

Robert J Picariello, MS, LMFT, CADC II
Licensed Marriage & Family Therapist #T0569
Certified Alcohol & Drug Counselor II #12R-01
1962 NW Kearney Street, Rm. 205
picRobertLmft@gmail.com
971.238.7777

Questions for Individuals: To Ponder or Disregard

The following questions are presented with the intent of awakening thoughts and understanding associated with your immediate concerns.

The choice of which to answer is entirely up to you . My suggestion is to glance at all the questions and then consider what speaks to you.

An answer may be detailed, simply a word, or merely a musing.

I look forward to our meeting and exploring what is important for you.

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

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

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

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

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

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

7) Are you using medications? Yes No

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

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