

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Therapist: \_\_\_\_\_

DOB: \_\_\_\_\_ Did you come here with someone? \_\_\_ If yes, who? \_\_\_\_\_

***Self-Evaluation***

**Narrative Individual Family Questionnaire 1 (NIFQ-1™) Self**

***Directions:*** Please answer each item from your perspective.

*If helpful, have someone else write down your answers or use the back of the form.*

1. Who referred you, your family or significant others to the Kenwood Therapy Center?

2. What is the Problem or Situation that brought you to be in contact the Center?

3. Who is the Person you are most concerned about and Why?

**Assessment of the Problem's Effect on You and Why**

Please provide your assessment of possible problem(s), in the "real" and/or "digital" worlds, and their effects on you, by circling the problem or effect and the degree of difficulty each causes you (Low to High). Please explain why you gave the rating.

1. Depression or Sadness? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Why? \_\_\_\_\_  
\_\_\_\_\_

2. Suicide Attempt, Threat or Self-Harm? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Why? \_\_\_\_\_  
\_\_\_\_\_

3. Alcohol and/or Drug Abuse? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Why? \_\_\_\_\_  
\_\_\_\_\_

4. Family or Relationship Conflict? (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Why? \_\_\_\_\_  
\_\_\_\_\_

5. Worry or Anxiety? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

6. Verbal Abuse, Threat or Behavior? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

7. Sexual Abuse, Threat or Behavior? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

8. Physical Abuse, Threat or Behavior? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

9. Other Problem or Behavior? (Low) 1 2 3 4 5 6 7 8 9 10 (High)  
Why? \_\_\_\_\_  
\_\_\_\_\_

**Your Evaluation of the Problems**

1. **Why?** Why do you think there are these problems for you, your family or others?  
\_\_\_\_\_  
\_\_\_\_\_

**Your Goals, Ideas and Values**

2. **Goals?** From your perspective, what are the current goals for the initial sessions?  
\_\_\_\_\_  
\_\_\_\_\_

3. **Ideas?** What are your ideas on how these goals can be accomplished?  
\_\_\_\_\_  
\_\_\_\_\_

4. **Values?** What are your important values, purposes, hopes, beliefs, intentions, commitments, dreams or visions of life that you hold precious and are now motivating you to work toward these goals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you. [www.kenwoodcenter.org](http://www.kenwoodcenter.org)