## **California Psychological Inventory (CPI) Administration**

Practitioner's Information	
Name:	Date:
Client Information	
Name:	Age:
Reason for Assessment:	
Instructions for Client	
	ns. Please answer honestly. There are no right or wrong answers. Your used to help us understand your personality traits and behaviors.
Assessment Procedure	
Preparation:	
Purpose of CPI explained to client: Yes	] No
Process of CPI explained to client:  Yes	
Questionnaire Completion:	
CPI questionnaire provided to client: Yes	No
Assistance provided if required: Yes	No
Scoring:	
Questionnaire completed by client: Yes	] No
Responses scored according to CPI scoring gu	iide: Yes No
Scores:	
1. Dominance:	11. Good Impression:
2. Capacity for Status:	12. Communality:
3. Sociability:	13. Well-being:
4. Social Presence:	14. Tolerance:
5. Self-Acceptance:	15. Achievement via Conformance:

10. Self-Control: \_

6. Independence:

7. Empathy: \_\_\_\_\_

8. Responsibility:

9. Socialization:



17. Intellectual Efficiency: \_\_\_\_\_

18. Psychological Mindedness:

16. Achievement via Independence: \_\_\_\_\_

19. Flexibility:

20. Femininity/Masculinity:

## Interpretation:

- Scored results reviewed: Yes No
- + Results interpreted using CPI interpretation guide:  $\Box$  Yes  $\Box$  No

## Interpretation Notes:

Feedback and Action Planning:
Follow-up appointment scheduled: Yes No
Date of follow-up appointment:
Proposed action plan based on results:
Confidentiality Agreement
All responses will remain confidential and will only be used for this assessment.

Signature of Medical Practitioner: \_\_\_\_\_

Signature of Patient:

