



## PSYCHOLOGICAL QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. During a later interview you will have an opportunity to discuss these concerns in more detail, if necessary. You will need to have this form completed prior to your scheduled interview.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

### FAMILY OR SOCIAL HISTORY:

Where were you born? What other places did you live and for how long did you live there?

Please check the following words you would use to describe yourself.

- |  |  |  |                                |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Intelligent         | <input type="checkbox"/> Confident             | <input type="checkbox"/> Worthwhile      | <input type="checkbox"/> Ugly  |
| <input type="checkbox"/> Ambitious           | <input type="checkbox"/> Sensitive             | <input type="checkbox"/> Loyal           | <input type="checkbox"/> Naïve |
| <input type="checkbox"/> Trustworthy         | <input type="checkbox"/> Evil                  | <input type="checkbox"/> Useless         |                                |
| <input type="checkbox"/> Full of Regrets     | <input type="checkbox"/> Worthless             | <input type="checkbox"/> A Nobody        |                                |
| <input type="checkbox"/> Crazy               | <input type="checkbox"/> Deviant               | <input type="checkbox"/> Unattractive    |                                |
| <input type="checkbox"/> Considerate         | <input type="checkbox"/> Unlovable             | <input type="checkbox"/> Inadequate      |                                |
| <input type="checkbox"/> Confused            | <input type="checkbox"/> Hardworking           | <input type="checkbox"/> Incompetent     |                                |
| <input type="checkbox"/> Attractive          | <input type="checkbox"/> In Conflict           | <input type="checkbox"/> Honest          |                                |
| <input type="checkbox"/> Suicidal            | <input type="checkbox"/> Can't Make a Decision | <input type="checkbox"/> Memory Problems |                                |
| <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Persevering           | <input type="checkbox"/> Stupid          |                                |

### Siblings:

Number of brothers \_\_\_\_\_ Brothers ages \_\_\_\_\_  
 Number of sisters \_\_\_\_\_ Sisters ages \_\_\_\_\_  
 Number of step or half siblings, gender, and ages \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Father:

If alive, give father's present age \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Health: \_\_\_\_\_  
 If deceased, give his age at death: \_\_\_\_\_ Cause of death: \_\_\_\_\_  
 How old were you at the time of his death \_\_\_\_\_  
 What is/was your relationship  
 like? \_\_\_\_\_  
 • as a  
 child? \_\_\_\_\_  
 • as an  
 adult? \_\_\_\_\_



Mother:

If alive, give mother's present age \_\_\_\_\_

Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

If deceased, age at death: \_\_\_\_\_  
death: \_\_\_\_\_

Cause of

How old were you at the time of her death? \_\_\_\_\_

What is/was your relationship  
like? \_\_\_\_\_

- as a child? \_\_\_\_\_
- as an adult? \_\_\_\_\_

Step Mother:

If alive, give Stepmother's present age \_\_\_\_\_

Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

If deceased, age at death: \_\_\_\_\_  
death: \_\_\_\_\_

Cause of

How old were you at the time of her death? \_\_\_\_\_

What is/was your relationship  
like? \_\_\_\_\_

- as a child? \_\_\_\_\_
- as an adult? \_\_\_\_\_

Stepfather

If alive, give stepfather's present age \_\_\_\_\_

Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

If deceased, age at death: \_\_\_\_\_  
death: \_\_\_\_\_

Cause of

How old were you at the time of her death? \_\_\_\_\_

What is/was your relationship  
like? \_\_\_\_\_

- as a child? \_\_\_\_\_
- as an adult? \_\_\_\_\_

Other Significant Adult \_\_\_\_\_

If alive, give this person's present age \_\_\_\_\_

Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

\_\_\_\_\_



If deceased, age at death: \_\_\_\_\_  
death: \_\_\_\_\_

Cause of

How old were you at the time of her death? \_\_\_\_\_

What is/was your relationship  
like? \_\_\_\_\_

- as a child? \_\_\_\_\_
- as an adult? \_\_\_\_\_

Please check any of the following that apply to your childhood or adolescence.

