

Relational Needs Assessment for Individuals

Instructions: Look over this list of ten intimacy needs. First, mark the three (3) needs you consider the most important right now. Next, mark the three (3) needs you think someone close to you would consider most important to receive right now.

You

Other

Acceptance: Receiving another person willingly and unconditionally, even when the other's behavior has been imperfect. Loving another in spite of differences or failures. (Romans 15:7)

Affection: Expressing care and closeness through physical touch; saying "I love you" or "I care about you." (Romans 16:16; Mark 10:16)

Appreciation: Expressing thanks, praise or commendation. Recognizing accomplishment or effort particularly for what someone does. (Colossians 3:15b; 1 Corinthians 11:2)

Approval (Blessing): Building up or affirming another particularly for who they are; affirming both the fact of, and the importance of a relationship. (Ephesians 4:29; Mark 1:11)

Attention: Conveying appropriate interest, concern, and care; taking thought of another; entering another's world. (1 Corinthians 12:25)

Comfort: Responding to a hurting person with words, feelings, and touch; to hurt with and for another's grief or pain. (Romans 12:15b; Matthew 5:4; 2 Corinthians 1:3-4; John 11:35)

Encouragement: Urging another to persist and persevere toward a goal; stimulating toward love and good deeds, particularly when someone is weary. (1 Thessalonians 5:11; Hebrews 10:24)

Respect: Valuing and regarding one another highly; treating one another as important; honoring one another. (Romans 12:10)

Security (Peace): Ensuring harmony in relationships even as conflicts are resolved, trust is deepened and vulnerability is expressed; Providing freedom from fear or threat of harm. (Romans 12:16, 18)

Support: Coming alongside and gently helping with a problem or struggle; providing appropriate assistance. (Galatians 6:2)

Relational Needs Questionnaire

While we all have the same relational needs, the *priority* of those needs is different for each person. Your greatest need may be for *affection*, while your partner's greatest need may be *security*. One child may have an acute need for *comfort*, but another sibling's greatest need may be *encouragement*. *Appreciation* may be at the top of the list for your next door neighbor, while your tennis buddy needs *approval* more than anything else.

An important aspect of learning to love others is taking the time to know them and to discover what their priority needs are. This questionnaire will help you assess your most important relational needs. Answer the questions, then score the questionnaire to identify which needs you perceived as most important. Have family members, friends, and ministry team members complete the questionnaire and then discuss the results.

Instructions: Respond to these questions by placing the appropriate number beside each item:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-2	-1	0	+1	+2

- _____ 1. It's important that people receive me for who I am, even if I'm a little "different."
- _____ 2. It's important to me that my financial world be in order.
- _____ 3. I sometimes become "weary in well doing."
- _____ 4. It's vital to me that others ask me my opinion.
- _____ 5. It's important that I receive physical hugs, warm embraces, etc...
- _____ 6. I feel good when someone "enters into my world."
- _____ 7. It's important for me to know "where I stand" with those who are in authority over me.
- _____ 8. It is meaningful when someone notices that I need help and then they offer to get involved.
- _____ 9. If I feel overwhelmed, I want someone to come alongside me and help.
- _____ 10. I feel blessed when someone recognizes and shows concern for how I'm feeling.
- _____ 11. I like to know if "who I am" is of value and is meaningful to others.
- _____ 12. It is important to me to express myself—what I think, feel, etc.—to those around me.
- _____ 13. It means a lot to me for loved ones to initiate saying to me, "I love you."
- _____ 14. I resist being seen only as a part of a large group--my individuality is important.
- _____ 15. I am blessed when a friend calls to listen and encourage me.
- _____ 16. It's important to me that people acknowledge me not just for what I do but for who I am.
- _____ 17. I feel best when my world is orderly and somewhat predictable.
- _____ 18. When I've worked hard on something, I am pleased when others express gratitude.
- _____ 19. When I "blow it," it's important to me to be reassured that I'm still loved.
- _____ 20. It's encouraging to me that others notice my effort or accomplishments.
- _____ 21. I sometimes feel overwhelmed with all I have to do.
- _____ 22. I want to be treated with kindness and equality by all regardless of my race, gender, looks, or status.
- _____ 23. I like to be greeted with a handshake or other appropriate friendly touch.
- _____ 24. I like it when someone wants to spend time with me.
- _____ 25. I am blessed when a "superior" says, "Good job."

