BACKGROUND INFORMATION

Instructions: Please take a few minutes to answer these questions. If you are uncertain about any question, please leave it blank and we will discuss it later. Thank you.

Name: _____ Date: _____

Street Address: _____

City:_____ State: _____ Zip: _____

Email:_____

Telephone Numbers: *Day*_____ *Evening* _____

Age: _____ Occupation:_____ Sex: _____

Date of Birth: _____ Place of birth: _____

Dominant Hand: ☐ R ☐ L Education: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Race/Nationality: _____ Religion: _____

Languages spoken: _____

Who do you live with: _____

Who referred you here: _____

How would you describe your main problems: _____

_____

On the scale below, please estimate the severity of your problems:

☐ Not distressing to me, only to others ☐ Mildly upsetting

☐ Moderately upsetting ☐ Severe ☐ Extremely severe

When did your problems begin: _____

How have you tried to resolve your problems: _____

_____

I. FAMILY HISTORY

1. Please answer the following questions about your family:

Were your parents married? ☐ Y ☐ N

Did your parents divorce? ☐ Y ☐ N If yes, how old were you: ____

Were you adopted? ☐ Y ☐ N If yes, at what age: _____

Were you ever raised by a step-parent? ☐ Y ☐ N

Did any other adults play a role in raising you? ☐ Y ☐ N

Circle any words that are descriptive of your family:

☐ Close	☐ Loving	☐ Disinterested	☐ Supportive	☐ Neglectful
☐ Distant	☐ Abusive	☐ Hard-working	☐ Overprotective	☐ Tense
☐ Rejecting	☐ Chaotic	☐ Full of conflict	☐ High achieving	☐ Controlling
☐ Intrusive	☐ Embarrassing			

2. Please answer the following questions about your natural father:

His occupation: _____

His education: _____ Religion: _____

Is he still alive? ☐ Y ☐ N Age at death:_____ Cause:_____

Please describe your father's personality and your relationship with him:

_____

_____

3. Please answer the following questions about your natural mother:

Her occupation: _____

Her education: _____ Religion: _____

Is she still alive? ☐ Y ☐ N Age at death:_____ Cause:_____

Please describe your mother's personality and your relationship with her:

_____

_____

4. How many brothers and sisters do you have? _____

5. What was your socioeconomic level growing up? (check one)

☐ Poor ☐ Lower Middle Class ☐ Middle Class ☐ Upper Middle Class ☐ Wealthy

6. Did your parents ever :

Separate from one another?	☐ Y	☐ N
Make you feel unwanted?	☐ Y	☐ N
Tell you they wished you were different?	☐ Y	☐ N
Threaten to send you away?	☐ Y	☐ N
Physically hurt you?	☐ Y	☐ N
Hurt your feelings routinely?	☐ Y	☐ N
Make you feel that sex was bad or wrong?	☐ Y	☐ N
Argue and fight a lot between themselves?	☐ Y	☐ N
Make you feel that you could never please them?	☐ Y	☐ N
Make you feel loved?	☐ Y	☐ N
Hit one another?	☐ Y	☐ N
Show favoritism with their children?	☐ Y	☐ N
Spend long periods of time away from home?	☐ Y	☐ N
Tell you to keep something secret?	☐ Y	☐ N

7. Has anyone in your family ever:

Been severely ill?	☐ Y	☐ N
Died while you were growing up?	☐ Y	☐ N
Had trouble keeping a job?	☐ Y	☐ N
Stopped having contact with you for some reason?	☐ Y	☐ N

8. How were you punished as a child: _____

9. How were you rewarded as a child: _____

10. What do you wish had been different about your family: _____

_____

11. To whom did you feel closest as a child? (check one)

☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Grandparent ☐ Friend ☐ No one

☐ Other: _____

II. YOUR HISTORY

1. Were you a planned pregnancy? ☐ Y ☐ N ☐ Not sure
2. Were there any complications with your birth? ☐ Y ☐ N ☐ Don't know
3. Generally, would you say you had a happy childhood? ☐ Y ☐ N
4. When you were growing up, did you:

