

# California Psychological Inventory (CPI) Administration

## Practitioner's Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for Assessment: \_\_\_\_\_

## Instructions for Client

This assessment comprises 434 true/false questions. Please answer honestly. There are no right or wrong answers. Your responses will remain confidential and will only be 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 ☐ No

### 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 guide: ☐ 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: _____  |
| 6. Independence: _____        | 16. Achievement via Independence: _____ |
| 7. Empathy: _____             | 17. Intellectual Efficiency: _____      |
| 8. Responsibility: _____      | 18. Psychological Mindedness: _____     |
| 9. Socialization: _____       | 19. Flexibility: _____                  |
| 10. Self-Control: _____       | 20. Femininity/Masculinity: _____       |

**Interpretation:**

- Scored results reviewed: ☐ Yes ☐ No
- Results interpreted using CPI interpretation guide: ☐ Yes ☐ 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: \_\_\_\_\_