



**Adlul Kamal, MSc.**  
Mental Performance Consultant, CSPA  
Phone: 204 470 3570 Email: adlul@mail.com

# **CSPA** OPTIMAL PERFORMANCE, WELL-BEING, AND GROWTH **CANADIAN SPORT PSYCHOLOGY ASSOCIATION**

## **Intake Assessment Form**

**Client Name**

**Sport**

**Contact Number**

**E-mail**

**Emergency Contact Person**

**Relation**

**Contact Number**

**Email**

### **Instructions:**

Please fill in all the fields in the form to your best knowledge. Required fields are highlighted in red. You can save this form on your computer, and resumer later. Once completed, you can save this form on your computer and return it to the consultant.

[All information shared is strictly confidential. The consultant has the obligation to protect the privacy of the client and maintain full confidentiality in accordance with the ethical principles of the Association of Applied Sport Psychology (AASP). While more information aids the consultant's process of understanding the client's situation better, there is no obligation to share any information in part of the client. The Client should share only the information s/he feels comfortable sharing.]

**Consultant:** Adlul Kamal, MSc.

Phone: 204-470-3570 Email: adlul@mail.com Website: www.adlulkamal.com ©2019 Adlul Kamal. All rights reserved.

# Biographical Profile

**Gender**      Male      Female  
                         Other

**Date of Birth (mm/dd/yyyy)**

**Age**

**Height**

**Weight**

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## Occupation

**What is your occupation?**      Student      Self-employed  
                         Working      Other

**If you are employed, what is your job?**

### (For students only)

**If currently a student, what do you study?**

**How is your academic performance?**      Satisfactory  
                         Unsatisfactory  
                         Other

**Is your study being effected because of your athletic commitments?**      Yes  
                         Not at all  
                         Maybe a little

# Lifestyle Profile

## Sleep

**Average sleeping hours per night?**

**Do you sleep well at night?** Yes No

**If not, please provide details**

**Do you experience any sleep disturbances?** Yes No

**If yes, please provide details**

**Do you wake up in the middle of the night?** Yes No

**If yes, please provide details**

## Dietary Habit

**In your opinion, do you eat a healthy diet?** Yes No

**How many portions of vegetables/fruits do you eat per day?** 1-2 portions 3-4 portions  
5-6 portions 7 or more

Portion guide: One portion equals: \*3 heaped tablespoons of Vegetables \*1 dessert bowl of Salad \*2 Plums or similar sized fruits \*1 Apple, Banana or a similar sized fruit

**Approximately, how much protein (meat, fish, eggs, milk, etc.) do you eat each day?** 0-25 grams  
26-50 grams  
51-75 grams  
76-100 grams  
101 grams or more

Portion guide: An 8-ounce piece of meat could have over 50 grams of protein,. One 8-ounce container of yogurt has about 11 grams of protein, One cup of milk has 8 grams of protein

**Do you think you take a lot of sugar in your diet?** Yes No

**How often do you drink sugary drinks? (Coke, Pepsi, Root beer, etc.)** Many times each day  
At least once everyday  
Few times a month  
Never

**How often do you eat home cooked meals?** Everyday  
3-4 times a week  
Very rarely, I mostly eat out

## Dietary Habit (continued)

**Do you eat a lot of fast food?** Yes, frequently  
Occasionally  
Very rarely or never

**Do you have cravings for any specific kind of food?** Yes No  
(Burger, Pizza, Cake, Chocolates)

**If yes, Please provide details**

## Psychological Profile

**Have you ever been treated with:**

**Depression** Yes No

**Anxiety/ Stress** Yes No

**Eating Disorder** Yes No

**Any other mental illnesses** Yes No

**Do you have any known (fear) of serious nature** Yes No

**Do you experience sudden mood changes?** Yes No

**Do you have any known (fear) of serious nature** Yes No

**If you said yes to any of the above, please provide details**

**Have you ever used any prescribed drugs for mental health?** Yes No

**If you said yes, please provide details**

# Psychological Profile (continued)

In the past 3 months, you felt:

