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Name: _____ Age: _____ Date: _____

I completed this form at the request of: *Transitioning Families*

Due on _____

Psychological/Social History (PSH)

Directions: Please use a blue or black felt-tip or ballpoint pen. Answer these questions as they apply to you. Circle the right answers, or fill them in as needed. In some cases, circle as many responses as you feel apply to you. If you think of an answer that better applies to you than the choices we have provided, feel free to write it in. You don't need to feel limited by the choices we've given you. If *none* of the multiple choice responses to a question apply to you, circle the *Not Applicable* or *None of the above* category, so we will know you reviewed all the items. In some questions where a different answer is possible, we've left you a space marked

Other: write in your answer here if none of the other answers apply to you or if you wish to provide additional information.

Complete this questionnaire carefully and completely--don't rush through.

1a. What is your racial background or origin?

1. ___ Asian
2. ___ Black
3. ___ Caucasian (white)
4. ___ Hispanic/Latin
5. ___ Mexican American
6. ___ American Indian
7. ___ Other racial background: _____

1b. Where were you born? U.S. ___ Foreign country ___ If foreign born, at what age did you come to the U.S.? _____

1c. What is your first language? _____

What is your second language? _____

What language was spoken most of the time at home during your growing up years? _____

1d. Do you identify with a particular cultural/religious background and heritage?

No ___ Yes ___ If yes, please describe briefly:

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2. Who raised you, and at what ages?

[For example, if you were raised by maternal grandparents from ages 7-10, write that in on line 10 or 11.]

Ages: Raised by:

1. _____ Natural parents
2. _____ Father only
3. _____ Mother only
4. _____ Father and stepmother
5. _____ Mother and stepfather
6. _____ Adoptive parents
7. _____ Foster parents
8. _____ Aunt or uncle
9. _____ Brother or sister
10. _____ Maternal grandparent(s) [Mother's parents]
11. _____ Paternal grandparent(s) [Father's parents]
12. _____ Institutional caretakers, such as juvenile hall, ranch, group home, or treatment facility
13. _____ Employed caretakers in the home, e.g. nannies
14. _____ Other: _____

3. How would you describe your childhood?

- | | |
|---------------------|----------------------|
| 1. Boring, dull | 10. Neglected |
| 2. Contented | 11. Painful/at times |
| 3. Conflicted | 12. Perfect |
| 4. Frightening | 13. Regimented |
| 5. Happy | 14. Secure |
| 6. Hard to remember | 15. Unhappy/at times |
| 7. Insecure | 16. Other: _____ |
| 8. Interesting | |
| 9. Lonely | |

4. How would you describe your mother [or mother substitute]? If you are not describing your natural mother, please indicate whom you are describing:

- | | |
|---------------------------|----------------------------|
| 1. Abusive | 11. Over-protective |
| 2. Accepting | 12. Perfect |
| 3. Affectionate | 13. Strict |
| 4. Controlling | 14. Rejecting |
| 5. Distant | 15. Understanding |
| 6. Demanding | 16. Uncaring/disinterested |
| 7. Domineering | 17. Other: _____ |
| 8. Fault-finding/critical | 18. Not applicable |

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- 9. Involved
- 10. Loving

Additional comments about your mother or mother substitute:

In what ways are you (1) the most like and (2) the most different from your mother? [Use your own words. Not words from the list above]

(1) _____

(2) _____

5. How would you describe your father [or father substitute]? If you are not describing your natural father, please indicate whom you are describing: _____

- | | |
|---------------------------|---|
| 1. Abusive | 11. Over-protective |
| 2. Accepting | 12. Perfect |
| 3. Affectionate | 13. Strict |
| 4. Controlling | 14. Rejecting at times |
| 5. Distant | 16. Understanding |
| 6. Demanding | 16. Uncaring/disinterested |
| 7. Domineering | 17. Other: _____ |
| 8. Fault-finding/critical | 18. Not applicable (no father or father substitute) |
| 9. Involved | |
| 10. Loving at times | |

Additional comments about *your* father or father substitute:

In what ways are you (1) the most like and (2) the most different from your father? [Use your own words, not words from the list above.]

Any other comments about parents or parent substitutes and your relationship with them?

