

Personal Information

Date: _____

Name: _____

Address: _____

Home phone # _____ Work phone # _____ Cell phone # _____

Gender: _____ Male _____ Female Date of birth: _____ Age _____

Present Marital Status:

_____ Single _____ Separated _____ Significant Other
_____ Engaged _____ Divorced
_____ Married _____ Widowed

Who lives with you?

_____ Live alone _____ Parents
_____ Spouse _____ Grandparents
_____ Child(ren) _____ Roommate
_____ Significant Other _____ Other

Family History

Where were you born? _____

Where did you grow up? _____

Who primarily raised you? _____

Father's Name _____ Age _____

Occupation _____

Is your father still living? _____ Yes _____ No

If No, what was his age at the time of death? _____ How old were you? _____

Mother's Name _____ Age _____

Occupation _____

Is your mother still living? _____ Yes _____ No

If No, what was her age at the time of death? _____ How old were you? _____

If your parents are still living, what is the status of their relationship? _____ Married _____ Divorced
_____ Never Married

Who primarily raised you? _____

Describe your mother. _____

Describe your father. _____

Describe your parents' (or parent substitutes') relationship with each other _____

What was your relationship like with your parents as a child? _____

What is your relationship like with your parents now? _____

Rate the degree that you confided in your parents as a child.

1 2 3 4 5 6
Never Rarely Sometimes Often Very Often At all times

Rate the degree that you confide in your parents now.

1 2 3 4 5 6
Never Rarely Sometimes Often Very Often At all times

How many siblings do you have? Brothers _____ Sisters _____ Stepsiblings _____

What is your birth order? _____

What was your relationship like with your siblings while you were growing up? _____

What is your relationship like now with your siblings? _____

How were things financially in your family when you were growing up? _____

Were there any difficulties while you were growing up in your family? _____

Describe your home environment as a child. _____

Describe yourself as a child (0 to 12 years of age). _____

How would you characterize your childhood? _____

Describe your parent's method of discipline. _____

Describe childhood fears you may have had as a child. _____

As a child, were there any situations or events that made you sad or upset? Please describe. . _____

How much contact do you have with your immediate family (parents, siblings) now? _____

School History

Where did you go to school?
Elementary _____
Middle _____
High _____

What grade did you finish? _____ When did you receive your high school diploma or GED? _____

If you left high school before graduating, what were the reasons for leaving? _____

How did you do academically in school? _____

Did you have any learning, attention, or concentration problems while in school? If yes, please describe.

Did you have any disciplinary or behavior problems when in school? _____

Describe how you got along with your teachers. _____

Describe how you got along with your peers. Did you have as many friends as you wanted? _____

Describe extracurricular activities that you were involved in, including jobs. _____

Did you attend college? If so when and where? _____

Did you graduate from college? If so when and where? _____

List your degrees and areas of professional/specialty training. _____

Work History

What is your current occupation? _____

How long have you worked in this field? _____

Are you satisfied with your present employment? _____ Yes ___ No If no, please explain. _____

Describe any difficulties you have had in your present employment. _____

Describe your boss. _____

How would your boss describe you? _____

How would your coworkers describe you? _____

What other fields have you worked in? _____

Describe any difficulties you had with past employers. _____

Social History

Where do you live now and how long have you lived there? _____

Describe the neighborhood that you live in. _____

Describe your home and home environment, including facilities for kids (ie playground, pool)._____

Medical History

How would you rate your physical health?

1	2	3	4	5	6	7	8	9
Poor	Not well	Fair	Somewhat Good	Moderately Good	Good	Very Good	Extremely Good	Excellent

Do you eat a well-balanced diet? _____Yes _____No

Do you exercise on a regular basis? _____Yes _____No

Do you smoke? _____Yes _____No If yes, how much do you smoke a day?_____

Do you drink alcoholic beverages? _____Yes _____No

If yes, how often and how much do you drink?_____

Please identify any major medical problems or disability(ies) that you have._____

Please list all medications you are presently taking including over-the-counter and vitamins/herbs._____

What concerns do you have about your physical health?_____

Please identify any major medical problems or disability(ies) in your immediate family. _____

Please identify major surgery(ies) that you feel are relevant to your emotional and physical well-being.