Suck your thumb after the age of 6?	☐ Y	☐ N
Rock yourself to sleep?	☐ Y	☐ N
Have any trouble speaking or learning to talk?	☐ Y	☐ N
Have temper tantrums?	☐ Y	☐ N
Have trouble with wetting the bed after the age of 6?	☐ Y	☐ N
Have trouble with coordination?	☐ Y	☐ N
Feel unusually jealous of your brother or sister?	☐ Y	☐ N
Become afraid to be away from your parents?	☐ Y	☐ N
Move around a lot?	☐ Y	☐ N
Fake being sick to avoid dealing with something?	☐ Y	☐ N
Have difficulty sleeping?	☐ Y	☐ N
Have frequent bad dreams or nightmares?	☐ Y	☐ N
Have a diagnosis of hyperactivity?	☐ Y	☐ N
Get in more than five fights?	☐ Y	☐ N
Feel you were sexually molested?	☐ Y	☐ N
Have nervous habits, like nail biting or picking your skin?	☐ Y	☐ N
Brag or exaggerate to impress others?	☐ Y	☐ N
Have an eating disorder?	☐ Y	☐ N
Get in trouble because of any sexual behavior?	☐ Y	☐ N
Steal from stores, family, other kids, cars or houses?	☐ Y	☐ N
Tease or harm animals?	☐ Y	☐ N
Belong to a gang?	☐ Y	☐ N
Feel you had no friends?	☐ Y	☐ N
Suffer from depression?	☐ Y	☐ N
Set any fires intentionally?	☐ Y	☐ N
Run away from home overnight?	☐ Y	☐ N
Feel you were overweight?	☐ Y	☐ N
Involved in vandalism?	☐ Y	☐ N
Live away from your parents before the age of 16?	☐ Y	☐ N

How old were you when you moved out on your own for the first time: _____

III. SCHOOL HISTORY

1. What kinds of schools have you attended? (check all that apply)

☐ Public schools	☐ Private schools	☐ Technical school
☐ Continuation school	☐ Parochial or religious school	☐ Trade school
☐ Independent learning center	☐ Special education classes	
☐ College or university	☐ Graduate or professional school	

2. How would you describe yourself as a student?

In elementary school	☐ Below average	☐ Average	☐ Above average
In junior high	☐ Below average	☐ Average	☐ Above average
In high school	☐ Below average	☐ Average	☐ Above average

3. What subjects were you good in: _____

4. What subjects were difficult for you: _____

5. Did you ever:

Become afraid of going to school?	☐ Y	☐ N
Need extra help to learn to read?	☐ Y	☐ N
Have difficulty spelling?	☐ Y	☐ N
Have trouble doing math?	☐ Y	☐ N
Have trouble writing?	☐ Y	☐ N
Have to change which hand you write with?	☐ Y	☐ N
Have trouble paying attention in class?	☐ Y	☐ N
Have a learning disability?	☐ Y	☐ N
Play varsity sports in high school?	☐ Y	☐ N
Get in trouble with your teachers routinely?	☐ Y	☐ N
Receive failing grades?	☐ Y	☐ N
Have to repeat a grade?	☐ Y	☐ N
Join any clubs in school?	☐ Y	☐ N
Have a time when your grades changed drastically?	☐ Y	☐ N
Get suspended from school?	☐ Y	☐ N
Skip classes more than a few times?	☐ Y	☐ N
Drop out of school?	☐ Y	☐ N
Get expelled from school?	☐ Y	☐ N
Win any awards in school?	☐ Y	☐ N

7. Year graduated from high school: _____ College:_____

   Highest degree earned:_____

8. What did you plan to do when you grew up: _____

IV. OCCUPATIONAL HISTORY

1. At what age did you first have a full-time job:_____

2. Have you ever served in the military? ☐ Y ☐ N *if no, proceed to question 3*
   Branch of service: ☐ Army ☐ Navy ☐Air Force ☐ Marines ☐ Coast Guard

   Dates of service: Inducted:_____ Discharged: _____

   Highest rank achieved:_____ Jobs held: _____
   Combat? ☐ Y ☐ N Wounded? ☐ Y ☐ N Honors: ☐ Y ☐ N