6. How would you describe your parents' (or parent substitutes') relationship with each other?

- | | |
|----------|-------------|
| 1. Close | 8. Reserved |
|----------|-------------|



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- | | |
|---------------------|--------------------------------------|
| 2. Cold | 9. Distant/indifferent |
| 3. Ideal | 10. Happy |
| 4. Violent/abusive | 11. Domineering/submissive |
| 5. Full of conflict | 12. Loving |
| 6. Hot and cold | 13. Hostile |
| 7. Game playing | 14. Other: _____ |
| | 15. Not applicable (no relationship) |

7. **How many times was your mother married? _____ Times**
How many times was your father married? _____ Times

8. **In your family, how many brothers and sisters did you have? Fill information about them. If no brothers and sisters, half brothers or sisters, or stepsiblings, write in Not Applicable. Include siblings that have died, indicating age at time of death. And, please include yourself.**

Order Born First Name	Age	Male or Female (Circle M or F)			Check one:		
		Full	Half	Step			
1. _____	_____	M	F	_____	_____	_____	
2. _____	_____	M	F	_____	_____	_____	
3. _____	_____	M	F	_____	_____	_____	
4. _____	_____	M	F	_____	_____	_____	
5. _____	_____	M	F	_____	_____	_____	
6. _____	_____	M	F	_____	_____	_____	
7. _____	_____	M	F	_____	_____	_____	

9. **Which of these words describe you as a child up to age twelve? Circle the number of all that apply.**

- | | |
|------------------------------|--|
| 1. Awkward | 11. Nervous, easily upset/stressed |
| 2. Aggressive | 12. Outgoing |
| 3. Active | 13. Shy |
| 4. Calm | 14. Serious at times |
| 5. Emotional, shows feelings | 16. Happy-go-lucky |
| 6. Friendly | 16. Rebellious |
| 7. Frightened | 17. Temperamental |
| 8. Happy | 18. Stubborn at times with school and sports |
| 9. Confident | 19. Unhappy |
| 10. Irresponsible | 20. Other: _____ |

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10. Which of these were problems for you as a child up to age fifteen? Circle the number of all that apply.

1. Getting along with mother
2. Getting along with father
3. Getting along with stepmother
4. Getting along with stepfather
5. Getting along with sibling(s) [brother or sister]
6. Getting along with peers
7. Getting along with teachers
8. Getting along with other relatives
9. Bullying or bossy or teasing other kids
10. Being bullied, bossed by or teased by other kids
11. Trouble making friends
12. Trouble keeping friends
13. Getting in trouble with the police
14. Having no friends
15. Friends telling me what to do---too much of a follower
16. Friends wanting me to tell them what to do
17. Friends too much older than me
18. Friends too much younger than me
19. Friends who get in too much trouble
20. Trouble with neighbors or people in town
21. None of the above

13. Which of these were problems for you as a child up to age fifteen? Circle the number of all that apply. If there is more than one part to the item, check which parts apply to you in the blanks provided [see as in item 25]

1. Bed-wetting or soiling
2. Afraid to be left alone or left at school
3. Fears of things, e.g., animals, the dark, closed places, or _____
4. Having feelings hurt by others
5. Nightmares
6. Excessive worries
7. Medical problem –
specify: _____
8. Handicap -specify:

9. Nerves or nervous habits
10. Felt I was a burden to my parents at times
11. Overweight
12. Underweight
13. Nail biting
14. Fear of losing my parents