Psychological Background

Have you ever participated in therapy or counseling of any sort? Yes No

Are you currently in therapy or counseling? Yes No

If you are currently in therapy, who is your therapist or counselor? _____

When did you start therapy and how often have you attended? _____

In general, what kinds of issues do you talk about in therapy? _____

Have you ever been hospitalized for psychological or psychiatric reasons? Yes No

If yes, when and where? _____

Does any member of your family have mental or emotional health problems? Yes No

Have you ever attempted to commit suicide? Yes No

Has any member of your family ever attempted to commit suicide? Yes No

Have you ever been sexually abused? Yes No

Please describe the sexual abuse since it first began. _____

Substance Use History and Treatment

Please identify by checking whether you have never used, ever used or currently use any of the following substances:

<i>Substance</i>	<i>Never Used</i>	<i>Ever Used</i>	<i>Currently Use</i>
Beer	_____	_____	_____
Wine	_____	_____	_____
Hard Liquor	_____	_____	_____
Marijuana	_____	_____	_____
Heroin	_____	_____	_____
Cocaine	_____	_____	_____
Amphetamines (uppers)	_____	_____	_____
Benzodiazepines (downers)	_____	_____	_____
Prescription drugs(w/out prescription)	_____	_____	_____

When did you use these substance, please list for each substance identified _____

Has the use of any of the substance caused problems for you? If so, please describe. _____

Have you ever neglected your family, children, or friends because of your use of substances, including alcohol? If yes, please describe. _____

Has anyone ever objected to your use any substances? If yes, please describe. _____

Have you ever been in a treatment program for substance use or abuse? If yes, please describe when, where, and for how long. _____

Are you currently involved in a treatment program including outpatient therapy or 12-step support groups (ie? AA, NA)? If so please describe how often you attend meetings and your level of activity in the group. _____

Are you required to have drug testing of any kind? If so, please identify when the last drug test was and what were the results. _____

Criminal History

Have you ever been arrested for a crime? _____Yes _____No

If yes, when was the arrest, was it a misdemeanor or felony charge, and what was the outcome for each charge?

If you were convicted of a crime, what was the outcome and how long did you serve? (ie: prison time, probation)_____

Relationships

Is it easy for you to make friends?_____Yes _____No

Do you keep the friends that you make?_____Yes _____No

Do you have one or more close friends that you share your most personal thoughts and/or experiences with? _____Yes _____No

Did you have a lot of dates in high school? _____Yes _____No

Did you have a lot of dates in college? _____Yes _____No

Describe a relationship of yours that is positive._____

Describe a relationship of yours that is negative._____

In social situations, describe how you generally feel._____

How many times have you been married? _____

Please list the dates of the marriages, name of partner, and how the marriage ended, if applicable.

If you are not married, are you dating presently? If so, describe the relationship(s). _____

If you are not married, are you presently involved in a serious relationship? If so, please describe the relationship. _____

If you are involved in a relationship or remarried and the person has children, how well do your families blend together? Please describe the dynamics. _____

Parenting History

How many children do you have? _____

What are their names, genders, birthdays, and ages? _____

Who do each of the children live with? _____

What have been your primary sources for information regarding child rearing and parenting? _____

How do you discipline your children? _____

How often do you spank your children? _____

When was the last time you spanked one of your children? _____

All children misbehave at times. For each child, describe an acting-out experience and how you handled your child's behavior. _____

How do you communicate with the opposite parent? _____

How do you and the opposite parent address issues with the children? Do you support the opposite parent's decisions? _____

When you and the opposite parent disagree on an issue, how does the issue get resolved? _____

Who usually wins disagreements? _____

Why do they usually win? _____

During an average month, how much time do you spend discussing issues regarding the children with the opposite parent? _____

On a scale from 1 to 5, how effective are the discussions?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

During the past month, how many times have you become angry with the opposite parent? _____

Why were you angry? _____

Describe how you foster the children's relationship with the opposite parent. _____

What concerns do you have about how the opposite parent handles the children? _____

What concerns does the opposite parent have about how you handle the children? _____

Describe your parental strengths. _____

Describe your parental weaknesses. _____

Describe the other parent's parenting strengths. _____

Describe the other parent's parenting weaknesses. _____

What is the time sharing arrangement for the children to see their other parent? _____

Do you honor the time sharing arrangement? If not, what stops you from honoring the schedule? _____

Does the opposite parent honor the time sharing arrangement? If not, how so. _____

Do you arrive to pick up and return the children on time? _____

Does the opposite parent arrive to pick up and return the children on time? _____

Describe how you attempt to make reasonable accommodations in the parenting time schedule when needed.

Does the opposite parent attempt to make reasonable accommodations in the parenting time schedule when needed? _____

Is there a provision in place for first right of refusal? If so, please describe the agreement. _____

How do the children respond to the time sharing arrangement? _____

What do you think the children want for a parenting timesharing plan? _____

Describe any adverse effects you feel the current time sharing arrangement has on the children. _____

What do you feel is the ideal parenting time arrangement for the children and why? _____

How would it affect you if the opposite parent received the majority of parenting time? _____

If the opposite parent received the majority of the parenting time, how do you think it would affect the children? _____

Shared decision making requires both parents' agreement on major decisions such as education, medical treatment, religious, and other related issues. What is your position on shared decision making?

