Adult Background Questionnaire

NAME: _____ DATE: _____

AGE: _____ SOCIAL SECURITY #_____

D.O.B.: _____ MALE ____ FEMALE ___

EDUCATION: _____

Referred by: _____

Reason:_____

_____

_____

_____

Physician:

Primary Care Doctor: _____ Phone Number: _____

Psychiatrist: _____ Phone Number: _____

Personal history:

Place of Birth:_____Grew up:_____

Raised by: _____Mother _____Father _____Both

_____ Brothers _____Sisters _____Birth Order

Father's Occupation:_____ Mother's _____

Describe Your Childhood:_____

_____

_____

Who Disciplined?_____How?_____

Which Parent Were You Closer to?_____

Medical Problems in Childhood: _____

Injuries in Childhood:_____

Marital Status:_____ Number of Marriages:_____

Children:_____

_____

Prior Mental Health Evaluation and/or Treatment: _____

_____

Education and Work History:

Highest Grade Achieved:_____ Grade Average:_____

Current Occupation:_____

Usual Occupation: _____

Jobs Held:_____

_____

If Unemployed, when did you last work?_____

Alcohol and Drugs: Check any drugs you have **ever** used.

		Date of Last use	
___	Alcohol	_____	_____
___	Marijuana	_____	_____
___	Cocaine	_____	_____
___	Tranquilizers	_____	_____
___	LSD	_____	_____
___	Other	_____	_____

Can you hold liquor (Including beer or wine) well?_____

Drug Treatment? _____When?_____

Legal History: Arrests/Convictions?____ If yes, please describe: _____

_____

Current Status:

Living arrangements: _____House _____Apartment _____Other

Who lives with you?

_____

_____

Describe your daily activities: _____

_____

_____

Current Problems: _____

_____

_____

Check any of the following that apply to you over the past week, including today:

___ Depressed	___ Angry	___ Fearful
___ Anxious	___ Happy	___ Up and Down
___ Frustated	___ Nervous	___ Optimistic
___ Concentration Problems		___ Memory Problems
___ Thoughts of Suicide		___ Violent Thoughts
___ Trouble Working		___ Hearing Things

Quality of Sleep: _____Good _____Fair _____Poor
___Trouble Falling Asleep ___Midnight Awakening ___ Early a.m. Awakening

Appetite: _____Good _____Fair _____Poor
Level of Sex Drive: _____Good _____Fair _____Poor

_____ _____
Signature Date