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15. Worry about being sick or injured
16. Temper tantrums
17. Being overly stubborn and unreasonable
18. Experienced serious illness or injury resulting in hospitalization (brief)
19. Ran away from home two or more times, or, ran away one time and never returned
20. [If a girl] People said I was too much of a tomboy
[If a boy] People said I was too sissy
22. Setting fires
23. Trouble with lying
24. Physically abused by parent, relative, or caretaker
25. Sexually abused by parent_, relative_, family friend_, or caretaker
26. Sexually abused by other known adult_____ or unknown adult_____
27. Stealing without confronting the victim face to face, did this more than one time
28. Stealing with confrontation of the victim, such as purse-snatching or robbery, once or more
29. Used a weapon in more than one fight
30. Teased animals on one or more occasions, resulting in hurting or frightening them
31. Deliberately defaced or destroyed someone's property
32. Wished I was the opposite sex
33. Started physical fights often
34. Adopted and wasn't told _ or didn't have information about my birth parents_ or had other problems due to adoption_
35. Sister_ or brother_ preferred by parent
36. Clinging to parent caretaker, difficult to separate or be left alone or at school
37. Clumsy or uncoordinated in sports/games
38. Criticized too much at times
39. Cultural differences of my family and others
40. Frequent moves or changes in schools
41. Gangs
42. Latchkey kid, left alone too much
43. Height problem, too tall _ or too short_
44. Hyperactive or inattentive
45. Physically unattractive
46. Pregnancy in myself_ or my girl friend_
47. Religious training lacking_ or overly rigid_
48. Physical handicap
49. Step-parent problem
50. Stuttering/stammering or other speech problem
51. Thumb-sucking
52. Eating disorder symptoms, e.g. Binging on food _ Self-induced vomiting to keep from gaining weight _ Use of laxatives to keep from gaining weight _
53. Not liking or bored with school
54. Other: _____
55. None of the above Additional comments about any listed or other childhood problems:

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11. Write here your father's main occupation: _____

Circle the general type(s) of work he did below.

1. Skilled labor [such as mechanic, machinist, carpenter]
2. Unskilled labor [such as day laborer, temporary jobs]
3. Skilled craftsman [such as cabinet maker, jeweler]
4. Professional [minister, teacher, physician, RN nurse, accountant]
5. Sales person
6. Officer worker [clerical, lower level office manager]
7. Military
8. Government service [civil service]
9. Business manager or owner
10. Unemployed much of the time in my childhood
11. Disabled for a significant amount of time in my childhood
12. Homemaker most of the time during my childhood
13. Factory worker
14. Farming/agriculture
15. Not applicable [no father or father substitute]

12. Write here your mother's occupation: _____

Circle the type(s) of work she did below.

1. Skilled labor [such as seamstress, beautician, LPN nurse, phone operator]
2. Unskilled labor [such as house cleaning, babysitting]
3. Skilled craftsman
4. Professional [such as RN nurse, teacher, physician, accountant]
5. Sales person
6. Office worker [clerical, lower level office manager]
7. Military
8. Government service [civil service]
9. Business manager or owner
10. Unemployed outside the home much of my childhood
11. Disabled much of the time during my childhood
12. Homemaker most of the time during my childhood
13. Factory worker
14. Farming/agriculture
15. Not applicable [no mother or mother substitute]

13. What did your parents (or caretakers) argue about?

Circle the number of all items that apply.

1. Discipline of the children
2. Money/how money was spent, and/or gambling

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3. Relatives interfering/in-law problems
4. Drinking or drugs
5. Sex/affairs with others
6. Jealousy
7. Not taking care of the home
8. Not being a good provider/not having enough money
9. Previous spouse
10. Never argued in front of children
11. Avoided confrontation/ignored problems at times
12. Other, specify: _content of arguments unknown to children most times_____
13. Not applicable [parents never had a relationship at all]

14. How would you describe your father's usual style of discipline? Circle the number of one choice only.

- | | |
|--|-------------------------------|
| 1. Overly strict, rigid, harsh
or abusive | 4. Lenient, liberal |
| 2. Fairly strict | 5. Lax, did not pay attention |
| 3. Fair | 6. Inconsistent |
| | 7. Unpredictable |

15. How would you describe your mother's usual style of discipline? Circle the number of one choice only.

- | | |
|--|-------------------------------|
| 1. Overly strict, rigid, harsh
or abusive | 4. Lenient, liberal |
| 2. Fairly strict | 5. Lax, did not pay attention |
| 3. Fair | 6. Inconsistent |
| | 7. Unpredictable |

16. Did you have any problems with any of the following in school? Circle the number of all that apply.

1. Trouble learning math
2. Trouble with reading
3. In special education, slow learning, or learning disabled classes
4. Trouble with other kids teasing or making fun of me more than other kids
5. Getting into fights with other kids
6. Getting into trouble with teachers
7. Getting in trouble with the principal being suspended_ or expelled _
8. Ditching school truant more than once
9. Staying home sick more than average
10. Staying home to take care of responsibilities in the family
11. Really disliking certain teachers

