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### Intake Questionnaire

name \_\_\_\_\_

This is a confidential intake form. Nobody has access to the information you provide without your consent.

I use it to assess for any potential crisis, to get a broader picture of your situation, and to help me better respond to your needs. You can discuss any of the questions or your responses in our meeting.

If you feel that a question does not exactly fit your situation, just do the best you can. Skip those that are not applicable to you. If you need more space, continue your answer on the last page. If you think that a question is not being asked that should be, please note it. I look forward to your saying what is important for you.

1) What brings you to counseling at this time in your life?

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2) What results are you hoping to bring about with your efforts in counseling?

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3) What do you consider barriers to how you would like to feel right now?

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4) Have you found spiritual or religious practices helpful?     Yes     No

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5) Is there a place (literally or in your mind) where you like to go to relax, gather your thoughts, and find comfort?     Yes     No

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6) Are you under a doctor's care for a medical condition?  Yes  No

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7) Are you using medications?  Yes  No

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8) Have there been any major events (for example, head injury or surgeries) or significant medical diagnoses for you or a loved one?  Yes  No

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9) Have you experienced any losses or significant changes (positive or negative) in the past year?  Yes  No

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10) Are you anticipating any significant change in the coming months?  Yes  No

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11) What best describes your living arrangement:  
 With family  Significant other  Boarder  Housemates  Alone  With relatives  Other

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12) Does your living arrangement work for you?  Yes  No

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13) How would you characterize your social & emotional support network (check all that apply):  none  I feel alone  I am alone  I can count on one or two people  I can count on different people for different needs  I don't ask for help or support  I feel connected to a community.

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14) Was there a history of anxiety or depression in the people around you when growing up?  Yes  No

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15) Check all the items that you most associate with your growing up:  Abundance  
 Adventure  Anger  Anxiety  Chaos  Colorful  Conflict  Confusion  
 Creativity  Criticism  Depression  Drabness  Faith  Fear  Guilt  
 Hope  Laughter  Love  Praise  Scarcity  Shame  Violence

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16) Have you experienced or witnessed violence while *in* the military?  Yes  No

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17) Have you experienced or witnessed violence in your employment or as a civilian?  
 Yes  No

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18) Do you see yourself as having a problem with alcohol or drugs?  Yes  No

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19) Do others see you as having a problem with alcohol or drugs?  Yes  No

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20) Have you had thoughts of harming yourself in the past year?  Yes  No

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21) Have you ever thought seriously about suicide?  Yes  No

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22) Have you ever planned or attempted suicide?  Yes  No  
If so, what enabled you to continue on?

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