Name: _____

Thinking Patterns Assessment

Review the statements below and check the statements which seem to be true for you. Avoid answering the way you think someone should think, but rather answer as you do think.

True for me

1. I see things as pretty much black and white.
2. I tend to make mountains out of molehills.
3. I often take things personally.
4. Past disappointments seem to predict the future.
5. What I'm feeling is more important than the facts.
6. I often think people make too much of their problems. They should just get over it.
7. There's a place for everything and everything in its place.
8. Everything seems to be a big deal.
9. It's very important to sense others' approval.
10. I just know things won't get any better.
11. I can't really believe I'm loved unless I feel it.
12. I can handle almost any problem that comes my way. I don't really need much support from anyone.
13. Being perfect in what I undertake is essential to me.
14. I seem to over-react to relatively small irritations.
15. If someone in my family is upset, I must have been part of the reason.
16. I tend to write people off if they hurt or disappoint me.
17. If I feel unloved, it must be because no one loves me.
18. There's no reason to get so worked up or so emotional.

Name: _____

Childhood Questionnaire

If you need additional space to respond to any questions on this form, please create a text document (preferably Microsoft Word) and return it to CRC with this PDF.

Drawing from your memories of childhood, list one-word or one-phrase descriptions for each of your parents (both strengths and weaknesses). Describe step-parents if appropriate.

FATHER

Strengths

(For example, hard working, easy to talk to, honest)

Weaknesses

(For example, lots of anger, perfectionistic, rigid)

MOTHER

Strengths

Weaknesses

In one or two sentences, what things did you most like about yourself when you were a child? *(For instance, I liked that I was so creative. I liked being the best swimmer in my neighborhood. I liked the way I could talk easily with adults.)*

In one or two sentences, what things did you like least about yourself when you were a child? *(For instance, I felt like a klutz around my friends. I was afraid to stand up for myself. I didn't get good grades like the other kids.)*

When you were a child, how would Dad (list one-word or one-phrase descriptions):

-praise you? _____

-criticize you? _____

When you were a child, how would Mom (list one-word or one-phrase descriptions):

-praise you? _____

-criticize you? _____

As you grew up, how did you know that Dad loved you (in one or two sentences)? *(For instance, He would hug me and tell me he loved me.)*

Name: _____

As you grew up, how did you know that Mom loved you (in one or two sentences)? *(For instance, she would buy me things, clothes, toys and stuff.)*

How did Mom and Dad deal with conflict between themselves (in one or two sentences)?

Dad would _____

Mom would _____

How did Mom and Dad handle conflict with you (in one or two sentences)?

Dad would _____

Mom would _____

How did you know that your parents loved each other as you were growing up? How did they show it? *(For instance, they hugged and kissed a lot; they spoke kindly to each other; they laughed a lot together.)*

Indicate either "Mom" or "Dad," "both," or "neither" next to the following phrases to help describe your home life as a child.

_____ Family leader	_____ Comfortable giving affection to me
_____ Main disciplinarian	_____ Hard to please
_____ Quick temper	_____ Parent I felt closest to

Check the following phrases that best describe your thoughts about your childhood.

Our family appeared normal to everyone else.

I was loved because of what I did—my performance.

I was loved for who I was – my character.

I was kind of an outsider, an observer to the rest of the family.

Our home was demanding, performance-based, lots of rules.

I often felt alone.

I always felt like we "walked on egg shells" around our house.

I always seemed to be the "adult," even when my parents were around.

It was always extremely important for me to please everyone.

I'm not sure anyone knew the "real" me.

Name: _____

Now that you're an adult and have observed families, what do you think was missing in yours (in one or two sentences)? *(For instance, I realize now my mom was overly controlling. My parents didn't make me feel very secure. We could have used a lot more joy and laughter around my house.)*

What emotions did you feel as you were completing the questions above?

Do you think your experiences as a child may be affecting your view of God? How? (In one or two sentences) *(For instance, My Dad was gone a lot—never really very involved. Maybe that's why I see God as uninvolved with my life.)*

Do you think your experiences as a child may be affecting your view of yourself? How? (In one or two sentences) *(For instance, My step-dad often tried to motivate me through criticism—pointing out what I did wrong. He also shamed me saying I would never amount to anything. I struggle sometimes with fear of failure—maybe he was right. I also tend to believe I'm only worth what I do.)*

(If married) In what ways might your experiences as a child be affecting how you relate to your spouse?