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12. Being disliked by some teachers
13. Being disliked by other kids because of being "teacher's pet"
14. Forgetting to do homework
15. Having no help from anyone with homework
16. Being required to go to continuation school
17. Feeling strongly pressured to achieve at high levels yes and no

17. How far did you go in school? Circle the best answer and fill in the blanks where more information is requested.

1. Did not finish high school and did not get GED
2. Quit high school and completed GED
3. Completed high school but did not get diploma
4. Completed high school and got diploma in (what year?)_____.
5. Attended vocational or trade school for _ years
6. Attended business school for __ years
7. Attended _ semesters of college [One semester = 12 or more semester hours of credit or 16 quarter hours of credit]
8. Graduated from 2 year-college -AA degree: From where? _____
9. Graduated from 4-year college -BNBS degree: From where? _____
10. Completed graduate work but no degree awarded: From where? _____
11. Earned and awarded a master's degree in _____
12. Earned and awarded a doctoral degree in _____

18. In general, what grades did you make in school or college in your last three years/college?

1. ____ Many D's and F's
2. ____ Mostly D's and C's
3. ____ Mostly C's
4. ____ Mostly C's and B's
5. ____ Mostly B's and A's
6. ____ Mostly A's

Additional comments about your experiences at school: _____

19. At what age did you leave home to be on your own for the first time? _____

20. After leaving home the first time, did you return to live at home with your parent(s) or caretaker(s) again? No ___ Yes___ At what ages? _____

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Why did you return? _____

21. Rate your family's Income/economic level during your childhood and teenage years:

- 1 Homeless/and or no regular income
- 2 Poverty level/received welfare
- 3 Working class
- 4 Middle class
- 5 Upper middle class/professional level
- 6 Wealthy
- 7 Not applicable [not raised in a family but raised in an institution]

22. How often did your family experience financial problems?

1. Never that I am aware of
2. Occasionally
3. Often
4. Constantly
5. Not applicable [not raised in a family]

23. Did your parents or brothers and sisters experience any of the following problems during your growing up years or later:

Problem Area:

Family Member:

Mother/Father/Brother/Sister

- | | | | | |
|---------------------------|-------|-------|-------|-------|
| 1. Trouble with alcohol | _____ | _____ | _____ | _____ |
| 2. Trouble with drugs | _____ | _____ | _____ | _____ |
| 3. Serious health problem | _____ | _____ | _____ | _____ |
| 4. Mental illness | _____ | _____ | _____ | _____ |
| 5. Arrested | _____ | _____ | _____ | _____ |
| 6. Gone to Jail/prison | _____ | _____ | _____ | _____ |
| 7. Left the home | _____ | _____ | _____ | _____ |
| 8. Trouble holding a job | _____ | _____ | _____ | _____ |
| 9. None of the above | | | | |

24. Have you ever served in the military? No Yes If no, skip to question 38.

25. Which branch did you serve in?

1. Air Force
2. Army
3. Coast Guard
4. Navy
5. Marines



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26. How long did you serve?

- | | |
|--|--------------------------|
| 1. Did not finish basic training and/or less than three months | 4. 4 – 6 years |
| 2. More than 3 months but less than one year | 5. 6 – 10 years |
| 3. Fair | 6. 10 + years |
| 4. Two to three years | 7. Retired from military |
| 5. Four years | |

27. What was the highest rank you attained?

[If enlisted:] Basic trainee E-1 E-2 E-3 E-4 E-5 E-6 E-7 or higher

[If officer:] 01 02 03 04 05 or higher

28. What kinds of problems did you experience while in the military? Circle all that apply.

1. Getting used to following rules and regulations
2. Taking orders
3. Was reprimanded by my superiors for my conduct
4. Had to perform special duty because of my conduct
5. Did time in the stockade/brig
6. Was court-martialed
7. Went AWOL, _____ times
8. Got homesick
9. Saw a mental health counselor or psychologist/psychiatrist for evaluation only
10. Saw a mental health counselor or psychologist/psychiatrist for counseling and treatment
11. Was hospitalized due to medical problems
12. Was hospitalized due to mental or alcohol/drug problems
13. Had problems with my nerves
14. Used alcohol to excess
15. Used drugs
16. Got in fights with people in the barracks
17. Got in fights with people off base
18. Trouble with people of different races or background
19. Combat-related stress
20. Trouble adjusting to overseas duty
21. None of the above