Do you support shared decision making? _____

You previously described what you believe to be the ideal parenting time schedule for your children. What components of your ideal schedule would you be willing to compromise on and negotiate?

Please provide specific information regarding the parenting responsibilities you completed for each child during the identified ages. Also include the percentage of total parenting you and the opposite parent completed during each age period (does not include time at school or child care providers). Include information such as diapering, feedings, dressing, bathing, educational activities, play activities, transportation, school conferences, extra curricular activities, homework assistance, and any other parenting responsibilities.

Birth to One Year

Ages 1 - 3

Age 3 -5

Ages 5 – 10

Ages 10-14

Ages 14-18

Developmental Stages and Needs of the Children

What is the developmental stage each of your children are presently in? _____

Describe each of your children's personality and maturation level. _____

Describe how your children get along with their siblings. _____

Describe how your children get along with their peers and other adults. _____

Describe your relationship with each of your children. _____

Describe the relationship each of your children has with their other parent. _____

Describe each of your children's daily routines including bedtime. _____

What do your children do for fun? What are they most interested in? _____

Where do your children attend school and what grade are they in? _____

How are your children doing in school? What are their grades? _____

Do you attend Parent-Teacher Conferences? _____ Yes _____ No

For each of your children list their grade level and the names of their teachers.

What feedback have you received regarding your children from their teachers? _____

Do any of your children have learning, attention or concentration difficulties in school? If so, please describe including any interventions in place. _____

Have any of your children had bad experiences at school? Please describe. _____

Have any of your children experienced disciplinary problems at school. If so how did you respond to these problems? _____

During the past school year, what school events have you attended? _____

Do your children attend after-school programs or enriched learning programs? If so, please describe. _____

Where do the children go after school and what time do you pick them up? Describe their after school routine. _____

When do the children do their homework? _____

How often do your children require assistance with their homework? _____

Who generally helps your children with their homework? _____

In what ways have you helped your children with their homework? _____

Do your children read for pleasure? _____ Yes _____ No

Do your children play with other neighborhood children? What do they do for play? _____

Have your children had any difficulties with other children? If so, please describe. _____

List the names, genders, and ages of friends (children and parents) and family members that your children have contact with on a regular basis.

Other Information

Please circle any of the following that apply to you:

- | | | | |
|------------------|------------|---------------------|-----------------------|
| Overeat | Bored | Vomiting | Loss of Control |
| Suicide attempts | Compulsive | Nervous tics | Sleep disturbance |
| Phobic avoidance | Lazy | Eating Problems | Crying |
| Energetic | Regretful | Hopeless | Unhappy |
| Work too hard | Tense | Withdrawn | Procrastinate |
| Insomnia | Fearful | Take too many risks | Inattentive |
| Distractible | Attentive | Forgetful | Do not follow through |
| Resilient | Ambitious | Self-confident | Independent |
| Dependent | Motivated | Low self esteem | Stressed |

Please describe your personality based on the Five Factor Model.

Extraversion (ie: sociable, talkative, active, bold, fun-loving, spontaneous, adventurous, enthusiastic, person-oriented, assertive)

Agreeableness (ie: warm, generous, trustful, courteous, agreeable, cooperative, flexible, forgiving, cheerful, humble)

Conscientiousness (ie: conscientious, practical, cautious, serious, reliable, organized, careful, dependable, hardworking, ambitious)

Emotional Stability (ie: relaxed, peaceful, objective, calm, unemotional, even-tempered, secure, patient, uninhibited)

Openness (ie: original, imaginative, creative, perceptive, sophisticated, knowledgeable, cultured, artistic, curious, analytical, liberal)

Please circle any of the following that apply to the opposite parent:

- | | | | |
|------------------|------------|---------------------|-----------------------|
| Overeat | Bored | Vomiting | Loss of Control |
| Suicide attempts | Compulsive | Nervous tics | Sleep disturbance |
| Phobic avoidance | Lazy | Eating Problems | Crying |
| Energetic | Regretful | Hopeless | Unhappy |
| Work too hard | Tense | Withdrawn | Procrastinate |
| Insomnia | Fearful | Take too many risks | Inattentive |
| Distractible | Attentive | Forgetful | Do not follow through |

Resilient Ambitious Self-confident Independent
Dependent Motivated Low self esteem Stressed

Please describe the opposite parent's personality based on the Five Factor Model.