(If single) In what ways might your experiences as a child be affecting how you relate to other people?

(For instance, I resist my wife's suggestions because they remind me of my controlling mother. I need a lot of my husband's attention because I didn't get it from my dad. My roommate's anger really scares me because it reminds me of my parents' yelling at each other.)

If you need additional space to respond to any questions on this form, please create a text document (preferably Microsoft Word) and return it to CRC with this PDF.

Name: _____

Life Script – Adult Issues

- I. What do you see as your current top five priorities in life?
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- II. What would “heaven on earth” be for you?
- _____
- III. What would you like to see accomplished in your life during the next twelve months?
- _____
- IV. What are your three most pressing “problems” and why?
1. _____
 2. _____
 3. _____
- V. What have you attempted so far to deal with these problem areas?
1. _____
 2. _____
 3. _____
- VI. What feelings or thoughts would best describe how you feel about your life?
- _____
- VII. When did you last think about suicide? _____
- VIII. Describe the “bad” feelings you have most often in your life. What happens that leads you to feeling this way? When did you first remember feeling this way?
- _____
- IX. What do you typically do when you have the “bad” feelings described above?
- _____
- X. What would you like to be “remembered for?”
- _____

Name: _____

Inventory of Emotions: Adulthood

Select any of the following emotions or feelings that you seem to frequently feel as an adult:

Angry	Depressed	Hurt	Guilty
Joyful	Excited	Contented	Hopeful
Scared	Insecure	Frustrated	Bitter
Happy	Enthusiastic	Calm	Significant
Lonely	Hostile	Fearful	Shameful
Elated	Relaxed	Loved	Secure

Inventory of Emotions: Childhood

Circle any of the following emotions or feelings that you frequently felt during your childhood:

Angry	Depressed	Hurt	Guilty
Joyful	Excited	Contented	Hopeful
Scared	Insecure	Frustrated	Bitter
Happy	Enthusiastic	Calm	Significant
Lonely	Hostile	Fearful	Shameful
Elated	Relaxed	Loved	Secure

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Health and Psychological History

1. Do you have any medical or health condition that would require special arrangements during your participation in the Intensive (such as a particular type of chair for a back condition, special dietary requirements, etc)? Yes No

If yes, please describe condition and the arrangements necessary.

2. Do you have any medical or health condition that would potentially impair your ability to participate fully in the Intensive? Yes No

If yes, please explain.

3. Have you ever been in counseling or psychotherapy? Yes No

If yes, please state the approximate dates, reason for therapy, length of treatment, and type of counseling professional you saw.

4. If you had any negative experiences while in counseling, please explain briefly.
-

5. Have you ever been hospitalized for psychiatric reasons? Yes No

If yes, please discuss briefly the reasons for hospitalization(s), and the approximate dates.

6. Have you ever taken or are you currently taking antidepressant medication? Yes No

If yes, please list the type of medication and dosage. _____

7. Have you ever taken or are you currently taking anti-anxiety medication? Yes No

If yes, please list the type of medication and dosage. _____

8. If you are currently taking any other type of psychiatric medication, please list and state the reason for taking the medication.
-

9. If you are currently taking an antidepressant, anti-anxiety, or other type of psychiatric medication, please state your prescribing physician's name and phone number.
-

Name: _____

10. Have you ever experienced suicidal thoughts or thoughts of wanting to hurt yourself?

Yes No

11. Have you ever attempted suicide? Yes No

If yes, please discuss the approximate dates, circumstances, type of attempt(s) made, and treatment, if any, received for suicide attempt(s).

12. Have you had a significant alcohol or substance abuse problem in the past? Yes No

If yes, please discuss the circumstances, dates, and current status of the abuse or addiction.

13. Do you currently experience problems with alcohol or other substances? Yes No

If yes, please share briefly the type of problem you are experiencing.

14. Have you experienced any type of eating disorder in the past? Yes No

If yes, please describe the type, duration, and current status of the eating disorder.

15. Have you been physically or sexually abused? Yes No

If yes, please describe the type of abuse, relationship to abuser, duration of abuse, and any treatment you received for the abuse.

16. Are there any concerns or questions you would like to discuss with one of the counselors prior to arriving? If so, please discuss briefly your concern below. If you prefer, you may also call our office and ask to speak to a counselor.

Please list your physician's name and phone number in case of emergency.

Please list the name and phone number of a person to contact in case of emergency:

I affirm that I have answered the above questions honestly.

Signature _____