   Disciplinary actions? ☐ Y ☐ N Type of discharge: _____

3. What types of jobs have you had: _____

   _____

4. What was your longest job: _____

   Shortest: _____

5. Check all the words that would describe you at work:

   ☐ Unreliable ☐ Hard working ☐ Organized ☐ Bored ☐ Disciplined
   ☐ Independent ☐ Reliable ☐ Disorganized ☐ Focused ☐ Ambitious

6. Have you ever:

Gotten in trouble at work?	☐ Y ☐ N
Been fired from a job?	☐ Y ☐ N
Had difficulty getting along with supervisors?	☐ Y ☐ N
Had trouble getting to work on time?	☐ Y ☐ N
Had trouble keeping a job?	☐ Y ☐ N
Left a job with no other job lined up?	☐ Y ☐ N
Had difficulty getting along with coworkers?	☐ Y ☐ N
Collected unemployment or welfare?	☐ Y ☐ N
Collected social security insurance?	☐ Y ☐ N
Started your own business?	☐ Y ☐ N
Made money illegally?	☐ Y ☐ N
Had trouble paying your bills?	☐ Y ☐ N

7. What other jobs would you like to have: _____

   _____

V. SOCIAL HISTORY

1. Please check any words that were descriptive of you while growing up:

☐ Shy	☐ Outgoing	☐ Loner	☐ Bully	☐ Victim
☐ Friendly	☐ Dramatic	☐ Controlling	☐ Easy-going	☐ Reserved
☐ Follower	☐ Leader	☐ Rejected	☐ More comfortable with adults	
☐ Different	☐ Rebellious	☐ Independent	☐ Artistic	☐ Risk-taking
☐ Sensitive	☐ Intellectual	☐ Athletic	☐ Talented	☐ Popular
☐ Dependent	☐ Insecure	☐ Optimistic	☐ Negative	☐ Aggressive

2. Please circle any words that describe you now:

☐ Shy	☐ Outgoing	☐ Loner	☐ Friendly	☐ Easy-going
☐ Controlling	☐ Warm	☐ Irritable	☐ Dependent	☐ Independent
☐ Assertive	☐ Intimidating	☐ Artistic	☐ Opinionated	☐ Sensitive
☐ Cooperative	☐ Competitive	☐ Avoidant	☐ Domineering	☐ Aloof
☐ Self-centered	☐ Caretaking	☐ Dramatic	☐ Supportive	☐ Reserved
☐ Rigid	☐ Honest	☐ Manipulative	☐ Gullible	☐ Flexible

3. Do you think it is easy to get people to do what you want? ☐ Y ☐ N

4. How many close friends do you have: _____

5. What words would your close friends use to describe you: _____

   _____

6. What is your sexual orientation: _____

7. How old were you when you started dating: _____

8. How many significant relationships would you say you have had: _____

9. How old were you the first time you had a sexual relationship: _____

10. Estimate the number of sexual partners you have had: _____

11. How long did your longest relationship last: _____

12. How many times have you been married: _____

13. How long did each of your marriages last, and the reason(s) they ended (if they have):

_____

_____

_____

14. Answer the following questions regarding your spouse:

Age: _____ Occupation: _____ Religion: _____

Education: _____ Race/nationality: _____

Briefly describe your spouse: _____

_____

What do you like most about your spouse: _____

_____

What do you like least about your spouse: _____

_____

Check any area you feel is a problem in your marriage:

☐ Sexual	☐ Parenting	☐ Financial
☐ Jealousy	☐ Not enough time together	☐ Too much time together
☐ Poor communication	☐ Problems with in-laws	☐ Not enough interests in common
☐ Too much arguing	☐ Don't feel close	

15. Have you ever hit someone you were in a relationship with? ☐ Y ☐ N

16. Please provide the following information regarding your children:

Name(s) & Age (s):_____

Problems or concerns: _____

_____

_____

VI. LEGAL HISTORY

1. Have you been arrested as a juvenile? ☐ Y ☐ N

   If the answer is yes, what were the charges: _____

   Did you spend time in a correctional facility? ☐ Y ☐ N

2. Have you ever been arrested as an adult? ☐ Y ☐ N

   If the answer is yes, please complete the following:

