

Psychosocial History Questionnaire

Please answer all of the following questions as they apply to you. 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 race?

- Asian
- Black
- Caucasian (white)
- Latin
- Mexican American
- Other: _____

What is your marital status?

- Single, but involved in an intimate relationship
- Single
- Divorced
- Separated
- Married
- Widowed

Have you ever been divorced?

- Yes
- No

What is the primary problem bothering you?

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

How long ago did you 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

What other kinds of problems are bothering you?

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

Which of the following have you 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

How would you describe yourself?

- 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 ability to cope with life?

- Very good
- Good
- Fair
- Poor

How would you describe your mental state?

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

Have you ever had legal problems?

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

How would you characterize your childhood?

- Dull
- Frightening
- Happy
- Hard to Remember
- Painful
- Regimented
- Secure
- Unhappy

Who raised you?

- 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 you have? _____

How many sisters do you have? _____

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

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

Which descriptor(s) characterize your 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 in the order of your siblings?

- Oldest
- Middle
- Youngest
- Only Child

Which of the following words characterize you as a 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 experience as a 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 have as a child (0-12)?

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

Did you have any bad illnesses as a child (hospitalizations, etc.)?

- Yes
- No

What did your parents (or caretakers) argue about?

- 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 during childhood and adolescence?

- 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?

- Agreed most of the time
- Disagreed most of the time

Did your family experience any financial problems?

- No
- Occasionally
- Often

How would you describe your father's method of discipline?

- Strict
- Fairly strict
- Fair
- Lenient
- Inconsistent

How would you describe your mother's method of discipline?

- Strict
- Fairly strict
- Fair
- Lenient
- Inconsistent

How far did you go in school? _____

How would you rate your intellectual ability?

- Below Average
- Average
- Above Average
- Superior/Gifted

Were you ever held back in school?

- Yes
- No

In general, what grades did you 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 ever get in trouble while in school?

- No
- Occasionally
- Often

Did you have any problems learning to read?

- Yes
- No

Did you have any problems learning math?

- Yes
- No

Did your peers ridicule, tease, or make fun of you more than other kids?

- Yes
- No

Currently, how much money does your household earn?

Have you 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
- N/A

Have you ever been fired?

- 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? _____

What kinds of problems did you experience while in the military?

- Getting used to following rules and regulations
- Taking orders
- Nerves
- Began using drugs
- Began using alcohol in excess
- Was reprimanded by my superiors for my conduct
- Had to perform special duties because of my conduct (k.p., latrine, etc.)
- Did time in the stockade/brig
- Was court-martialed
- Went AWOL
- Other

Were you ever stationed in a combat zone?

- No
- Yes, for less than 3 months
- Yes, for 3 – 6 months
- Yes, for 6 months – 1 year
- Yes, for 1 – 2 years
- Yes, for 2 – 3 years
- Yes, for 3 – 4 years
- Yes, for more than 4 years

What was the highest rank you attained?

- Enlisted person
- Noncommissioned officer
- Officer

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 currently ordered to pay child support?

- Yes
- No

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 eat a balanced diet?

- Yes
- No

Do you participate in a regular exercise program?

- Yes
- No

How would you characterize your physical build?

- Very thin
- Thin
- About Average
- A Little Overweight
- Overweight
- Very overweight

Have you ever felt there was a time you 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 drink alcohol?

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

How would you describe your 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 used?

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

Have you 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?

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

Do you 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 had any significant accidents in the past 3 years?

- Yes
- No

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

- Yes
- No

Rate your general level of health?

- Excellent
- Good
- Fair
- Poor
- Extremely poor

Are you currently under the care of a physician?

- Yes
- No

What kinds of medications are you 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
- Other: _____

How long have you been with your current partner?

How many children do you have?

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