Extraversion (ie: sociable, talkative, active, bold, fun-loving, spontaneous, adventurous, enthusiastic, person-oriented, assertive)

Agreeableness (ie: warm, generous, trustful, courteous, agreeable, cooperative, flexible, forgiving, cheerful, humble)

Conscientiousness (ie: conscientious, practical, cautious, serious, reliable, organized, careful, dependable, hardworking, ambitious)

Emotional Stability (ie: relaxed, peaceful, objective, calm, unemotional, even-tempered, secure, patient, uninhibited)

Openness (ie: original, imaginative, creative, perceptive, sophisticated, knowledgeable, cultured, artistic, curious, analytical, liberal)

Please identify any additional information that you believe is important. _____

Please rank yourself on the following descriptors:

	1= Very uncharacteristic	2 = Somewhat uncharacteristic	3 = Average	4 = Somewhat characteristic	5= Very characteristic
Anxious	1	2	3	4	5
Angry	1	2	3	4	5
Depressed	1	2	3	4	5
Self-conscious	1	2	3	4	5
Impulsive	1	2	3	4	5
Vulnerable	1	2	3	4	5
Warm	1	2	3	4	5
Gregarious	1	2	3	4	5
Assertive	1	2	3	4	5
Activity Level	1	2	3	4	5
Excitement Seeking	1	2	3	4	5
Cheerfulness	1	2	3	4	5
Active Imagination	1	2	3	4	5
Artistic Interest	1	2	3	4	5
Emotional Sensitivity	1	2	3	4	5
Involvement in Activities	1	2	3	4	5
Intellectually Curious	1	2	3	4	5
Liberal Values	1	2	3	4	5
Trustworthy	1	2	3	4	5
Straightforward	1	2	3	4	5
Altruistic	1	2	3	4	5
Modest	1	2	3	4	5
Tender Minded	1	2	3	4	5
Competent	1	2	3	4	5
Organized	1	2	3	4	5
Dutiful	1	2	3	4	5
Achievement Striving	1	2	3	4	5
Self-disciplined	1	2	3	4	5
Deliberate	1	2	3	4	5
Loyal	1	2	3	4	5
Unlovable	1	2	3	4	5
Confused	1	2	3	4	5
Competent	1	2	3	4	5
Regretful	1	2	3	4	5
Considerate	1	2	3	4	5
Inadequate	1	2	3	4	5
Naïve	1	2	3	4	5
Conflicted	1	2	3	4	5
Concentration Difficulties	1	2	3	4	5
Persevering	1	2	3	4	5
Honest	1	2	3	4	5
Hard working	1	2	3	4	5

Please rank the opposite parent on the following descriptors:

	1= Very uncharacteristic	2 = Somewhat uncharacteristic	3 = Average	4 = Somewhat characteristic	5= Very characteristic
Anxious	1	2	3	4	5
Angry	1	2	3	4	5
Depressed	1	2	3	4	5
Self-conscious	1	2	3	4	5
Impulsive	1	2	3	4	5
Vulnerable	1	2	3	4	5
Warm	1	2	3	4	5
Gregarious	1	2	3	4	5
Assertive	1	2	3	4	5
Activity Level	1	2	3	4	5
Excitement Seeking	1	2	3	4	5
Cheerfulness	1	2	3	4	5
Active Imagination	1	2	3	4	5
Artistic Interest	1	2	3	4	5
Emotional Sensitivity	1	2	3	4	5
Involvement in Activities	1	2	3	4	5
Intellectually Curious	1	2	3	4	5
Liberal Values	1	2	3	4	5
Trustworthy	1	2	3	4	5
Straightforward	1	2	3	4	5
Altruistic	1	2	3	4	5
Modest	1	2	3	4	5
Tender Minded	1	2	3	4	5
Competent	1	2	3	4	5
Organized	1	2	3	4	5
Dutiful	1	2	3	4	5
Achievement Striving	1	2	3	4	5
Self-disciplined	1	2	3	4	5
Deliberate	1	2	3	4	5
Loyal	1	2	3	4	5
Unlovable	1	2	3	4	5
Confused	1	2	3	4	5
Competent	1	2	3	4	5
Regretful	1	2	3	4	5
Considerate	1	2	3	4	5
Inadequate	1	2	3	4	5
Naïve	1	2	3	4	5
Conflicted	1	2	3	4	5
Concentration Difficulties	1	2	3	4	5
Persevering	1	2	3	4	5
Honest	1	2	3	4	5
Hard working	1	2	3	4	5