

Steele Recovery

Codependency

Life Coach/Codependency Counseling Registration Questionnaire

Client Information:

Name: _____

Address _____

City: _____ State: _____ Zip Code: _____ DOB: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Marital Status: Married____ Single____ Divorced____ Separated____

Military: Y____ N____ Branch _____

Enlisted Year _____ Discharge Year _____ MOS _____ Veteran: Y____ N _____

Where did you hear about Steele Recovery?

Honesty is KEY

As we partner in this journey, a list of questions are asked to reveal the problems and challenges you've experienced in order to assist in creating a solid plan for you. Honesty is key so pause as you ponder the question, then answer. We are as sick as our secrets and truthfulness is the antidote. There is no judgement or negative thought toward you with any of the answers you give. You are safe here. Take a risk to discover your true self and into a life of that leaves you happy joyous and free.

INTAKE QUESTIONNAIRE

~In a few words, say the reason you're seeking coaching? Why now?

~Can you identify the immediate problem you would like to address in coaching?

~What are you hoping to achieve from coaching?

~Is there someone you love addicted to drugs or alcohol?

~Do you avoid feelings? Are you ashamed of them?

~Do you take on other people's problems and neglect your own?

~What behaviors do you identify as a problem for you?

~ Do you sometimes take pain pills as a way to cope and find relief?

~Have you ever drank alcohol more than you should?

~Have you ever had a problem with alcohol or used drugs in the past?

~Do you take prescription drugs for pain or mental health problems?

~How do you cope with problems?

~What major events have you experienced in the last 5 years?

~What does the word “Pride” conjure up?

~What behavior patterns have you noticed that concern you?

~Do you find yourself feeling guilty? About what?

~What are your current fears?

~What do you find yourself lying about either directly, by omission or avoidance?

~Do you deny it when you’re angry and call it “upset?”

~What makes you angry?

~What does your anger look like?

~Do you cut yourself or destruct in another way?

~Is it hard for you to express your anger constructively and verbally?

~What are you afraid of if you do?

~What do you obsess on?

~What’s the hardest day of the week for you?

~What are the hardest times of the day for you?

~What’s your thought process at those times?

~Do you isolate or withdraw from others or are aggressive and act out when having problems?

~Do you over analyze situations and others. Question motives?

~Are you overly sensitive to criticism? Such as:

~Can do you identify any “triggers” that lead to negative behavior?

~Has your efficiency or performance at work or home life decreased?

~How much time from work do you lose when obsessing on others or your relationship?

~Do you have migraines, stomach problems or other health problems?

~Are you a workaholic or an overachiever? If so, explain

~Do you try to be perfect?

~What happens when you don't do something perfect?

~Do you over spend on money you don't have?

~Do you hold a grudges or forgive too easy?

~Who do you talk to about your problems? Do you currently have someone you trust?

~ Do you normally blame others for the way you feel or do you take the blame onto yourself?

~Is someone you love addicted to alcohol or drugs? If so, how are you affected?

~If you do something for yourself does it make feel you selfish?

~Are you afraid to ask others for help?

~Do you feel as though you're "weak" if you ask for help?

~Do you try to please others first before you please yourself?

~Do you feel guilt or shame about anything past, present or even future?

~In what ways do you escape your problems?

~Do you tend to text someone rather than speak on phone or face to face?

~Are you open to attending support meetings as a tool on your journey??

~What are you NOT willing to do?

~Do you run away to avoid pain?

~Do you feel guilty when parenting?

~Do you overly worry as a parent even if your children are grown?

~Do you know you need to take action but are paralyzed with fear?

~Do you try to be "the Hero", the clown, a placater or do you isolate?

~Was your father in the home growing up? If so, did he raise you? Where is he now

~Were you raised by a single mother? If so, did you have a step father?

~How was your relationship with your mother and/or step mother then and now?

~How was your relationship with your father and/or step-father then and now?

~Generally speaking, tell me about your romantic relationship history?

~When entering into a romantic relationship, what do you find yourself attracted to?

~When in romantic relationships, what is the reason you break up?

~When afraid, do you first: Fight, Flight or Freeze?

~Do you normally approach and guide the relationship or are you controlled?

~Do you suffer from fear of abandonment or rejection?

~Is it hard for you to let go?

~What kind of men are you attracted to? Why?

~Generally speaking, what is your experience with men in relationships?

****Abuse is categorized as *Verbal, Emotional, Mental, Sexual, Physical, Spiritual, Economic and Psychological.***

~Have you experienced violence as a result of drugs or alcohol from another and stayed? If so, explain

~Are you currently in a relationship now? What is it like?

~Is there any addiction or alcoholism run in your family?

~ What is the one thing that scares you the most? Why?

~What is the result you're looking for by coming to counseling?

~How much time from work do you lose when obsessing on others or your relationship?

~Growing up, were you raised by either parent's, a single mother or father? How was your home?

~How was/is your relationship with your mother then and now?

~How was/is your relationship with your father then and now?

~Was there violence in the home? Verbal, emotional, sexual, or physical?

~Describe your relationship history?

~On a scale of 1- 5, 5 being the most, how much do you need to control?

~How many times have you been in an abusive relationship in your life? If so, what made you stay?

~What made you leave?

~Are you currently in a relationship now or recent break up? In your own words, will you describe it?

~What is your greatest fear when in a relationship?

~Do you believe in a Higher Power or God?

~Are you open to obtaining a spiritual (not religious) connection as a vital path to your healing process?

~Are you comfortable with Christian concepts and godly principles as a base for recovery?

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**I have stated these answers to the best of my ability. I'm willing to embark on this journey with Nadine Steele as my Life Coach/Recovery Coach and work together in discovering root causes to the areas of my life that keep me stuck and from my goals. This is a confidential service and although this process will be difficult and uncomfortable at times, I understand I am not required to do anything I don't want to do but, I will take the necessary steps with guidance to find healing spirituality and freedom from Codependency.**

**Client Print:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



***I UNDERSTAND THAT NADINE STEELE IS A MANDATED REPORTER AND ANY INFORMATION DISCLOSED IN SESSION SHALL BE SUBJECT TO REPORTING UNDER PENAL CODE 273D AND CHILD ABUSE LAWS IN THE STATE OF CALIFORNIA.***

**Steele Recovery is owned and operated by Nadine Steele, CADC-II, NCAC-I NCRC-II, Aii10110315, 016754. She is nationally accredited and certified with the state of California as and Drug and Alcohol Counselor and Recovery Coach. Nadine has over 20 years of experience in the field of addiction and recovery specializing in women in addiction and codependency. Steele Recovery is an alternative approach to conventional treatment for women seeking an organic spiritual experience in a private and confidential setting for women. Nadine goes at YOUR own pace and with God as our guide we wait for miracles to happen.  
Welcome!**

**(Revised 11-26-18)**