

## PERSONAL INFORMATION QUESTIONNAIRE

This information will be kept confidential and is intended to assist us in helping you. If you have any questions, please ask otherwise answer all questions as accurately as possible.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

### WHAT ARE YOU SEEKING HELP WITH?

DO YOU HAVE ANY PROBLEMS WITH YOUR "NERVES?"  YES  NO

HAS ANYTHING BEEN WORRYING OR BOTHERING YOU?  YES  NO

DO YOU HAVE ANY PROBLEMS WITH "DEPRESSION?"  YES  NO

WITH YOUR TEMPER, DO YOU HAVE A,  SHORT FUSE  MEDIUM FUSE  LONG FUSE

ARE THERE ANY PROBLEMS WITH YOUR THINKING, MEMORY, AND CONCENTRATION?

YES  NO

HAVE YOU EVER SEEN A COUNSELOR OR OTHER MENTAL HEALTH WORKER?  YES  NO

HAVE YOU EVER HAD A "NERVOUS BREAKDOWN"?  YES  NO  DON'T KNOW

WERE YOU EVER HOSPITALIZED FOR YOUR NERVES OR EMOTIONAL PROBLEMS?  YES  NO

DOES ANYONE IN YOUR FAMILY HAVE NERVE PROBLEMS?  YES  NO  DON'T KNOW

HAVE YOU HAD ANY SUICIDAL THOUGHTS OR ATTEMPTS?  YES  NO

**R1C2**

### **BACKGROUND INFORMATION**

IF YOU ARE MARRIED, IS YOUR MARRIAGE,  GOOD  FAIR  POOR  VERY POOR

IF YOU HAVE CHILDREN, IS YOUR RELATIONSHIP WITH THEM,  GOOD  FAIR  POOR

WHAT OTHER FAMILY DO YOU HAVE IN THE AREA?  MOTHER  FATHER  SISTER(S)

BROTHER(S)  GRANDFATHER(S)  GRANDMOTHER(S)  IN-LAW(S)

DO YOU;  OWN YOUR OWN HOME  RENT  HAVE OTHER LIVING ARRANGEMENTS

HOW DO YOU LIKE WHERE YOU LIVE?  GOOD  FAIR  POOR

DO YOU HAVE ENOUGH MONEY TO PAY YOUR BILLS?  YES  SO-SO  NO

ARE YOU ABLE TO KEEP UP WITH YOUR CHORES/RESPONSIBILITIES?  YES  NO

DO YOU OWN/HAVE USE OF A CAR?  YES  NO

DO YOU HAVE ANY PETS?  YES  NO

DO YOU HAVE ANY CURRENT HOBBIES OR INTERESTS?  YES  NO

IF "YES," WHAT ARE THESE? \_\_\_\_\_

**R1C5**

### **BACKGROUND**

WERE THERE ANY DIFFICULTIES WITH YOUR BIRTH?  YES  NO  DON'T KNOW

WHAT IS (OR WAS) YOUR FATHER LIKE?

HOW DO (OR DID) YOU AND YOUR FATHER GET ALONG?  GOOD  SO-SO  BAD

WHAT IS (OR WAS) YOUR MOTHER LIKE?

HOW DO (OR DID) YOU AND YOUR MOTHER GET ALONG?  GOOD  SO-SO  BAD

**R1C3/C5**

HOW DO (OR DID) YOUR PARENTS GET ALONG?     GOOD     SO-SO     BAD  
 DO YOU HAVE ANY BROTHERS OR SISTERS?     YES     NO  
 HOW DO (OR DID) YOU AND YOUR BROTHERS/SISTERS GET ALONG?     GOOD     SO-SO     BAD  
 HOW WAS YOUR CHILDHOOD OVERALL,     GOOD     SO-SO     BAD     CAN'T REMEMBER MUCH  
 WERE YOU EVER ABUSED AS A CHILD?     YES     NO     DON'T KNOW  
 HOW WAS YOUR HEALTH AS A CHILD?     GOOD     SO-SO     POOR  
 DID YOU HAVE ANY CHILDHOOD HABITS?     SLEEPWALKING     NAILBITING     NIGHTMARES  
 TEMPER TANTRUMS     THUMBSUCKING     RUNNING AWAY     BEDWETTING     FEARS  
 WAS YOUR CHILDHOOD SOCIAL ACTIVITY,     TOO LITTLE     ABOUT RIGHT     TOO MUCH  
 DID YOU GET INTO ANY TROUBLE AS A CHILD?     YES     NO    **R1C3/C5**