Additional comments about your experiences in the military:

29. What were the terms of your discharge?

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1. Still on active duty. or [if never active duty] still in active reserves
2. Completed active duty and continuing on active reserves
3. Honorable discharge
4. General discharge
5. Discharged because not suitable for military service or could not adapt to the service
6. Discharged with a medical or psychiatric disability [Was awarded ___% disability]
7. Bad conduct discharge
8. Dishonorably discharged

30. Are you presently employed? _____
 Full-time _____ Part-time _____ Hours/week _____
 Amount earned per hour \$ _____ or per day \$ _____
 Amount earned per week \$ _____ after taxes \$ _____

31. How many different jobs have you held in the past three years?
 ___ 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7+
 (one main job, with additional jobs as needed to supplement on top of main job)

32. If not employed, how long has it been since you were employed full-time? (If you are in jail or in the hospital, do not count that time.)

- a. Less than two weeks
- b. Less than a month
- c. Less than three months
- d. More than three months
- e. More than six months
- f. More than 1 year
- g. More than 3 years
- h. More than 5 years
- i. More than 10 years
- j. Not applicable

33. Have you ever had, or do you currently have any problems in the area of work? Include any jobs in your answer, including military. No ___ Yes ___

If yes, what kind of work problems? _____

34. If you are currently employed, how long have you been working at this job?

- a. Less than six months
- b. 6 months to one year
- c. 1-2 years
- d. 2-3 years

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- e. 4-5 years
- f. 6-10 years
- g. 11-15 years
- h. 16-20 years- current placement
- i. 21 or more years- including intern and prior placement

35. Have you ever had any of the following work-related problems? Include any military jobs as well as civilian experiences.

- j. Repeated absences not due to illness in self or family
- k. Monday morning hang-overs that resulted in calling in sick
- l. Accused of theft or mishandling of money on the job
- m. Let go because of repeated lateness or absence for any reason
- n. Worked in an “under the table” job
- o. Quit a job suddenly without giving notice
- p. Repeatedly “laid off” because of lack of work or having no seniority
- q. Unable to advance or progress in job pattern
- r. Feeling like giving up because making too little money
- s. Having to hold down more than one job to make enough money to live on- (by choice)
- t. Having trouble dealing with customers or clients on the job
- u. Having trouble or conflict with one or more co-workers
- v. Having a boss or supervisor who didn’t like me or hassled me
- w. None of the above

36. How many times in your life have you been fired or terminated from a job because they were unhappy with you in some way? (Do not count “lay-offs” from temporary jobs, or from construction or other normal terminations that are not “for cause.”)

- x. Never
- y. One time
- z. Twice
- aa. Three times
- bb. Four or five times
- cc. Six or more times
- dd. Not applicable (never held a job)

37. How many times in you life have you quit a job because of disagreements with a boss, supervisor, or co-workers?

- ee. Never
- ff. One time
- gg. Twice
- hh. Three times
- ii. For or five times
- jj. Six or more times

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kk. Not applicable (never held a job)

Additional comments about work problems:

38. Since starting full-time work, what is your longest non-work period of time?

- ll. Less than one week
- mm. Less than one month
- nn. One to two months
- oo. Between 2 and 6 months
- pp. 6 months to a year
- qq. One to two years
- rr. Two to three years
- ss. Three to five years
- tt. Five to ten years
- uu. More than ten years
- vv. Not applicable- never

39. Have you ever:

- ww. Drawn unemployment
- xx. Been on Worker's Compensation
- yy. Been on SSI
- zz. Been on VA disability
- aaa. Been medically retired
- bbb. Been on welfare, or Aid to Dependent Children
- ccc. None of the above

40. If not employed or going to school at present, what are your future career plans? What is preventing you from working right now and how are you attempting to overcome these problems?

solvents/aerosols
(inhalation to get 'high')

41. Check or complete any of the following that apply to your current or past drug or alcohol usage:

- _____ Age of first drug use
- _____ Age of first alcohol use.
- _____ Treated for drug or alcohol abuse on outpatient basis
- _____ "Detoxed" or withdrawn from alcohol or drugs on outpatient basis
- _____ "Detoxed" or withdrawn from alcohol or drugs on inpatient basis
- _____ Treated for drug or alcohol abuse on inpatient/residential basis

