself**:

- 1. Chronic illness/pain
- 2. Depression
- 3. Anxiety/worries
- 4. Stress
- 5. Sexual abuse/rape
- 6. Eating disorder
- 7. Relationship problem
- 8. Physical problem
- 9. Excessive alcohol/drugs
- 10. Family relationships
- 11. Sexual problems
- 12. Parenting
- 13. Self-esteem
- 14. Lack of assertiveness
- 15. Suicidal thoughts
- 16. Anger
- 17. Grief
- 18. Self-injury/self-mutilation
- 19. Sexual addiction
- 20. Emotional abuse in childhood
- 21. Physical abuse in childhood
- 22. Sexual abuse in childhood
- 23. Other: _____

Concerns about **your partner**:

- 1. Chronic illness/pain
- 2. Depression
- 3. Anxiety/worries
- 4. Stress
- 5. Sexual abuse/rape
- 6. Eating disorder
- 7. Relationship problem
- 8. Physical problem
- 9. Excessive alcohol/drugs
- 10. Family relationships
- 11. Sexual problems
- 12. Parenting
- 13. Self-esteem
- 14. Lack of assertiveness
- 15. Suicidal thoughts
- 16. Anger
- 17. Grief
- 18. Self-injury/self-mutilation
- 19. Sexual addiction
- 20. Emotional abuse in childhood
- 21. Physical abuse in childhood
- 22. Sexual abuse in childhood
- 23. Other: _____

Concerns about **your relationship**:

- 1. Poor communication
- 2. Argue about finances
- 3. Not enough time together
- 4. Fighting/arguing
- 5. Physical violence
- 6. Excessive alcohol/drugs
- 7. Refuses sex too often
- 8. Demands sex too often
- 9. Physical sexual problems
(impotence, painful intercourse,
etc.)
- 10. Parenting differences
- 11. Partner too controlling
- 12. Different values
- 13. Emotional abuse
- 14. Difficulties with in-
laws/extended family
- 15. Other: _____

Concerns about **your children/family**:

- 1. Stealing
- 2. Fire setting
- 3. Truancy
- 4. Fighting
- 5. Drugs/alcohol
- 6. Adolescent pregnancy
- 7. Sexual abuse (victim)
- 8. Sexual abuser
- 9. Disobedience
- 10. Divorce adjustment
- 11. Death in family
- 12. Anger
- 13. Peer relationships
- 14. Poor self-esteem
- 15. Bed-wetting/soiling
- 16. Destructiveness
- 17. Issues with stepchildren
- 18. Other: _____

Problems that occurred in the household(s) in which you were raised before age 18:

- 1. Alcohol/drug addiction
- 2. Physical abuse
- 3. Emotional/verbal abuse
- 4. Unwanted touching
- 5. Financial problems
- 6. Sexual abuse
- 7. Divorce
- 8. Lived in foster home
- 9. Emotional distance
- 10. Other: _____

Problems that occurred to you before age 18:

- 1. Alcohol/drug addiction
- 2. Physical abuse
- 3. Emotional/verbal abuse
- 4. Unwanted touching
- 5. Financial problems
- 6. Sexual abuse
- 7. Divorce
- 8. Lived in foster home
- 9. Emotional distance
- 10. Other: _____

In general, how often do you drink alcohol?

- 1. Never
- 2. Less than once a month
- 3. About once a week
- 4. Two-three days per week
- 5. Four-six days per week
- 6. Daily

Do you drink now more than you used to?

- 1. Yes
- 2. No

Has anyone objected to your drinking?

- 1. Yes
- 2. No

In general, how often do you use drugs?

- 1. Never
- 2. Less than once a month
- 3. About once a week
- 4. Two-three days per week
- 5. Four-six days per week
- 6. Daily

Do you use drugs more often than you used to?

- 1. Yes
- 2. No

Has anyone objected to your drug use?

- 1. Yes
- 2. No

When was the last time you drank alcohol or used drugs?