_____ Unhappy Childhood	_____ Family Problems	_____ School Problems
_____ Emotional/Behavioral Problems	_____ Alcohol Abuse	_____ Drug Abuse
_____ Medical Problems	_____ Legal Problems	_____ Physical Abuse
_____ Sexual Abuse	_____ Emotional Abuse	_____ Other _____

How did your parents discipline you?

Did either parent ever hit you or use physical punishment?

If a stepparent helped in raising you, how did you get along with the stepparent?

If you have a stepparent, give your age when the parent remarried. \_\_\_\_\_

Did either parent or other adult ever touch you in a way that made you feel uncomfortable? \_\_\_\_\_

How old were you? \_\_\_\_\_

How long did this go on? \_\_\_\_\_

Did you tell anyone? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

How did the abuse eventually stop? \_\_\_\_\_

Did you ever go to counseling regarding this or talk to someone about it? \_\_\_\_\_

Do you feel it impacts your life today? \_\_\_\_\_

How? \_\_\_\_\_

As a juvenile, were you ever in a residential treatment center or similar facility?

When? \_\_\_\_\_

Where? \_\_\_\_\_

For What? \_\_\_\_\_



Please Explain:

Do you ever remember incidences of seeing or hearing your parents fight?  
If so, please describe.

Did your parents divorce? \_\_\_\_\_  
If yes, how old were you when they divorced? \_\_\_\_\_  
Who did you live with after the divorce? \_\_\_\_\_  
Did you have contact with both parents after the divorce? \_\_\_\_\_  
Is there any significant life event that happened in your childhood or adolescence that has not been addressed by this questionnaire so far? If yes, please explain.

EDUCATIONAL HISTORY

What is that last grade you completed? \_\_\_\_\_  
What is your highest degree awarded? \_\_\_\_\_  
Please describe for me the types of grades you received

\_\_\_\_\_

Were you ever held back a grade or promoted an extra grade? \_\_\_\_\_  
Did you take any special education classes? \_\_\_\_\_  
Were you ever diagnosed with a learning disability or ADHD? \_\_\_\_\_  
Please detail any suspensions or detentions or expulsions you may have received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate your overall satisfaction with school 0-10 (0=worst experience of my life; 10=best experience of my life). \_\_\_\_\_

COUNSELING HISTORY

Have you ever been in counseling or psychotherapy? \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_



For how long? \_\_\_\_\_ For what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you make the decision to seek counseling/therapy?

Are you currently on any medication(s) for a mental disorder? \_\_\_\_\_  
If yes, what medication and what is the dosage (list all)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been on them? \_\_\_\_\_ Why are you taking them? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you taken medication for a psychological problem or mental disorder in the past? \_\_\_\_\_

If yes, what medication? \_\_\_\_\_ What was the dosage? \_\_\_\_\_

When did you start? \_\_\_\_\_ When did you go off the medication? \_\_\_\_\_

What was it prescribed for?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for psychological problems? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ How many times? \_\_\_\_\_ How old were you? \_\_\_\_\_

What method did you use? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To your knowledge, have you ever received a diagnosis for a psychological problem? \_\_\_\_\_ When? \_\_\_\_\_ What was the diagnosis? \_\_\_\_\_

How do you feel about the diagnosis? \_\_\_\_\_

\_\_\_\_\_

Have you ever had any other psychological evaluations? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_



For what reason?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you remember what the recommendations were? \_\_\_\_\_

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does any member in your family suffer from depression or anything else that might be considered a psychological problem? \_\_\_\_\_

Has any member of your family ever been in counseling or therapy? \_\_\_\_\_

Has any member of your family ever been hospitalized for psychological problems? \_\_\_\_\_

Has any relative ever attempted or committed suicide? \_\_\_\_\_

If you answered "yes" to any of these questions, please list the person's relation to you and further explain any of your "yes" answers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LEGAL HISTORY:

Did you ever belong to a gang? \_\_\_\_\_

Which gang? \_\_\_\_\_

How old were you when you joined? \_\_\_\_\_

How old were you when you left? \_\_\_\_\_

What was your reason for joining? \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