   Charge(s):_____

   Convicted? ☐ Y ☐ N Served time? ☐ Y ☐ N

   Charge(s): _____

   Convicted? ☐ Y ☐ N Served time? ☐ Y ☐ N

3. Has anyone ever filed a lawsuit against you? ☐ Y ☐ N

   Have you ever filed a lawsuit against someone else? ☐ Y ☐ N

4. Has anyone ever served a temporary restraining order on you? ☐ Y ☐ N

   Have you ever served a restraining order on someone else? ☐ Y ☐ N

5. Have you committed crimes for which you have not been caught? ☐ Y ☐ N

6. Has anyone else in your family ever been arrested or sent to prison? ☐ Y ☐ N

7. Have you ever been accused of child abuse? ☐ Y ☐ N

8. Have you ever had criminal court records sealed? ☐ Y ☐ N

9. Have you ever been accused of elder abuse? ☐ Y ☐ N

10. Have you ever been violent towards other people? ☐ Y ☐ N

11. Do you have any guns in your home? ☐ Y ☐ N

12. Have you ever declared bankruptcy? ☐ Y ☐ N

13. Have the police ever come to your home because of a domestic disturbance? ☐ Y ☐ N

VII. MEDICAL HISTORY

1. Have you ever had a serious illness? ☐ Y ☐ N If yes, what?_____

2. Have you ever had a serious injury? ☐ Y ☐ N

3. Have you ever had a head injury? ☐ Y ☐ N

4. Have you ever had an operation? ☐ Y ☐ N If yes, what?_____

5. Do you have any problems in any of the following areas? (check all that apply)

☐ Vision	☐ Hearing	☐ Immune system
☐ Neurological	☐ Sexual functioning	☐ Cardio-vascular
☐ Coordination	☐ Memory	☐ Breathing
☐ Weight	☐ Fatigue	☐ Digestion

6. Do you have any of the following medical problems: (check all that apply)

☐ Headaches	☐ Seizures	☐ Pre-menstrual syndrome
☐ Infertility	☐ Infections	☐ Exposure to chemicals
☐ Overeating	☐ Thyroid	☐ Elevated cholesterol
☐ Chronic pain	☐ Eating binges	☐ High blood pressure
☐ Heart attack	☐ Dizziness	☐ Movement difficulties
☐ Restricted eating	☐ Stroke	☐ Skin problems
☐ Cancer	☐ Liver problems	☐ Kidney problems

☐ Other: _____

7. Do you like how your body looks? ☐ Y ☐ N Do you ever diet? ☐ Y ☐ N

8. Do you ever use laxatives? ☐ Y ☐ N Do you ever take diet pills? ☐ Y ☐ N

9. How would you rate yourself in the following areas:

Overall health	☐ Poor	☐ Average	☐ Good
Quality of diet	☐ Poor	☐ Average	☐ Good
Sleep	☐ Poor	☐ Average	☐ Good
Exercise	☐ Poor	☐ Average	☐ Good

10. List any allergies you have: _____

11. For women, how many times have you been pregnant: _____

12. What forms of birth control do you practice: _____

13. Date of last physical exam: _____

14. Is there a history of serious medical problems in your family? ☐ Y ☐ N

    If so, please describe: _____

15. List all medications you are currently taking for any physical concerns:

    _____

    _____

16. Drug and alcohol history:

    Have you tried or used? (check as appropriate)

Alcohol	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Nicotine	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Marijuana	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Cocaine	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Methamphetamine	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Heroin	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
PCP	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Mushrooms	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
MDMA (Molly/Ecstasy)	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
LSD (Acid)	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Steroids	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Barbiturates	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Pain pills	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Sedatives	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Inhalants	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N
Other: _____	☐ Y	☐ N	☐ Regular use	Caused problems?	☐ Y	☐ N

Have you ever felt the need to cut down on drinking or drug use?	☐ Y	☐ N
Have other people ever criticized your drinking or drug use?	☐ Y	☐ N
Have you ever felt guilty about the amount of drinking or drugs used?	☐ Y	☐ N
Have you ever used alcohol or drugs in the morning to get going?	☐ Y	☐ N
Have you ever had treatment for a drug or alcohol problem?	☐ Y	☐ N