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- _____ Drug abuse problem followed normal prescribed drug use for medical problem or surgery
- _____ Drug abuse problem developed because drugs were available due to my occupation, e.g. hospital employee, nurse
- _____ Drug abuse problem developed because of availability in the family
- _____ Refused job because of failed drug or alcohol screening
- _____ Lost employment due to drug or alcohol problem
- _____ Lost relationships or marriages due to drug or alcohol problem
- _____ Went through drug or alcohol withdrawal on my own
- _____ Quit drugs or alcohol totally for a period of time, then used again
- _____ Spouse or parent thought I had a drug or alcohol problem but I don't agree that I did
- _____ Spouse or parent thought I had a drug or alcohol problem and I do agree that I did
- _____ Lost temporary or permanent custody of a child because of alleged alcohol or drug problems on my part

42. Have you ever [circle the number of all items that are applicable to you, and check the blanks of the parts of the items that apply to you]:

1. Gambled to try to win back earlier gambling losses?
2. Gambled on borrowed money___ or money needed for living expenses____?
3. Defaulted on debts--failed to make late payments ___or *had property repossessed*____?
4. Declared bankruptcy?
5. Had credit cards revoked?
6. Lived without a fixed address for a month or more, living with various friends_ *or* on the street_?
7. Driven while intoxicated repeatedly, without being arrested?
8. Been accused of [or engaged in] child neglect___, physical abuse____, sexual abuse____, or abandonment of a child_____: or had a child placed in foster or institutional care_ or lost parental rights_?
9. Failed to pay regular child support?
10. Failed to maintain regular contact with a child of your own who was living with another party [except when ordered to stay away by the Court]?
11. Been accused of failing to maintain your child with adequate food, clothing, shelter, or medical care?
12. Been unable to maintain your child with adequate food, clothing, shelter, or medical care?
13. Had to leave your child nine years of age or younger without a babysitter while going away for several hours or more during the day or for any amount of time in the evening?
14. Used an alias or AKA instead of your real name?
15. Been arrested as a juvenile _____ times?
16. Been arrested as an adult _____ times?
17. Picked up for warrants _____ times?
18. Served time in Jail _____ months?
19. Served prison time _____ years?
20. Been accused of or actually involved in physical fights with a spouse _____ or parent _____ brother _____ or sister _____?

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21. Had police intervene in family disputes?
22. Had problems with impulse spending____ or buying too much on credit____?
23. Supported yourself partially or completely by illegal means, e.g., fencing stolen goods _____, drug sales_____, prostitution_____ or other means _____?

43. Have you ever had any of the following occur?

1. I have been sued .
- 2 I have filed a civil law suit aside from divorce action times.
- 3 I have filed a worker's compensation claim _ times.
- 4 I have filed a personal injury suit _ times.
- 5 I have been on state disability _times.
- 6 I have been on Social Security disability since ---:-__
- 7 I have had an immediate family member who filed a personal injury suit.
- 8 None of the above

Comments on any of the above problems: _____

44. What is your current marital status? Circle all that apply:

1. Single-never married
2. Involved in an intimate relationship with a person of the same sex
3. Involved in an intimate relationship with a person of the opposite sex
4. Living with a person of the same or opposite sex
5. Living with a person of the opposite sex in an established "common law" relationship
6. Separated, with one marriage in total
7. Separated, with two or more previous marriages in total
8. Divorced, with one marriage in total
9. Divorced, with two or more previous marriages in total
10. Married, one time only
11. Remarried or common law after one or more divorces
12. Widowed
13. Marriage annulled
14. Remarried after one marriage annulled
15. Remarried after being widowed

45. If you have been married, how many times total have you been married? Include common law [living together] relationships: 0 1 2 3 4 5 6+

46. If you have been married more than once, indicate by number of marriage (e.g., #1, #2, #3) in the blanks, how each one ended {e.g., #1 by death, #2 by divorce}:

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Annulment _____ Divorce _____ Death _____

47. How many children do you have by each marriage or relationship? For example, write in "2" if you have 2 children by the first marriage, write in "1" if you have one child by the second marriage, and so on. Include any common law relationships.

1. _____

2. _____

3. _____

Are you currently having any problems with any of your children?