	Never	Rarely	Occasionally	Frequently	Always
Happy					
Hopeful					
Ambitious					
Confident					
Excited					
Bored					
Doubtful					
Fearful					
Sad					
Depressed					
Hopeless					

## Medical Profile

Do you currently have any medical conditions?      Yes      No

If you said yes, please provide details

Are you using any prescribed medicine at the moment?      Yes      No

If you said yes, please provide details

## Medical Profile (continued)

Do you currently have any:

<b>Heart Condition</b>	Yes	No
<b>Irregular Blood Pressure</b>	Yes	No
<b>Any known physical illnesses</b>	Yes	No

If you said yes, please provide details

## Injury Profile

Have you ever been out of action for more than 3 months due to injury? Yes No

Have you ever been out of action for more than 6 months due to injury? Yes No

How many times have you suffered a serious injury?

[Serious injury = out of action for more than 3 months]

If you said yes, please provide details

Are you currently in pain /discomfort due to a previous injury? Yes No

If you said yes, please provide details

# Social Support Profile

## Parents

Your parents are  Still together  
 Separated or divorced

If your parents are still together, who do you live with  
 Mother  Father  
 Other

Are your parents supportive of your athletic career?  
 Yes  No

Can you talk to your father or mother openly?  
 Yes  No

Please provide any details of your relationships with your parents

## Siblings

Number of Brothers

Number of Sisters

Your position among siblings

Are you close to your siblings?  
 Yes  No

Are you close to your siblings?  
 I am close to all of them  
 I am close to some of them  
 I am not close to any  
 N/A, I am an only child

Do you have at least one sibling that you can talk to openly?  
 Yes  No

Are you experiencing any stress because of your relationships with any of your siblings?  
 Yes  No

Please provide any further details of your relationship with your siblings as you feel suited

## Social Support Profile (continued)

### Friends

Do you have sufficient friends?	Yes	No
Do you have any friends within the team?	Yes	No
Do you have sufficient friends outside your sport?	Yes	No
Who do you spend most of your time with?	School friends Work friends Team/ Club Friends Neighborhood Friends	
Do you have a best friend that you can share everything openly?	Yes	No
Do you have a best friend that you can count on in difficult times?	Yes	No
How long have you known your best friend? (Please describe your relationship with him/her)		
Do you have other friends that you can talk to or ask for help when you need?	Yes	No
Do you struggle to find enough to for friends due to your athletic commitments?	Yes	No
Are you experiencing any stress caused by your friends?	Yes	No

Details



# Social Support Profile (continued)

## Romantic relationship

Are you in a relationship?

Yes, Committed relationship

Yes, Non-committed relationship

Single

If yes, Do you consider yourself happy in your relationship?

Yes

No

Can you talk your boyfriend/girlfriend openly about anything?

Yes

No

Is your boyfriend/girlfriend supportive of your athletic career?

Yes

No

Do you find enough time to spend with your boyfriend/girlfriend?

Yes

No

Is your relationship causing any stress at the moment (disagreements, conflicts, misunderstandings, miscommunications, etc.)?

Yes

No

Please provide any other details about your relationship with your boyfriend/girlfriend:

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If you are single, how long have you been single?

For the last 6 months

For the last one year

Over a year

In the past six months, you felt-

	Never	Rarely	Occasionally	Frequently	Always
Lonely					
Need for a partner					

# Athletic Profile

How long have you been in your sport?

Why did you choose this sport?

What was your dream when you first started?

What is your career dream in your sport now?

Please list all the clubs/teams you have been part of from the beginning till now:

Please list all your previous career achievements (medals, records, etc.):

List at least three of your career low points:

What do you consider some of your strengths?

What do you consider some of your weaknesses?

What are some challenges you are facing at the moment?

Is there any specific areas you'd like to work on with the consultant?

Please provide details of any other concerns you want to share

Your form is complete!

Please save the file and e-mail it back at the following address:

[adlul@mail.com](mailto:adlul@mail.com)