VIII. PSYCHIATRIC HISTORY

1. Has anyone in your family ever:

Been treated in a psychiatric hospital?	☐ Y	☐ N
Committed suicide?	☐ Y	☐ N
Threatened to commit suicide?	☐ Y	☐ N
Have problems with alcohol?	☐ Y	☐ N
Have problems with drugs?	☐ Y	☐ N
Suffered from depression?	☐ Y	☐ N
Been diagnosed with bipolar disorder?	☐ Y	☐ N
Been diagnosed with schizophrenia?	☐ Y	☐ N
Seemed excessively anxious or worried?	☐ Y	☐ N
Suffered from a neurological disorder?	☐ Y	☐ N
Had problems with reading or spelling?	☐ Y	☐ N
Been diagnosed with ADHD?	☐ Y	☐ N
Been diagnosed with autism spectrum disorder?	☐ Y	☐ N

2. Have you ever received psychological treatment before? ☐ Y ☐ N

   If so, please provide the following information regarding past therapy:

   Name of therapist Dates of therapy Problem(s)

   _____

   _____

   _____

3. Please list any medications you have taken for emotional or mental problems:

   _____

   _____

4. Are you taking any of these medications now? ☐ Y ☐ N
5. Have you ever been treated in a psychiatric hospital? ☐ Y ☐ N
6. Have you ever experienced an event you would call traumatic? ☐ Y ☐ N

   If so, please describe what happened: _____

   _____

   _____

7. Please check any problems you have had within the past month:

☐ Fear or anxiety	☐ Depression	☐ Restlessness
☐ Angry outbursts	☐ Guilty feelings	☐ Acting without thinking
☐ Mood swings	☐ Self-critical	☐ Lack of meaning
☐ Low self-esteem	☐ Lonely	☐ Racing thoughts
☐ Panic attacks	☐ Irritability	☐ Gambling
☐ Lack of energy	☐ Shame	☐ Unable to trust
☐ Startle easily	☐ Cry easily	☐ Difficulty expressing feelings
☐ Compulsive acts	☐ Paranoia	☐ Feel unappreciated
☐ Disturbing dreams	☐ Unable to relax	☐ Boredom
☐ Hyperactivity	☐ Perfectionistic	☐ Work too much
☐ Excessive spending	☐ Fear of dying	☐ Feelings of emptiness
☐ Poor concentration	☐ Persistent lying	☐ Communication
☐ Lack of pleasure	☐ Self-destructive	☐ Unassertive
☐ Procrastination	☐ Too many risks	☐ Sensitive to rejection
☐ Like to hurt others	☐ Spacing out	☐ Avoid being alone
☐ Wish to die	☐ Hopelessness	☐ Obsessive thoughts
☐ Avoid social settings	☐ Feel superior	☐ Disturbing thoughts
☐ Fear of losing control	☐ Fear of illness	☐ Fear of intimacy
☐ Feelings of unreality	☐ Jealousy	☐ Feel sorry for myself
☐ Drive too fast	☐ Like to intimidate	☐ Feel like a failure
☐ Physical fights	☐ Do crazy things	☐ Infidelity

IX. CURRENT FUNCTIONING

1. Are you generally happy with the way your life has turned out? ☐ Y ☐ N
2. Current stresses: ☐ Work ☐ Family ☐ Illness ☐ Money ☐ Recent loss
   ☐ Legal issues ☐ Lack of social support ☐ Other: _____
3. What would you like to change about:

   Yourself: _____

   Your life: _____

   Relationships: _____

   Work: _____
4. Have you ever traveled outside the United States? ☐ Y ☐ N If yes, where?_____
5. What is the best thing about your life?

   _____
6. What is your biggest regret?

   _____
7. What is missing in your life?

   _____
8. What five words would you use to describe yourself:_____

   Rate your self-image on a scale from 1 to 10 (10 being highest): _____
9. What do you like to do for fun?

   _____
10. What are your talents?

    _____
11. What are your goals for the next few years?

    _____
12. What would keep you from achieving your goals?

    _____