

**PSYCHOSOCIAL HISTORY QUESTIONNAIRE**

**INSTRUCTIONS.** Please answer all of the following questions as they apply to you (or your child if you are completing this form for your child you will be the primary client in treatment). Some questions will not be applicable and you may leave them blank. If more than one available answer is correct, for you, check as many as apply.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M F

**What is your or your child's race?**

- Asian  African-American  Caucasian (white)  Latino  Asian-Indian  Other:

**What is your or your child's marital status?**

- Child  Single  Divorced  Separated  Married  Widowed

**Have you ever been divorced?**

- Yes  No

**What is the primary problem(s) bothering you or your child?**

- Marriage  Family  Loneliness  Moodiness  Depression  Anxiety  
 Self-confidence  Physical (ill/tired)  Alcohol  Drugs  Sex  
 Memory  Work  School  Attention  Defiance  Other:

**How long ago did you or your child begin to be troubled by this problem?**

- Within the past month  Last 1 – 6 months  Last 6 – 12 months  Last 1 – 2 years  
 Last 2 – 5 years  Last 5 – 10 years  Over 10 years  All of my life

**Rate the degree to which this problem has affected your life?**

- Very little  A little  A fair amount  A good deal  A great deal

**How often do you experience this problem?**

- Many times a day  Several times a day  Daily  Many times a week  
 Several times a week  Once a week  Many times a month  Several times a month  
 Monthly  Many times a year  Several times a year  Less than once a year

**Which of the following have you or your child experienced in the past 2 years?**

- Marital reconciliation  Jail term  Retirement  Fired from work  
 Change in health of family member  Marital separation  Divorce  
 Death of spouse/partner  Pregnancy  Arguments with partner  Death of a close friend  
 Marriage  Change in financial state  Personal injury or illness  
 Change to different line of work  Business readjustment  Gain of a new family member  
 Sex difficulties  Financial Hardship  Legal Problems  
 Change in Schools  Bullying  Poor Grades  Suspension / Expulsion from School

**How would you describe yourself or your child?**

- Quiet  Outgoing  Talkative  Shy  Active  Aggressive  Temperamental  
 Self-confident  Wild  Carefree  Stubborn  Easygoing  
 Friendly  Smart  Impatient  Responsible  Rebellious  
 Serious  Unassertive

**How would you rate your or your child's ability to cope with life?**

- Very good  Good  Fair  Poor

**How would you describe your or your child's mental state?**

- Tense  Depressed  Forgetful  Sad  Worried  Fearful  Angry  
 Unenthusiastic  Confused  Disappointed  Regretful  Irritable  
 Calm  Scared  Hyperactive  Nervous  Happy  Distrustful

**Have you or your child ever had legal problems?**

- No  Civil (divorce, etc.)  Criminal  Arrested  Convicted

**How would you characterize your or your child's childhood?**

- Dull  Frightening  Happy  Hard to Remember  Painful  Regimented  Secure

Unhappy

**Who raised you or your child?**

- Natural Parents  Father Only  Mother Only  Father and Stepmother  Mother and Stepfather
- Adoptive Parents  Maternal Grandparent(s)  Paternal Grandparent(s)
- Aunt and/or Uncle  Brother and/or Sister  Foster Parents
- Institutional Caretakers  Other:

**How many brothers do(es) you or your child have?** 1 2 3 4 5 6 7 8 9 10

**How many sisters do(es) you or your child have?** 1 2 3 4 5 6 7 8 9 10

**Which descriptor(s) characterize your or your child's father (or male caretaker)?**

- Abusive  Affectionate  Distant  Domineering  Faultfinding  Over protective
- Perfect  Rejecting  Strict  Uncaring  Understanding  Unpleasant
- Warm

**Which descriptor(s) characterize your or your child's mother (or female caretaker)?**

- Abusive  Affectionate  Distant  Domineering  Faultfinding  Over protective
- Perfect  Rejecting  Strict  Uncaring  Understanding  Unpleasant
- Warm

**How would you describe your parents' (or caretakers') relationship?**

- Close  Cold  Distant  Domineering/Submissive  Full of conflict  Happy
- Hostile  Hot and Cold  Ideal  Indifferent  Loving  Reserved
- Violent