48. How long have you been living continuously with your current partner? _____

Or, not applicable _____

49. How would you describe your current partner/significant other or boyfriend/girl friend?

- | | |
|------------------------|--|
| 1. ___ Warm | 15. ___ Perfect |
| 2. ___ Unhappy | 16. ___ Indifferent |
| 3. ___ Distant | 17. ___ Argumentative/angry |
| 4. ___ Uncaring | 18. ___ Boring |
| 5. ___ Happy | 19. ___ Stimulating |
| 6. ___ Unpleasant | 20. ___ Unforgiving |
| 7. ___ Enjoyable | 21. ___ Tense |
| 8. ___ Abusive | 22. ___ Affectionate |
| 9. ___ Fault-finding | 23. ___ Able to compromise/work it out |
| 10. ___ Short-tempered | 24. ___ Demanding |
| 11. ___ Faithful | 25. ___ Other: _____ |
| 12. ___ Predictable | 26. ___ Not applicable [no partner at present] |
| 13. ___ Well-balanced | |
| 14. ___ Moody | |

50. How would you describe your previous partner or former boyfriend or girlfriend? If you have broken up with or separated or divorced this individual, please describe him/her up to the time prior to problems developing that led to the break-up.

- | | |
|-----------------|-----------------------------|
| 1. ___ Warm | 15. ___ Perfect |
| 2. ___ Unhappy | 16. ___ Indifferent |
| 3. ___ Distant | 17. ___ Argumentative/angry |
| 4. ___ Uncaring | 18. ___ Boring |

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- | | |
|------------------------|--|
| 5. ___ Happy | 19. ___ Stimulating |
| 6. ___ Unpleasant | 20. ___ Unforgiving |
| 7. ___ Enjoyable | 21. ___ Tense |
| 8. ___ Abusive | 22. ___ Affectionate |
| 9. ___ Fault -finding | 23. ___ Able to compromise/work it out |
| 10. ___ Short-tempered | 24. ___ Demanding |
| 11. ___ Faithful | 25. ___ Other: _____ |
| 12. ___ Predictable | 26. ___ Not applicable [no partner at present] |
| 13. ___ Well-balanced | |
| 14. ___ Moody | |

51. What are your living arrangements? Circle the item, which applies to you and check which part of the question describes your situation.

1. Living with relatives in their home
2. Living with friends in their home
3. Renting a home/alone or with partner & children
4. Renting an apartment/alone or with partner & kids
5. Buying a home/alone or with partner & kids
6. Own my own home
7. Living in a military barracks ___ or college dorm ___ board and care ___ residential treatment program ___ YMCA or YWCA ___ Other _____
8. Renting a motel room by the week
9. Renting a motel room by the day when I can do so
10. Sometimes living on the street
11. Presently hospitalized or in jail

52. How often do [or did] you and your partner argue? -now communication done electronically

- | | |
|------------------------|--|
| 1. ___ Not applicable | 5. ___ Several times a week |
| 2. ___ Never or Rarely | 6. ___ Daily |
| 3. ___ Once a month | 7. ___ Several times a day prior to separation |
| 4. ___ Once a week | 8. ___ Constantly |

53. If you are in a relationship, circle all of the following problems, which apply to you. Check or fill in additional information where indicated. N/A

1. Sexual problems/partner or self
2. Affairs that have interfered with our relationship: My affair ___ My partner's affair ___
3. Domestic violence: Hitting ___ Shoving ___ Slapping ___ Choking ___ Threatening ___
Other _____
4. Trouble with the behavior of our children
5. Continued problems with my ex-spouse or my partner's ex-spouse
6. In-law or extended family problems

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7. Other family problems: _____

54. How well do you feel your partner fulfills his/her role with you?

1. Very well
2. Fairly well
3. Only fair
4. Very poorly
5. Not applicable

55. Which of the following have you experienced in the past two years?

- | | |
|---------------------------------|---|
| 1. Separation from partner | 11. Retirement |
| 2. Marriage | 12. Fired at work |
| 3. Marital reconciliation | 13. Divorce |
| 4. Gain of a new family | 14. Death of close friend member |
| 5. Business readjustment status | 15. Change in financial |
| 6. Change to different | 16. More or less argument line of work with partner |
| 7. Sex difficulties | 17. Jail term |
| 8. Change in health of | 18. Court family member proceedings |
| 9. Death of spouse/partner | 19. Civil court case or parent/child |
| 10. Pregnancy/birth of child | 20. Filed for bankruptcy |
| | 21. Major illness/injury |
| | 22. Arrest(s) |
| | 23. None of the above |

