

PSYCHOSOCIAL HISTORY QUESTIONNAIRE

(Please circle the appropriate response or respond briefly to each question.)

What is the reason you are coming in for services today? _____

Living Arraignments:

Do you own, rent, live with family, or live in a residential facility? _____

Are you satisfied with those living arrangements? YES NO

Who lives with you? _____

Are you at risk of having to move? YES NO

How do you support yourself financially? _____

Family History:

Do you feel that your parents or guardian loved and cared about you during your childhood and teenage years? YES NO

Did you experience any unfair treatment, bickering, or fighting in your family as you were growing up? YES NO

Does anyone in your family have a history of drug or alcohol abuse? YES NO

Does anyone in your family have a history of being treated for depression or other mental/emotional illness? YES NO

Did you or others in the family experience any emotional, physical, or sexual abuse as a child? YES NO

Did you ever have to live outside of your parents' home (with other family members or a foster family) due to problems at home? YES NO

Have you recently (within the last year) experienced a death or major illness in the family? YES NO

If client is a minor:

Is the child 14 1/2 or older? YES NO

Who has legal custody? _____ SOLE JOINT

Who has physical custody? _____ SOLE JOINT

Is the child fully immunized? YES NO

Any significant developmental problems? YES NO

Please describe: _____

Has your counseling been ordered by a judge, probation/parole officer, or the Children's Services Board? YES NO

Educational/Vocational History:

Were (Are) your school grades: *Below average?* *Average?* *Above average?*

Were (Are) you in any special education classes? YES NO

Did (Do) you get into trouble for behavioral problems in school? YES NO

What is the highest grade that you completed in school so far? _____

Have you worked outside of the home? YES NO

If yes, have you worked steadily since leaving school? YES NO

Are you currently employed? YES NO

How long have you been on your present job? _____

What is your present job?

What is the longest period of time that you have held a job? _____

What job was that? _____

Marital/Sexual History:

Have you ever been married? YES NO

If yes, how many marriages have you had? _____

Are you currently married or involved in a relationship? YES NO

If yes, are you happy with your current relationship? YES NO N/A

How many relationships have you had that have lasted:

Less than 6 months? _____ More than 6 months? _____

For what reasons have you broken up with a spouse or partner (circle all that apply):

Boredom *Cheating* *Arguing* *Substance Abuse* *Violence* *Financial*

Do you have any children? YES NO

If yes, how many children do you have? _____

What are their ages? _____

Do any of them have physical or behavioral problems?	YES	NO	N/A
Have you ever lost custody of your children?	YES	NO	N/A

If yes, please explain why? _____

Have you ever experienced emotional, physical, or sexual violence in a relationship?	YES	NO
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Have you ever had sex against your will?	YES	NO
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Legal History:

Have you ever been charged with or convicted of a crime as a juvenile or adult?	YES	NO
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If yes, what were the offenses and dates: _____

Have you ever done any time in jail or prison?	YES	NO
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If yes, what was your longest period of jail or prison time? _____

When were you last released from jail or prison? _____

Are you currently on probation or parole?	YES	NO
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If YES, who is your probation or parole officer: _____

Military History:

Have you ever served in any branch of the military?	YES	NO
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If yes, what branch were you in, what rank, and what were the dates of service? _____

Did you experience any combat duty in the military?	YES	NO
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Did you receive an honorable discharge?	YES	NO
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Socialization/Leisure Activity:

Do you have any friends or family members that you see regularly?	YES	NO
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Who do you spend most of your time with? _____

Do you have any hobbies, church, or other activities that you enjoy?	YES	NO
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Please list them: _____

Major Disabilities:

Are you currently receiving SSI or SSDI for a disability?	YES	NO	
Is it a physical disability?	YES	NO	N/A
Is it an emotional or mental disability?	YES	NO	N/A

Alcohol/Substance Abuse History:

Do you currently use alcohol or other mood altering substances?	YES	NO	
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If yes, please list the substances that you use: _____

How would you describe your current pattern of use:

<i>No use</i>	<i>Infrequent social use</i>	<i>Regular weekend use</i>
<i>Several times per week</i>	<i>Daily use</i>	<i>More than once per day</i>

Have you ever been in treatment for substance abuse or dependence?	YES	NO	
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If yes, please list the treatment programs and dates: _____

Has there been a period of time in your life that you used other substances?	YES	NO	
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If yes, please list those substances: _____

Mental Health Treatment:

Have you ever received counseling from this agency or any other provider (a private practitioner or another agency) in the past?	YES	NO	
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If yes, please list the counselors or agencies and dates: _____

Have you ever received the services of a psychiatrist?	YES	NO	
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If yes, please list the psychiatrists, dates, and conditions for which you were treated: _____

Have you ever been hospitalized for a mental or emotional condition?	YES	NO	
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If yes, please list the hospitals and dates: _____

Please list any mental health medication you are currently taking: _____

Physical Health History:

Do you have any medication allergies? YES NO

Please list: _____

For women, are you currently pregnant? YES NO N/A

Do you have any difficulty with chronic pain? YES NO

Please list any significant conditions, illnesses, or surgeries you have had or currently have:

Do you have a Living Will or Power of Attorney? YES NO

Who has authority in your living will or power of attorney: _____

What would you consider to be a strong point of your personality: _____

What would you consider to be your personal weakness, downfall, or stumbling block: _____

Strengths & Weaknesses:

What would you consider to be a strong point of your personality: _____

What would you consider to be your personal weakness, downfall, or stumbling block: _____

Signatures:

Client

Date

Guardian (if applicable)

Date

Therapist

Date

Supervisor (if applicable)

Date