Number Personality Test

CLINICIAN'S INFORMATION

Name: _____ Title: _____

License Number: _____ Contact Information: _____

PATIENT INFORMATION

Name: _____ Age: _____

Date of Birth: _____ dd / mm / yyyy Date of Test: _____ dd / mm / yyyy

Introduction Brief description of the test: This test uses a series of questions to assess personality traits based on the Enneagram system, which categorizes personality into nine distinct types. Purpose of the test: To gain insights into the patient's dominant personality traits and potential areas for personal growth. Instructions to the patient Please read each statement and select a number from 1 to 9 that best represents your agreement with the statement. 1 means you strongly disagree, and 9 means you strongly agree. Answer honestly based on your typical behavior and feelings.

TEST QUESTIONS

I strive to be perfect and avoid mistakes.

○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9

I seek harmony and avoid conflicts.

○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9

I am driven by success and fear being seen as unsuccessful.

○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9

Scoring Tally the scores for each number. The highest total score indicates the patient's dominant Enneagram type.

CONCLUSION

Performance Summary:

Behavioral Observations:

Clinician's Observations and Comments:

CLINICIAN'S SIGNATURE

Name: _____

Signature:
Date: _____ dd / mm / yyyy