**EDUCATION**

HIGHEST GRADE YOU COMPLETED?     LESS THAN 12TH GRADE     HIGH SCHOOL GRAD     COLLEGE  
 ARE YOU CURRENTLY IN SCHOOL?     NO     YES (WHERE? \_\_\_\_\_)  
 DID YOU RECEIVE ANY AWARDS OR HONORS WHILE IN SCHOOL?     YES     NO  
 WHAT KIND OF GRADES DID YOU GET?     ABOVE AVERAGE     AVERAGE     BELOW AVERAGE  
 WERE YOU IN SPORTS, BAND, CLUBS, ETC. WHEN YOU WERE IN SCHOOL?     YES     NO  
 IF "YES," WHAT WERE THESE?  
 DID YOU HAVE ANY PROBLEMS WITH LEARNING?     YES     NO  
 HOW DID YOU GET ALONG WITH YOUR CLASSMATES?     GOOD     SO-SO     POOR  
 HOW DID YOU GET ALONG WITH YOUR TEACHERS?     GOOD     SO-SO     POOR    **R1C5**

**MILITARY HISTORY:** WERE YOU EVER IN THE MILITARY?     YES     NO (Skip this section)

WHAT BRANCH? \_\_\_\_\_ WHAT WAS YOUR MOS/JOB?  
 WHERE WERE YOU STATIONED? \_\_\_\_\_ DATES OF SERVICE?  
 WHAT DO YOU REMEMBER MOST ABOUT YOUR SERVICE?  
 \_\_\_\_\_ **R1C5**

**WORK HISTORY** (Complete all that apply)

ARE YOU WORKING NOW?     NO     YES, AS A  
 HOW LONG HAVE YOU BEEN AT THIS JOB?  
 HOW DO YOU LIKE YOUR JOB?     ENJOY IT     TOLERATE IT     DISLIKE/HATE IT  
 DO YOU HAVE ANY SPECIAL JOB SKILLS?     NO     YES (WHAT? \_\_\_\_\_)  
 HOW DO YOU USUALLY GET ALONG WITH YOUR BOSS/SUPERVISOR?     GOOD     FAIR     POOR  
 HOW DO YOU USUALLY GET ALONG WITH YOUR CO-WORKERS?     GOOD     FAIR     POOR  
 ANY ACCIDENTS ON THE JOB?     YES     NO    PROBLEMS WITH BEING ABSENT?     YES     NO  
 WERE YOU EVER FIRED FROM A JOB?     YES     NO

| PREVIOUS JOBS HELD | HOW LONG ON THAT JOB? |
|--------------------|-----------------------|
| 1. _____           | _____                 |
| 2. _____           | _____                 |
| 3. _____           | _____                 |

**R1C5**

**SOCIAL HISTORY**

DO YOU HAVE ANYONE YOU CAN TALK TO ABOUT YOUR CONCERNS?  YES  NO  
IS YOUR CURRENT SOCIAL ACTIVITY,  TOO LITTLE  ABOUT RIGHT  TOO MUCH  
HOW DO YOU USUALLY GET ALONG WITH OTHER PEOPLE?  GOOD  FAIR  POOR  
IS THERE ANYONE YOU WOULD LIKE TO SEE MORE OFTEN?  YES  NO  
WHO? \_\_\_\_\_

