

INTERACTIVE PROCESS GROUP QUESTIONNAIRE

CONFIDENTIAL

**PLEASE FILL OUT AND RETURN TO ARTHUR ROBERTS, LMHC
EITHER VIA EMAIL OR REGULAR POST:**

aroberts@archieroberts.net

or

Archie Roberts LMHC, 420 Angell Street, Providence RI, 02906

Name: _____

Date _____

Home Phone _____

Work phone _____

Cell Phone _____

Email Address _____

Skype _____

Address _____

City _____

State _____

Zip _____

Date of Birth _____ Age _____ Gender _____

Relationship status _____

of children: _____

Emergency Information

In case of emergency, contact:

Name _____

Relationship to client _____

Telephone:

(Home) _____ (Work) _____

(Cell) _____

Address (Street, City, State, Zip): _____

CONTINUED ON NEXT PAGE...

CURRENT RELATIONSHIPS:

What, if any, conflicts do you experience in your work / school / social relationships?

What, if any, conflicts do you experience in your intimate relationships and/or family relationships?

What's your sense of the role you play in contributing to these conflicts?

ORIGINAL FAMILY:

How did your family show their caring for you when you were a child?

Children play different roles in their families. What role did you play in yours?

What was the most significant loss your family experienced when you were a child? How did people grieve?

How did you know when people were angry? What expectations did you develop about how people manage angry feelings?

What happened when family members were afraid?

INTERPERSONAL INVENTORY:

Please place a check mark next to the interpersonal difficulties you experience:

- | | |
|--|---|
| <input type="checkbox"/> Feeling too dependent on others | <input type="checkbox"/> Difficulty controlling anger |
| <input type="checkbox"/> Difficulty Socializing | <input type="checkbox"/> Not being assertive |
| <input type="checkbox"/> Feeling isolated and lonely | <input type="checkbox"/> Unstable relationships |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Struggle to express sadness |
| <input type="checkbox"/> Need a lot of reassurance, approval | <input type="checkbox"/> Difficulty making decisions |
| <input type="checkbox"/> Difficulty connecting with others | <input type="checkbox"/> Lack of personal identity |
| <input type="checkbox"/> Preoccupied with envy | <input type="checkbox"/> Easily hurt by others |
| <input type="checkbox"/> Devastated when relationships end | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Often unaware of feelings | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Very uncomfortable when alone | <input type="checkbox"/> Avoid social activities |

CURRENT LIFE SITUATION:

Please give a brief account of your current life situation (employment, living situation, and any other information you think is relevant):

GOALS & CONSIDERATIONS:

What would you most like to change about yourself? List your top three goals for being in the interactive process group:

Please make a one sentence statement about how you would like to be different when you leave group (this is your "*contract*" with the group):

What sorts of obstacles might prevent you from reaching these goals?

What are you most concerned about regarding the interactive process group?

What else should I know about you?

PLEASE SIGN BELOW

Your confidentiality is the most secure if you send this form to my office via regular postal service. If, however, you decide to send these forms using email, please be aware that email is an inherently insecure medium. Electronic communications can be intercepted and/or read by unintended parties. Sensitive information is at risk when sent in unencrypted email.

Client Name (Print)

Date

Signature

Date