What was your position or rank? \_\_\_\_\_

What type of gang related criminal activity did you participate in? \_\_\_\_\_

Age at 1st incarceration? \_\_\_\_\_

Length of time incarcerated? \_\_\_\_\_

Age at 1st arrest? \_\_\_\_\_

Types of arrests? \_\_\_\_\_



How many times have you been arrested for the following:

Domestic Abuse _____	Assault _____	Burglary _____
Theft _____	Rape _____	Indecent _____
Exposure _____	Voyeurism _____	DUI _____
Gross Sexual Imposition of a Child _____	Other _____	

RELATIONSHIP HISTORY:

What is your partner or spouse's age? \_\_\_\_\_

If you've been married more than once, please indicate the year you got divorced for each marriage.

Marriage one \_\_\_\_\_

Marriage two \_\_\_\_\_

Marriage three \_\_\_\_\_

Marriage four \_\_\_\_\_

Marriage five \_\_\_\_\_

Do you have any children? \_\_\_\_\_ What are their ages? \_\_\_\_\_

What are the living arrangements for your children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you and your spouse/partner ever seek or mandated therapy/counseling? \_\_\_\_\_

CHEMICAL HISTORY: How old were you when you first used alcohol? \_\_\_\_\_

At the height of your usage, how old were you and how much were you using? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you experienced blackouts? \_\_\_\_\_

Have you ever received treatment for alcohol abuse? \_\_\_\_\_

Treatment One When? \_\_\_\_\_ Where? \_\_\_\_\_ How long sober after? \_\_\_\_\_

Treatment Two When? \_\_\_\_\_ Where? \_\_\_\_\_ How long sober after? \_\_\_\_\_

Treatment Three When? \_\_\_\_\_ Where? \_\_\_\_\_ How long sober after? \_\_\_\_\_

Treatment Four When? \_\_\_\_\_ Where? \_\_\_\_\_ How long sober after? \_\_\_\_\_

Do you drink before sexual activity? \_\_\_\_\_

When was your last drink? \_\_\_\_\_

How many DUI's have you had? \_\_\_\_\_

List all alcohol related arrests/convictions (i.e., DUI's, assault, etc.)

\_\_\_\_\_  
\_\_\_\_\_

How old were you when you first used marijuana? \_\_\_\_\_

At the height of your usage, how old were you and how much were your using? \_\_\_\_\_



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When was your last usage of marijuana? \_\_\_\_\_

Have you ever received treatment for drug abuse? \_\_\_\_\_ How many times? \_\_\_\_\_

Treatment One When? \_\_\_\_\_ Where? \_\_\_\_\_ How long clean after? \_\_\_\_\_

Treatment Two When? \_\_\_\_\_ Where? \_\_\_\_\_ How long clean after? \_\_\_\_\_

Treatment Three When? \_\_\_\_\_ Where? \_\_\_\_\_ How long clean after? \_\_\_\_\_

Treatment Four When? \_\_\_\_\_ Where? \_\_\_\_\_ How long clean after? \_\_\_\_\_

What other illegal drugs have you tried?

\_\_\_\_\_ Marijuana      \_\_\_\_\_ LSD      \_\_\_\_\_ PCP      \_\_\_\_\_ PCP      \_\_\_\_\_ Cocaine

\_\_\_\_\_ Methamphetamines      \_\_\_\_\_ Crank      \_\_\_\_\_ Heroin      \_\_\_\_\_ Prescription Pills      \_\_\_\_\_ Other

What is your drug of choice? \_\_\_\_\_

Have any family members had a problem with drugs or alcohol? \_\_\_\_\_

Please explain:

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**OTHER IMPORTANT INFORMATION:**

Employment

What is your occupation?

How long have you been employed at your current job?

What other types of jobs have you done in the past?

What is your longest period of unemployment?

What is your longest period of employment?

How many jobs have you been fired from?

What is your highest level of training?

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Religion

What faith do you consider yourself to be?

How is Religion a part of your life?

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