**R1C3**

**RELIGIOUS INVOLVEMENT**

HAS ASPIRITUALITY/RELIGION@ EVER BEEN IMPORTANT TO YOU?  YES  NO (Skip this section)  
WHICH DESCRIBES YOUR CURRENT SPIRITUAL LIFE (Check all that apply)?  
 GROWING  BORING  NON-EXISTENT  DISCOURAGING  FRIGHTENING  
 OTHER (describe)  
IS YOUR FAITH/RELIGION HELPFUL TO YOU?  A LOT  A LITTLE  NONE  
HAVE YOU PARTICIPATED IN ANY UNUSUAL RELIGIOUS/SPIRITUAL PRACTICES?  NO  YES (explain)  
WHAT DOES SIN@ MEAN TO YOU?  
WOULD YOU LIKE YOUR COUNSELOR TO CONSIDER YOUR SPIRITUALITY, IF DOING SO WILL HELP WITH YOUR CONCERNS?  YES  NO  I'M NOT SURE

**R1C4**

**CURRENT HEALTH**

HOW IS YOUR HEALTH NOW?  VERY GOOD  GOOD  FAIR  POOR  VERY POOR  
WHAT ARE YOUR MAIN HEALTH CONCERNS?  
WHO IS YOUR FAMILY DOCTOR?  
WHEN DID YOU LAST SEE A DOCTOR? \_\_\_\_\_ WEEKS/MONTHS/YEARS AGO (CIRCLE ONE)  
WHAT MEDICINES DO YOU TAKE NOW?  
HAVE YOU EVER TAKEN TRANQUILIZERS OR "NERVE PILLS?"  YES  NO  
ARE YOU ALLERGIC TO ANY MEDICINES?  YES  NO IF YES, WHAT?  
HAVE YOU EVER TAKEN (CHECK ALL THAT APPLY);  
 AMPHETAMINES/SPEED  COCAINE/CRACK  MARIJUANA  PCP, ANGEL DUST  
 HALLUCINOGENS (LSD, THC, MAGIC MUSHROOMS, PEYOTE)  
 INHALANTS (GAS, GLUE, PAINT THINNERS)  HEROIN, CODEINE, MORPHINE  
DO YOU SMOKE?  YES  NO DO YOU DRINK?  YES  NO  
DO YOU HAVE ANY SEXUAL CONCERNS?  YES  NO  I DON'T KNOW  
HAVE YOU EVER HAD ANY CONTACT WITH THE POLICE OR LEGAL SYSTEM?  YES  NO  
IF "YES," PLEASE EXPLAIN

**FUTURE PLANS**

DO YOU HAVE ANY PLANS FOR THE FUTURE (E.G., SCHOOL, JOB CHANGE)?  YES  NO  
WHAT?

**CURRENT STATUS:** PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MIGHT HAVE A BETTER IDEA OF HOW YOU ARE DOING (**circle** the correct number);

**RIC2**

|                                                                                                                                     | Not at all |   |   | Some |   |   | A lot |  |
|-------------------------------------------------------------------------------------------------------------------------------------|------------|---|---|------|---|---|-------|--|
| <b>During the past week</b> , how concerned or worried have you been about your health?                                             | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| <b>During the past week</b> , how anxious, nervous, or tense have you been?                                                         | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| <b>During the past week</b> , how much have you been bothered by feelings of guilt?                                                 | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| <b>During the past week</b> , have you felt super-efficient or like you have unlimited energy, special talents or powers?           | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| <b>During the past week</b> , how depressed have you felt?                                                                          | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| <b>During the past week</b> , how irritable or angry have you been?                                                                 | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| <b>During the past week</b> , how much distrust of others have you felt (or how much did it seem like others were out to hurt you)? | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| <b>During the past week</b> , did you hear or see things around you that others did not see?                                        | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| <b>During the past week</b> , how much difficulty have you had with your thinking?                                                  | 0          | 1 | 2 | 3    | 4 | 5 | 6     |  |
| Sub-total                                                                                                                           |            |   |   |      |   |   |       |  |
| <b>Total (RIC2)</b>                                                                                                                 |            |   |   |      |   |   |       |  |

**IS THERE ANYTHING ELSE YOU WOULD LIKE YOUR COUNSELOR TO KNOW?**

**THANK YOU FOR YOUR ASSISTANCE.  
PLEASE RETURN THIS COMPLETED FORM TO THE RECEPTIONIST OR TO YOUR THERAPIST.**