

## COUNSELING SERVICES

Creighton University  
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### ACADEMIC SKILLS SCREENING QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_ Birth Date \_\_\_\_\_

College or Program \_\_\_\_\_ Major \_\_\_\_\_

Years or credit hours completed \_\_\_\_\_

Person who referred you \_\_\_\_\_

**Academic Concerns:** What specifically are **your present concerns regarding academics** at Creighton, the reasons for making an appointment at Counseling Services?

**Pre-College Academic History:** \_\_\_\_\_

**Elementary School:** Where did you attend **elementary school** (grades K-6)? Use two or three words to **describe the kind of student** you were in elementary school (e.g. intelligent, serious, carefree, quiet, noisy, successful, spacey, popular, organized, disorganized, etc.)?

**Junior High:** Where did you attend **junior high school** (grades 7-8)? Describe the kind of student you were in junior high?

**High School:** Where did you attend **high school** (grades 9-12)? Describe the kind of student you were in high school?

**Achievement Tests:** During school years, what were your scores (if you can recall) on the periodic **standardized achievement tests** (California Achievement Test, Iowa Tests of Basic Skills), for reading, writing, mathematics? If you cannot recall specific percentile scores, were your scores below average, average, or above average?

Were scores in some areas significantly higher or lower than scores in other areas?

Were your teachers or parents concerned about your performance on these tests?

**Learning Problems:** During school years, did any of your teachers suggest to you or your parents that you may be experiencing a **learning problem** with reading, writing or math? If so, please describe what was said?

**Individualized Psycho-educational Assessment:** During school years, were you given **individual tests** by a special teacher or psychologist, to assess learning problems? If so, why were you tested? What were you told about the test results? Was a learning disorder diagnosed?

**Special Assistance:** During school years, did you receive any regular **academic assistance outside of the regular classroom** (special education courses, tutorial assistance, special accommodations to assist your learning)? If so, please describe the assistance and the reason(s) for receiving it.

**Attention Problems:** During your school years, did you have a significant problem with maintaining your attention? If so, describe your attention problem:

How old were you when you first began experiencing attention problems?

Were you ever diagnosed (by a physician or psychologist) with a Attention Deficit/Hyperactivity Disorder? If so, did you receive treatment (medication or counseling)?

Has anybody in your family ever been diagnosed (by a physician or psychologist) or display behaviors indicative of Attention Deficit/Hyperactivity Disorder or a Learning Disorder. If yes, please specify.

**High School Grades:** What was your cumulative **grade point average** during high school?

**High School Study Time:** In a typical week, how much time did you spend outside of class time (study halls and homework) in **weekly study** during the **last two years** of high school?

**High School Classes:** Which high school classes did you **do well in**? Which classes did you **do poorly in**?

**College Entrance Exam History:** \_\_\_\_\_

**Standardized Tests:** Which **college pre-admission tests** did you take? ACT? SAT?  
What were the scores for the tests you took? If you took the tests more than once, what were the scores for each administration?

ACT – (All scores range from 0-36):

Reading Comprehension      Mathematics      Natural Sciences      Composite Score

SAT – (Scores range from 0-800 for each subtest, 0-1600 for Total Score):

Verbal      Quantitative      Total Score

**Undergraduate College Course History:** \_\_\_\_\_

**College Grades:** What is your current GPA from college-level (or professional school, or graduate school) academic work? How many credit hours are included?

**Most interesting:** Which **undergrad college courses** do/did you enjoy or find **most interesting**? What grades have you received for these courses? What factors affected your grades?

**Easiest:** Which college courses have you found to be the **easiest**? What grades have you received for these courses? What factors affected your grades?

**Most Difficult:** Which college courses have you found to be the **most difficult**? What grades have you received for these courses? What factors affected your grades?

**College Study Habits:**

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What is the average number of hours you spend **studying** per typical **weekday**?

Per typical **Saturday**?

Per typical **Sunday**?

**Where** do you study best?

Describe your method of **learning** material from a **text book**?

When you have work to do (reading, studying, writing a paper, etc.) what **blocks** you from starting or completing your work? Describe issues you may have with procrastination, distractibility, getting organized, dealing with boredom?

How much **non-study time** do you typically spend **per day** on the **computer** (email, chat rooms, games, music, etc.)?

Do you take good **classroom notes**? If not, why not?

In taking exams, do you do better on **essay exams or multiple-choice exams**, or about the same? If you are better on one than the other, what do you think is the reason? Do you have any problems with any test format?

Do you have **test anxiety** problems (study hard, know the material, see the exam, freeze up, miss items on test due to freezing up)? If so, how often does this happen? What effect on your test grades?

#### **General Learning Factors:**

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**Reading:** While reading, do you experience any of these difficulties: understanding what you read, focusing on the page, seeing letters or numbers out of order, adding letters, skipping words, skipping lines, confusing similar words, reversing letters or numbers, omitting letters, sounding out words, ignoring punctuation (**circle problems mentioned**). Please explain those difficulties noted as problematic.

**Mathematics:** In mathematics, do you experience any difficulties with basic math skills (addition, subtraction, division, multiplication, measurement), math concepts (fractions, decimals, reasoning) or applied math (story problems)? Please explain any difficulties noted as problematic.

