



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.

- | | | |
|--|--|--|
| <input type="checkbox"/> Unhappy Childhood | <input type="checkbox"/> Family Problems | <input type="checkbox"/> School Problems |
| <input type="checkbox"/> Emotional/Behavioral Problems | <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> Medical Problems | <input type="checkbox"/> Legal Problems | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> 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

Digitized by srujanika@gmail.com

Digitized by srujanika@gmail.com

[View Details](#) | [Edit](#) | [Delete](#)

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

Rate your overall satisfaction with school 0 = 10 (0 = Worst experience of my life, 10 = Best experience of my life)

COUNSELING HISTORY

MENTAL HEALTH 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 you using? _____



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:

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?

\

Religion

What faith do you consider yourself to be?

How is Religion a part of your life?



Dr. Jennifer Marks-Foster

Medical:
Surgeries? Serious medical conditions? Etc

Is there any other information that has not been asked yet, that you want the evaluator to know about you?

Thank you for your time!