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## PERSONAL BACKGROUND QUESTIONNAIRE

(To be completed by adolescent)

### Purpose:

The purpose of this questionnaire is to obtain a comprehensive view of your background to save both you and your counselor time. Please be complete and accurate.

We desire to keep this information confidential, but your parents have a legal right to information up to a certain age. Therefore, please fill out the following with that in mind. During the course of therapy we will seek to work out a level of privacy that satisfies both you and your parents.

### I. Basic Information

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Sex: M/F                      Race: \_\_\_\_\_

### A. Members of Family

1. Could you briefly tell us about your parents below?

	Age	Occupation	If Deceased, your age then	If Divorced, your age then
Mom	_____	_____	_____	_____
Dad	_____	_____	_____	_____

2. Was this your parent's only marriage?

\_\_\_\_\_

3. What is (or was) their relationship with each other like?

\_\_\_\_\_

4. Describe your father.

\_\_\_\_\_

5. Describe your mother.

\_\_\_\_\_

6. What is your relationship with your parents like?

\_\_\_\_\_

7. Did either of them abuse drugs or alcohol or have other major problems?

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8. What do you appreciate most about your parents?

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9. How do you get along with your brothers and sisters?

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10. How many times have you moved? \_\_\_\_\_

11. If your family had a motto, what would it be?

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## II. Relevant History

### A. Counseling

1. Briefly describe the struggle(s) or concern(s) you would like to resolve through therapy.

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2. On a scale of 1 to 10, rate the degree to which this struggle interferes with your everyday life at school and at home.

#### School

1	2	3	4	5	6	7	8	9	10
Does not bother me at all									Can't Function

#### Home

1	2	3	4	5	6	7	8	9	10
Does not bother me at all									Can't Function

3. How does the struggle affect your thoughts, feelings, and behavior?

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4. How often do you have this struggle, and how long has it existed?

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5. How have you handled these struggles?

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6. What would you like to get out of counseling?

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7. How badly do you want counseling for your struggle(s)?

1      2      3      4      5      6      7      8      9      10  
Being forced      One of my  
on me      highest priorities

**B. Medical History**

1. Have you ever had any serious illnesses or injuries?

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**III. Developmental History**

**A. School Functioning**

1. Do you vividly recall any significant events (bad or good) prior to beginning school?

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2. What significant events occurred during your school years?

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3. From the ages of 6 to 12 were you generally:

Outgoing? \_\_\_\_\_ Withdrawn? \_\_\_\_\_ Happy? \_\_\_\_\_ Sad? \_\_\_\_\_

4. How many close friends do you have? \_\_\_\_\_

5. Were there any significant changes in your attitudes toward yourself or others during junior high school?

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Significant events? \_\_\_\_\_

6. Were there any significant changes in your attitudes toward yourself or others during high school?

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Significant events? \_\_\_\_\_

7. What part does God play in your life?

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