Please answer the following questions based on your experience with Broadway Church of Christ Counseling Center					
	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
1. Broadway was easy to access.	5	4	3	2	1
2. The scheduling of my appointment was easy and simple.	5	4	3	2	1
3. I received an appointment in a timely manner.	5	4	3	2	1
4. My therapist was on time for my appointment.	5	4	3	2	1

How did you learn about Broadway Counseling Center?

- I am a former client.
- Friend/family member
- Employer
- Phonebook
- Psychology Today or Online _____
- Physician _____
- Another mental health professional _____
- Minister _____
- Other: _____

Are you or anyone in your family currently involved with any of the following agencies?

- Department of Human Services
- Legal Aid
- Children's Home/Ranch
- Department of Corrections
- Probation or parole
- Attorney (name): _____
- Head Start
- Child Advocacy Center

OUTCOME QUESTIONNAIRE 45.2

INSTRUCTIONS: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and circle the number under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

OQ 45.2	Never	Rarely	Sometimes	Frequently	Almost Always
1. I get along well with others.	4	3	2	1	0
2. I tire quickly.	0	1	2	3	4
3. I feel no interest in things.	0	1	2	3	4
4. I feel stressed at work/school.	0	1	2	3	4
5. I blame myself for things.	0	1	2	3	4
6. I feel irritated.	0	1	2	3	4
7. I feel unhappy in my marriage/significant relationship.	0	1	2	3	4
8. I have thought of ending my life.	0	1	2	3	4
9. I feel weak.	0	1	2	3	4
10. I feel fearful.	0	1	2	3	4
11. After heavy drinking, I need a drink the next morning to get going. (If you don't drink, mark "never.")	0	1	2	3	4
12. I find my work/school satisfying.	4	3	2	1	0
13. I am a happy person.	4	3	2	1	0
14. I work/study too much.	0	1	2	3	4
15. I feel worthless.	0	1	2	3	4
16. I am concerned about family troubles.	0	1	2	3	4
17. I have an unfulfilling sex life.	0	1	2	3	4
18. I feel lonely.	0	1	2	3	4
19. I have frequent arguments.	0	1	2	3	4
20. I feel loved and wanted.	4	3	2	1	0
21. I enjoy my spare time.	4	3	2	1	0
22. I have difficulty concentrating.	0	1	2	3	4
23. I feel hopeless about the future.	0	1	2	3	4
24. I like myself.	4	3	2	1	0
25. Disturbing thoughts come into my mind that I cannot get rid of.	0	1	2	3	4
26. I feel annoyed by people who criticize my drinking (or drug use).	0	1	2	3	4
27. I have an upset stomach.	0	1	2	3	4
28. I am not working/studying as well as I used to.	0	1	2	3	4
29. My heart pounds too much.	0	1	2	3	4
30. I have trouble getting along with friends and close acquaintances.	0	1	2	3	4
31. I am satisfied with my life.	4	3	2	1	0

OQ 45.2	Never	Rarely	Sometimes	Frequently	Almost Always
32. I have trouble at work/school because of drinking or drug use. (If not applicable, mark "never.")	0	1	2	3	4
33. I feel that something bad is going to happen.	0	1	2	3	4
34. I have sore muscles.	0	1	2	3	4
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.	0	1	2	3	4
36. I feel nervous.	0	1	2	3	4
37. I feel my love relationships are full and complete.	4	3	2	1	0
38. I feel that I am not doing well at work/school.	0	1	2	3	4
39. I have too many disagreements at work/school.	0	1	2	3	4
40. I feel something is wrong with my mind.	0	1	2	3	4
41. I have trouble falling asleep or staying asleep.	0	1	2	3	4
42. I feel blue.	0	1	2	3	4
43. I am satisfied with my relationships with others.	4	3	2	1	0
44. I feel angry enough at work/school to do something I might regret.	0	1	2	3	4
45. I have headaches.	0	1	2	3	4

Beck Depression Inventory-II

INSTRUCTIONS: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Changes in Sleeping Pattern or Changes in Appetite

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1 I sleep somewhat more than usual.
- 2 I sleep somewhat less than usual.

