Personal History Questionnaire

Name:			Date	2:	
	Spouse Roommate	Significant Grandparent		Child(ren) Other	
Describe your mother.					
Describe your father					
Describe your parents' (o	r parent substitutes') rel	ationship with e	each other		
What was your relationsh	ip like with your parent	s as a child?			
What is your relationship	like with your parents r	now?			
Rate the quality of your re 1 2 Distant, Insecure	elationship with in your 3 Moderately Close	parents as a chi 4	5	6 Positive Bond	
Rate the quality of your relation 1 2 Distant, Insecure	elationship with your pa 3 Moderately Close	rents now. 4	5 Close,	6 Positive Bond	
How many siblings do yo	u have? Brothers	Sisters	Stepsiblings	3	
What was your relationsh	ip like with your sibling	ys while you we	re growing un	?	
-	-r	-			
What is your relationship	like now with your sibl				
Were there any difficultie			amily?		

Personal Information

D '1		1	•			1 1 1
Describe	vour	home	environment	28	а	child
Deserioe	your	nome	chrynonnent	us	u	ciniu.

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

How would you characterize your childhood?_____

Describe your present home and home environment.

School History

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

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 peers? Did you have as many friends as you wanted?

Work History

What is your current occupation?
How long have you worked in this field?
Are you satisfied with your present employment?YesNo If no, please explain
Describe any difficulties you have had with your co-workers and supervisors. ?

Medical History

How would you	rate your phys			_	_			
l Poor No	2 3 t well Fair	4 Somewhat Good	5 Moderately Good	6 Good	7 Very Good	8 Extremely Good	9 Excellent	
Do you eat a wel	l-balanced die	et? <u>Yes</u>	No Do you	exercise o	n a regular	basis?	YesNo	
What concerns de	o you have ab	out your ph	ysical health?					
Psychological Ba								
Have you ever pa	articipated in t	herapy or co	ounseling?	Yes	No			
If you are current	ly in therapy,	who is you	r therapist or	counselor?				
0		•						
Have you ever be If yes, when and	en hospitalize	ed for psych	ological or pa	sychiatric r	easons?		No	
Is there a family	history of seri	ous psychol	ogical proble	ms?	_Yes	No		
Have you ever at	tempted to co	mmit suicid	e?	Yes	No)		
Has any member	of your famil	y ever atten	pted to comr	nit suicide?	?Ye	s	_No	
Have you ever be	en sexually a	bused?	Yes	5	_No			
Please circle any	v of the follow	ving that ap	oply to you					
Overeat Suicide attempts Phobic avoidance Regretful Work too hard Insomnia Distractible Resilient	Bored Nervous Lazy Hopeles Tense Fearful Attentiv	S	Vomiting Sleep distu Eating Pro Low self e Withdrawr Take too m Forgetful	blems steem	Loss of Co Motivated Crying Stressed Procrastin Inattentive Do not fol	ate	1	

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> Tobacco	Never Used	Ever Used	Currently Use	Time period of Use
Beer				
Wine				
Hard Liquor				
Marijuana				
Cocaine				
Amphetamines (uppers)				
Benzodiazepines (downers)				
Prescription drugs(w/out prescripti				
Has the use of any of the su	bstance caused	problems for	ou? If so, please des	cribe
Have you ever been in a treater how long				please describe when, where, and
Please identify any psychot	ropic medication	ns you are cur	rently taking:	
Please summarize what issu	ies you would li	ke to address	n therapy.	
Please provide any addition	al information y	you feel is imp	ortant.	

Please rank yourself on the following descriptors:

i lease rank yoursen on the	1= Very	2 = Somewhat	2 - Avenage	4 = Somewhat	5 N
	uncharacteristic	uncharacteristic	3 = Average	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
Compulsive	1	2	3	4	5
Energetic	1	2 2	3	4	5
-	1	2 2	5 3	4	
Unhappy Independent	1	2	5 3	4	5 5
machemacut	1	2	5	7	5