**Where were you or your child in the order of your (his/her) siblings?**

- Oldest  Middle  Youngest  Only Child

**Which of the following words characterize you or your child as a primary school-aged child (0-12)?**

- Active  Aggressive  Awkward  Calm  Emotional  Friendly
- Happy  Irresponsible  Nervous  Outgoing  Rebellious  Self-confident
- Serious  Shy  Stubborn  Temperamental  Unhappy

**What difficulties did you or your child experience as a primary school-aged child (0-12)?**

- Academic  Bed-wetting  Excessive fears or worries  Fear of failure
- Felt I was a burden to my parents  Getting along with father  Getting along with mother
- Getting along with peers  Getting along with sibling(s)  Getting along with teachers
- Having my feelings hurt  Nerves  Nightmares  Overweight
- Physical/Medical problems  Underweight

**What fears did you or your child have as a primary school-aged child (0-12)?**

- Death  Failure  Serious injury and/or illness  Strangers  Ridicule
- Abandonment/losing parents  Animals  Other children

**Did you or your child have any bad illnesses growing up (hospitalizations, etc.)?**

- Yes  No

**What did your parents (or caretakers) argue about or you and your partner in the case of your child?**

- Discipline of children  Drinking  Jealousy  Money  Never argued
- Not being a good provider  Not taking care of the home  Relatives interfering
- Sex

**What was your father's (male caretaker's) occupation?** \_\_\_\_\_

**What was your mother's (female caretaker's) occupation?** \_\_\_\_\_

**Rate your family's economic status.**

- Poverty level (received welfare)  Working class  Middle class  Upper middle class  Wealthy

**Who provided the main source of income for your family?**

- Mother  Father  A relative  Social service (welfare, unemployment, etc.)
- A friend of the family  Other

**Did your parents agree on how money should be spent or you and your partner in the case of your child?**

- Agreed most of the time  Disagreed most of the time

**Did your family experience any financial problems or you and your partner in the case of your child?**

No  Occasionally  Often

**How would you describe your family's method of discipline or you and your partner in the case of your child?**

Strict  Fairly strict  Fair  Lenient  Inconsistent

**How would you rate your or your child's intellectual ability?**

Below Average  Average  Above Average  Superior/Gifted

**Were you or your child ever held back in school?**

Yes  No

**In general, what grades did (does) you or your child make in school?**

Many D's and F's  Mostly C's  Mostly B's  Mostly B's and A's  Mostly A's

**Did you or your child ever get in trouble while in school?**

No  Occasionally  Often

**Did you or your child have any problems learning to read?**

Yes  No

**Did you or your child have any problems learning math?**

Yes  No

**Did your or your child's peers ridicule, tease, or make fun of you (him/her) more than other kids?**

Yes  No

**Currently, about how much money does your household earn?** \_\_\_\_\_

**Have you or your child had any major changes in income during the last 2 years?**

No  Decreased significantly  Increased significantly

**What is your family's primary source of income?**

My earnings  My partner's earnings  Relatives  Disability income  Unemployment

Welfare  Investments  Other

**Is providing enough income for your family a big stress in your life?**

Yes  No

**Are you currently employed?**

Yes  No

**How long have you been working at this job?** \_\_\_\_\_

**How many hours per week do you work?**

Less than 10  10 - 20  20 - 30  30 - 45  More than 45  None

**In general, your current employment is...**

Enjoyable  Okay  Not enjoyable

**Have you ever been fired from a job?**

Yes  No

**Have you ever been laid off?**

Yes  No

**What is the longest period of time you held one job?** \_\_\_\_\_

**Since starting full-time work, what has been your longest period without work?** \_\_\_\_\_

**Do you have any problems at work?**

Yes  No

**What kinds of work have you done in the past?**

Homemaker  Professional  Business Owner  Office Worker  Sales

Laborer  Have Never Worked  Personal Service (hair stylist, maid, etc.)

