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Intake Questionnaire - Athlete

Name _____ Today's Date _____

Street address _____ Date of Birth _____

City/state/zip _____ Age _____ Gender _____

Phone # (H) _____ (C) _____

Email _____ Preferred means of contact _____

Employer/School _____

If client is a minor: Parent name: _____ Phone #: _____

1. Please explain what led to you scheduling this appointment, and who suggested that you see a Sport Psychologist:

2. In what ways do you think you are struggling?

3. What do you see as your athletic assets/strengths (physical, mental, tactical, etc)?

4. Please mark those issues concerning you, and put an 'X' for more severe problem(s):

- | | |
|---|---|
| <input type="radio"/> Anxiety: nervous, worrying a lot | <input type="radio"/> History/current abuse (physical/sexual) |
| <input type="radio"/> Panic attacks or excessive fearfulness | <input type="radio"/> Current suicidal thoughts/attempts |
| <input type="radio"/> Poor concentration and attention | <input type="radio"/> History of suicide attempt |
| <input type="radio"/> Procrastination | <input type="radio"/> Death of someone close to you |
| <input type="radio"/> Disorganization | <input type="radio"/> Work problems (e.g., job dissatisfaction) |
| <input type="radio"/> Quickly changing moods | <input type="radio"/> Financial problems |
| <input type="radio"/> Easily irritated – emotionally reactive | <input type="radio"/> Dependent – Insufficient autonomy |
| <input type="radio"/> Anger management problems | <input type="radio"/> Addiction (drugs, video games, sex) |
| <input type="radio"/> Depression – sad, unhappy | <input type="radio"/> Legal problems |
| <input type="radio"/> Low energy or tired a lot | <input type="radio"/> Physical complaints/medical problems |
| <input type="radio"/> Life seems meaningless | <input type="radio"/> Problems with food/weight |
| <input type="radio"/> No goals or ambitions for the future | <input type="radio"/> Sleep problems |
| <input type="radio"/> Few interests or hobbies | <input type="radio"/> Caring for someone with a chronic illness |
| <input type="radio"/> Low self-esteem/lack of self-confidence | <input type="radio"/> Parenting/child rearing problems |
| <input type="radio"/> Few friends or poor social skills | <input type="radio"/> Relationship/marriage problems |
| <input type="radio"/> Lacking assertiveness skills | <input type="radio"/> Sexual dysfunction/poor sex-life |
| <input type="radio"/> Feeling like most people can't be trusted | <input type="radio"/> Recently divorced or separated |
| <input type="radio"/> Problems with thinking clearly or confusion | <input type="radio"/> Significant conflict with family members |
| <input type="radio"/> Feeling out of control | <input type="radio"/> Victim of a traumatic event |
| <input type="radio"/> Unusual/bizarre behavior | <input type="radio"/> Cuts/burns or otherwise harm yourself |

5. Please mark those issues concerning you, and put an 'X' for more severe problem(s):

- | | |
|---|---|
| <input type="radio"/> Attitude: I love to play for my own pleasure | <input type="radio"/> Using breathing exercises for relaxation/stress reduction |
| <input type="radio"/> Knowing I want out of my sport | <input type="radio"/> Imagery: using mental rehearsal and visualization |
| <input type="radio"/> Motivation: giving 100% | <input type="radio"/> Energy: I feel strong and powerful in competition |
| <input type="radio"/> Competence: feeling like I can compete | <input type="radio"/> Grit: effort increases to match the challenge |
| <input type="radio"/> Thinking about quitting | <input type="radio"/> Playing under pressure: I like the challenge of a Tight competition |
| <input type="radio"/> Having good sportsmanship | <input type="radio"/> I like the challenge of playing a superior opponent |
| <input type="radio"/> Health and fitness: doing the right things to prepare my body to perform | <input type="radio"/> I use positive self-talk (as opposed to negative self-talk) |
| <input type="radio"/> Setting goals for my athletic development | <input type="radio"/> Finding the positive – thinking constructively |
| <input type="radio"/> My parent/spouse supports my sport goals | <input type="radio"/> Staying present: playing in the moment |
| <input type="radio"/> Positive relationship with teammates | <input type="radio"/> Focus and concentration/blocking distractions |
| <input type="radio"/> Positive relationship with coaches | <input type="radio"/> Change: coping when things don't go according to plan |
| <input type="radio"/> Coach-ability: receiving feedback | <input type="radio"/> Dealing with mistakes during competition |
| <input type="radio"/> Sport/life balance | <input type="radio"/> Overcoming disappointment/losses |
| <input type="radio"/> I make time to relax and recover | <input type="radio"/> I am retired/preparing to retire from my sport |
| <input type="radio"/> Stress: I deal effectively with nervousness before a competition | <input type="radio"/> I am overcoming an injury |
| <input type="radio"/> Emotional balance – keeping calm, directing emotional energy constructively | <input type="radio"/> Other: |

6. Are you currently receiving treatment for a *medical or psychiatric condition*? Yes _____ No _____

If yes, what condition(s)? _____

7. Describe your social life: _____

8. Describe your relationship with your family: _____

9. Describe your sport/athletic ambition(s): _____

10. Apart from sport, how do you spend your time (work, leisure, etc)? _____

12. How is your overall health? _____

13. Describe your typical weekly exercise: _____

14. Describe your typical sleep schedule: _____

15. Describe the quality of your diet: _____

16. Current alcohol/drug use: _____

17. How would you describe your personality? _____

18. Is there additional information you can provide that can help me better understand how to help you?
