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

**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? ____________________________________________

**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
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

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 GRADRES 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

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?

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.  ________________________________
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/SPRITUAL 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);

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

Total (R1C2)

**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.

Revised, 1/20/14