Executive  Other

**Have you ever served in the military?**

Yes  No

**If yes, in which branch did you serve?**

Air Force  Army  Navy  Marines  Coast Guard

**If yes, How long did you serve?** \_\_\_\_\_

**Were you ever stationed in a combat zone?**

Yes No

**What were the terms of your discharge?**

Still on active duty Honorably discharged due to mental problems  
Honorably discharged due to physical problems Honorable discharge  
Dishonorably discharged

**Did you ever see a psychologist or psychiatrist while in the military?**

No Was hospitalized for mental problems For evaluation and treatment (outpatient)  
For evaluation only

**Do you have a service-connected disability?**

No Physical Mental Physical and Mental

**Do you have any children?**

Yes No

**If yes, How many?**

Sons: \_\_\_\_\_

Daughters: \_\_\_\_\_

**If yes, How many of your children are living with you?**

Sons: \_\_\_\_\_

Daughters: \_\_\_\_\_

**Are you having any problems with your child(ren)'s behavior?**

Yes No

**What are your current living arrangements?**

Living with relative(s) in their home Living with friend(s) in their home Renting a home  
Renting an apartment Own my home Boarding  
Living in a dormitory Other:

**How often do you and your partner argue?**

Never Rarely Once a month Once a week Several times a week  
Daily Several times a day

**Has your relationship ever been threatened by an affair?**

Yes, my affair Yes, my partner's affair No

**What interests do you and your partner share?**

None Children Work-related Sports Hobbies or crafts Movies  
Theater Music Politics Socializing with friends Television  
Religious activities Club activities Talking Games Camping  
Other

**How well do you think your partner fulfills his/her role with you?**

Very well Fairly well Poorly Very poorly

**Do you or your child eat a balanced diet?**

Yes No

**Do you or your child participate in a regular exercise program?**

Yes No

**How would you characterize your or your child's physical build?**

Very thin Thin About Average A Little Overweight Overweight  
Very overweight

**Have you ever felt there was a time you or your child drank too much alcohol?**

No Yes, on one occasion Yes, on several occasions Yes, on more than several occasions

**On the average, how often do you or your child drink alcohol?**

Never Once or twice a year Once a month Once a week Several times a week

Daily

**How would you describe your or your child's illegal drug usage?**

- Never used drugs       Once or twice a year       Once or twice a month       Once a week  
 A couple times a week       Daily

**Which of the following have you or your child used?**

- Cocaine       Barbiturates       Amphetamines       Hallucinogenics       Opium       Quaaludes  
 Heroin       Marijuana       Tranquilizers without prescription       Pain pills without prescription  
 PCP

**Have you or your child ever been involved in an alcoholism or drug treatment program?**

- Yes       No

**Did your parents have a problem with alcohol when you were a child or do you or your partner if the client is a child?**

- No       Mother only       Father only       Both parents did       The person who raised me did

**Do you or does your child smoke cigarettes?**

- No, never have       No, I quit smoking       Yes, a pack a week or less  
 Yes, approximately one-half pack a day       Yes, a pack a day       Yes, more than a pack a day

**Have any family members ever experienced mental illness?**

- No       I have       Mother       Father       Sibling(s) [Brother(s) and Sister(s)]  
 Grandparent       Outside the immediate family (uncle, aunt, etc.)

**Have you or your child had any major illnesses or hospitalizations in the past 3 years?**

- Yes       No

**Rate your or your child's general level of health?**

- Excellent       Good       Fair       Poor       Extremely poor

**Are you (or your child) currently under the care of a physician (pediatrician)?**

- Yes       No

**What kinds of medications are you (or your child) currently taking?**

- None       Pain pills       Antibiotics       Anti-inflammatory pills       Anti-convulsant pills       Heart pills  
 High blood pressure pills       Tranquilizers       Antidepressants       Vitamins  
 Insulin       Allergy pills       Stomach pills       Antianxieties       Stimulants

**How long have you been with your current partner?** \_\_\_\_\_

**How would you describe your partner?**

- Warm       Unhappy       Distant       Uncaring       Happy       Unpleasant  
 Enjoyable       Abusive       Faultfinding       Understanding       Perfect       Indifferent  
 Argumentative       Boring       Stimulating       Unforgiving       Tense       Affectionate

**How would you characterize your sexual experiences?**

- Pleasant       Neutral       Unpleasant

**Is the frequency of your sexual activity a problem for you?**

- Yes       No

**Is the frequency of your sexual activity a problem for your partner?**

- Yes       No