- 3 I sleep a lot more than usual.
- 4 I sleep a lot less than usual.
- 5 I sleep most of the day.
- 6 I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1 My appetite is somewhat less than usual.
- 2 My appetite is somewhat greater than usual.
- 3 My appetite is much less than before.
- 4 My appetite is much greater than usual.
- 5 I have no appetite at all.
- 6 I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

SOLUTION BUILDING INVENTORY

INSTRUCTIONS: Please circle the number that best describes you.

SBI	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree
1. I am able to generate solutions.	5	4	3	2	1
2. I have the ability to focus on what I want to occur in my life.	5	4	3	2	1
3. I can think about things that have made a positive difference for me.	5	4	3	2	1
4. I am able to focus on times when my situation is not so overwhelming, even a little bit.	5	4	3	2	1
5. There are times in my life where I am able to handle difficulties well.	5	4	3	2	1
6. I am able to notice good things in myself, others, and my situation.	5	4	3	2	1
7. I have been able to cope with life's challenges.	5	4	3	2	1
8. If I woke up tomorrow and a miracle happened in my life, I would be able to notice differences in myself and others.	5	4	3	2	1
9. I am aware of small positive changes that I make.	5	4	3	2	1
10. There are times when I am really proud of how I am able to handle difficult situations.	5	4	3	2	1
11. I have successfully overcome challenges in the past.	5	4	3	2	1
12. I have made steps towards improving my life.	5	4	3	2	1
13. I am able to see good things in my situation, even though parts of it seem very difficult.	5	4	3	2	1
14. Dwelling on my problems may not be the best way to find solutions.	5	4	3	2	1

Smock, McCollum, & Stevenson (2010)

IF YOU ARE CURRENTLY IN A RELATIONSHIP (MARRIED, DATING, COHABITING), PLEASE CONTINUE AND ANSWER THE REMAINING QUESTIONS. IF NOT, PLEASE STOP HERE.

INSTRUCTIONS: Please indicate whether or not any of the following events have occurred *during the last year* in your relationship with your partner.

Event	Yes	No
1. My partner has used intimidation to get his/her way in a conflict.		
2. I have used intimidation to get my way in a conflict with my partner.		
3. My partner has thrown objects or damaged property during a conflict with me.		
4. I have thrown objects or damaged property during a conflict with my partner.		
5. My partner has pushed or slapped me during a conflict.		
6. I have pushed or slapped my partner during a conflict.		
7. My partner has punched or kicked me during a conflict.		
8. I have punched or kicked my partner during a conflict.		
9. I have had visible injuries on my body because after a fight with my partner.		
10. My partner has had visible injuries on his/her body after a fight with me.		
11. I have had to receive medical attention due to injuries I received in a fight with my partner.		
12. My partner has had to receive medical attention due to injuries s/he received in a fight with me.		
13. My partner has forced me to have sexual relations with him/her when I didn't want to.		
14. I have forced my partner to have sexual relations with me when s/he didn't want to.		

CONTINUED ON NEXT PAGE

THE BRIEF ACCESSIBILITY AND RESPONSIVENESS SCALE

INSTRUCTIONS: Please circle the number that best represents your experiences in your current relationship with your partner.

1 = Never True 2 = Rarely True 3 = Sometimes True 4 = Usually True 5 = Always True

Accessibility					
1. I am rarely available to my partner.	1	2	3	4	5
2. It is hard for my partner to get my attention.	1	2	3	4	5
Responsiveness					
3. I listen when my partner shares her/his deepest feelings.	1	2	3	4	5
4. I am confident I reach out to my partner	1	2	3	4	5
Engagement					
5. It is hard for me to confide in my partner.	1	2	3	4	5
6. I struggle to feel close and engaged in our relationship.	1	2	3	4	5
Partner's Accessibility					
7. My partner is rarely available to me.	1	2	3	4	5
8. It is hard for me to get my partner's attention.	1	2	3	4	5
Partner's Responsiveness					
9. My partner listens when I share my deepest feelings.	1	2	3	4	5
10. I am confident my partner reaches out to me.	1	2	3	4	5
Partner's Engagement					
11. It is hard for my partner to confide in me.	1	2	3	4	5
12. My partner struggles to feel close and engaged in our relationship.	1	2	3	4	5

Sandberg, Busby, Johnson, & Yoshida (2012)