

Personal History Questionnaire

Personal Information

Name: _____ Date: _____

Who lives with you?

_____ Live alone _____ Spouse _____ Significant Other _____ Child(ren)
_____ Parents _____ Roommate _____ Grandparents _____ Other

Describe your mother. _____

Describe your father. _____

Describe your parents' (or parent substitutes') relationship with each other _____

What was your relationship like with your parents as a child? _____

What is your relationship like with your parents now? _____

Rate the quality of your relationship with in your parents as a child.

1 2 3 4 5 6
Distant, Insecure Moderately Close Close, Positive Bond

Rate the quality of your relationship with your parents now.

1 2 3 4 5 6
Distant, Insecure Moderately Close Close, Positive Bond

How many siblings do you have? Brothers _____ Sisters _____ Stepsiblings _____

What was your relationship like with your siblings while you were growing up? _____

What is your relationship like now with your siblings? _____

Were there any difficulties while you were growing up in your family? _____

Describe your home environment as a child. _____

Describe yourself as a child (0 to 12 years of age). _____

How would you characterize your childhood? _____

Describe your present home and home environment. _____

School History

What grade did you finish? _____ When did you receive your high school diploma or GED? _____

How did you do academically in school? _____

Did you have any learning, attention, or concentration problems while in school? If yes, please describe.

Did you have any disciplinary or behavior problems when in school? _____

Describe how you got along with your peers? Did you have as many friends as you wanted? _____

Work History

What is your current occupation? _____

How long have you worked in this field? _____

Are you satisfied with your present employment? _____ Yes ___ No If no, please explain. _____

Describe any difficulties you have had with your co-workers and supervisors. ? _____

Substance Use History and Treatment

Please identify by checking whether you have never used, ever used or currently use any of the following substances:

<i>Substance</i>	<i>Never Used</i>	<i>Ever Used</i>	<i>Currently Use</i>	<i>Time period of Use</i>
Tobacco	_____	_____	_____	_____
Beer	_____	_____	_____	_____
Wine	_____	_____	_____	_____
Hard Liquor	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Amphetamines (uppers)	_____	_____	_____	_____
Benzodiazepines (downers)	_____	_____	_____	_____
Prescription drugs(w/out prescription)	_____	_____	_____	_____

Has the use of any of the substance caused problems for you? If so, please describe. _____

Have you ever been in a treatment program for substance use or abuse? If yes, please describe when, where, and for how long. _____

Please identify any psychotropic medications you are currently taking: . _____

Please summarize what issues you would like to address in therapy.

Please provide any additional information you feel is important.

Please rank yourself on the following descriptors:

	1= Very uncharacteristic	2 = Somewhat uncharacteristic	3 = Average	4 = Somewhat characteristic	5= Very characteristic
Anxious	1	2	3	4	5
Angry	1	2	3	4	5
Depressed	1	2	3	4	5
Self-conscious	1	2	3	4	5
Impulsive	1	2	3	4	5
Vulnerable	1	2	3	4	5
Warm	1	2	3	4	5
Gregarious	1	2	3	4	5
Assertive	1	2	3	4	5
Activity Level	1	2	3	4	5
Excitement Seeking	1	2	3	4	5
Cheerfulness	1	2	3	4	5
Active Imagination	1	2	3	4	5
Artistic Interest	1	2	3	4	5
Emotional Sensitivity	1	2	3	4	5
Involvement in Activities	1	2	3	4	5
Intellectually Curious	1	2	3	4	5
Liberal Values	1	2	3	4	5
Trustworthy	1	2	3	4	5
Straightforward	1	2	3	4	5
Altruistic	1	2	3	4	5
Modest	1	2	3	4	5
Tender Minded	1	2	3	4	5
Competent	1	2	3	4	5
Organized	1	2	3	4	5
Dutiful	1	2	3	4	5
Achievement Striving	1	2	3	4	5
Self-disciplined	1	2	3	4	5
Deliberate	1	2	3	4	5
Loyal	1	2	3	4	5
Unlovable	1	2	3	4	5
Confused	1	2	3	4	5
Competent	1	2	3	4	5
Regretful	1	2	3	4	5
Considerate	1	2	3	4	5
Inadequate	1	2	3	4	5
Naïve	1	2	3	4	5
Conflicted	1	2	3	4	5
Concentration Difficulties	1	2	3	4	5
Persevering	1	2	3	4	5
Honest	1	2	3	4	5
Hard working	1	2	3	4	5
Compulsive	1	2	3	4	5
Energetic	1	2	3	4	5
Unhappy	1	2	3	4	5
Independent	1	2	3	4	5