**Writing:** In writing, do you experience any difficulties with spelling, grammar, punctuation, writing complete sentences, organizing ideas into sentences and paragraphs (circle those that apply)? Over the years what have teachers told you about your written work? Please explain any difficulties noted as problematic.

**Concentration:** While reading or studying, do you **consistently** experience any of these concentration difficulties (**circle the symptoms that apply to you and explain below**): daydreaming, worrying, getting distracted by noise or movement, not remembering what you just read or studied, unable to maintain attention, short attention span, unable to sit still?

Do you have problems with memory? If so, when did you first notice the problem and please explain how this difficulty is experienced.

**Health History:** \_\_\_\_\_

With respect to your health, have you experienced any of these concerns: allergies, asthma, diabetes, endocrine problems, hearing problems, high blood pressure, low blood sugar, migraine headaches, surgeries, thyroid problems, vision problems (circle problems mentioned)? Please explain any difficulties noted as problematic.

When your mother was pregnant with you, were there any **complications with pregnancy and delivery**? (e.g. premature birth, serious illness or injury, use of alcohol/drugs or cigarettes, prescription medication). If yes, please describe.

Did you experience any **developmental delays during childhood?** (e.g., delayed speech, motor milestones (crawling, walking), feeding concerns). If yes, please describe.

Do you have any **physical disabilities?** If so, please describe.

Have you ever had any serious injuries or health concerns that required medical treatment? If so, please describe the injury and treatment.

Have you ever had a **physical injury to your head** that required medical attention? If so, please describe the injury and treatment.

**Medication:** Are you currently taking any prescription medication? If so, what medications? Why are you taking the medication?

**Eating Behaviors:**

Question	YES	NO
Are you satisfied with your eating patterns?		
Do you ever eat in secret?		
Does your weight affect the way you feel about yourself?		
Have any members of your family suffered with an eating disorder?		
Do you currently suffer with or have you ever suffered in the past with an eating disorder?		
Do you make yourself sick because you feel uncomfortably full?		
Do you worry you have lost control over how much you eat?		
Have you recently lost more than 14 lbs in a three month period?		
Do you believe yourself to be fat when others say you are thin?		
Would you say that food dominates your life?		

**Chemical Health History:**

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**Alcohol:** Do you use alcohol or other drugs weekly or more often?

What type of alcohol do you usually drink?

How much alcohol do you drink on a typical occasion? Number of drinks? (one drink equals 12 oz. beer, 4 oz. wine, 1 oz. liquor)

How much alcohol do you drink on a heavy use occasion, (to the point of intoxication) and how often does this occur?

**Drugs and Stimulant Medication:** What illegal drugs have you tried?

What illegal drugs are you currently using?

How often do you use drugs?

What is the social context of your drug use? (With whom, where, when?)

Have you ever tried stimulant medication (Adderall, Ritalin)?

If yes, what was the impact on attention and concentration?

**Language History:**

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**First Language:** What language is your first language (in which you first learned to talk)? What language was spoken at home when you were young?

Do you have a second language, in which you can communicate? At what age did you begin using the second language? How much do you use the second language now?

If **English is NOT** your first language... How long have you been using English? Do you currently use English at home? At school? To what extent do you **think** (when you are alone or thinking to yourself) **in English**?

- 1) Describe the **amount** of sleep, and the **quality** of sleep you typically get (about right, too much, too little, not restful) \_\_\_\_\_  
\_\_\_\_\_
- 2) Do you have any of the following **sleep difficulties** – taking a long time to get to sleep, awakening in the night, awakening too early in the morning, difficulty awakening in the morning. How many times per week? (please circle and explain) \_\_\_\_\_  
\_\_\_\_\_
- 3) At what time do you typically get to sleep on **weekdays?** (Sunday through Thursday) \_\_\_\_\_
- 4) When do you typically **awaken** on **weekdays?** \_\_\_\_\_
- 5) At what time do you typically get to sleep on **weekends?** (Friday and Saturday) \_\_\_\_\_
- 6) At what time do you typically **awaken** on **weekends?** \_\_\_\_\_
- 7) **How long** does it take you to get to sleep? \_\_\_\_\_
- 8) How do you usually feel when you **wake up?** \_\_\_\_\_
- 9) What amount of sleep would it take for you to **feel rested?** \_\_\_\_\_
- 10) Do you take **naps?** How long and how often per week? \_\_\_\_\_
- 11) Do you fall **asleep in class?** How many times per week? \_\_\_\_\_
- 12) Do dreams or **nightmares** disturb your sleep? If so, briefly describe what and how frequently. \_\_\_\_\_
- 13) Do you use any **sleep aids** to help you get to sleep - over the counter drugs, alcohol, prescription medication? (please circle and describe) \_\_\_\_\_
- 14) Do you use **caffeine** (coffee, soda), or other stimulants? How much per day? When is the last use before going to sleep? \_\_\_\_\_
- 15) What is your **pattern of activity** 30 minutes before going to bed? \_\_\_\_\_
- 16) Describe your **sleeping environment** (light-dark, noisy-quiet, level of comfort, etc.) \_\_\_\_\_  
\_\_\_\_\_
- 17) Use the space below to **further describe anything you think might be relevant** to understanding your sleep patterns.  
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\_\_\_\_\_