56. How would you rate your ability to cope with changes and to cope with life in general?

1. *Very good*
2. Generally good
3. Fair
4. Inconsistent
5. Poor

57. How would you describe yourself as a person?

- | | |
|---|-------------------|
| 1 Active, full of energy | 11. Affectionate |
| 2 Aggressive or pushy | 12. Shy |
| 3 Assertive, stand up for myself* trying to be/in "training", improving | 13. Withdrawn |
| 4 Carefree, happy-go-lucky | 14. Temperamental |

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- | | |
|----------------------------------|----------------------------------|
| 5. Easygoing, laid back at times | 15. Rebellious |
| 6. Confident in some things | 16. Responsible |
| 7. Impatient, easily frustrated | 17. Predictable |
| 8. Smart, intelligent | 18. Unassertive at times in past |
| 9. Stubborn at times | 19. Serious at times |
| 10. Friendly, outgoing | 20. Low self-esteem |
| | 21. Other: _____ |

What I like about myself the best is: _____

What I like about myself the least is:

What I would like to change about myself is: _____

What I feel will never change about myself is: _____

What surprises people the most about me once they get to know me is

: _____

What I am most proud of, thus far in my life, is: _____

(also proud of my family, education and career and friendships fostered) ____ -

My biggest mistake, thus far in my life, is:

- 58. What do you consider to have been the best relationship with another person in your entire life? This could be a relationship you had in childhood or in adulthood. What about the relationship made it the best one? How long was this relationship, and if it ended, how did that happen?**

- 59. What do you consider to have been the worst relationship with another person in your entire life? This could be a relationship you had in childhood or in adulthood. What about the**

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relationship made it the worst one? How long was this relationship, and if it ended, how did that happen?

60. How would you describe your current mental state or attitudes?

- | | |
|------------------------------|----------------------|
| 1. Tense | 12. Disappointed |
| 2. Depressed | 13. Regretful |
| 3. Forgetful | 14. Guilty |
| 4. Sad or down | 15. Irritable |
| 5. Worried and anxious | 16. Calm |
| 6. Fearful of things | 17. Sacred of future |
| 7. Angry | 18. Hyperactive |
| 8. Unenthusiastic | 19. Nervous |
| 9. Confused | 20. Happy |
| 10. Excited, looking forward | 21. Distrustful |
| 11. Busy, involved | 22. None of above |

61. Have you ever seen a counselor of any type (minister, family doctor, MFCC counselor, psychologist, or psychiatrist)? No _____ Yes _____

62. If you have ever seen a counselor, please fill in the following information:

Approximate Year (s)	Name of doctor/counselor	For what reason?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Were these counseling experiences helpful and positive, or not helpful and negative for you? Or were they of no effect? Why? Please comment, listing your comments corresponding to numbers in previous item.

1. _____

2. _____

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3. _____

4. _____

5. _____

63. Have you attended any kind of self-help group, e.g. AA, NA, OA, Children of Alcoholics, sexual abuse survivors' group?

No _____ Yes _____ If yes, for what period of time? _____

Did you find the experience(s) helpful, and if so how? [Or, if not, why not?]

64. Have you ever experienced any of the following? Y (yes) or N (no), if yes please explain

- 1 _____ Evaluation/testing for a job for which you were turned down _____
- 2 _____ Evaluation/testing for a worker's compensation or personal injury case where stress was a factor _____
- 3 _____ Evaluation/testing for a court case of any type _____
- 4 _____ Hospitalized involuntarily on a "5150" hold, approximately _____ times _____
- 5 _____ Hospitalized voluntarily for emotional problems, about _____ times _____
- 6 _____ Committed to a hospital for emotional problems, about _____ times _____

65. Have you ever suffered any of the following or do any of the following medical conditions apply to you? Circle all that apply and fill in the blanks for additional information as requested.

1. Period of unconsciousness for less than one minute, indicate number of times _____
2. Period of unconsciousness for 1-5 minutes, indicate number of times _____
3. Period of unconsciousness for 6-15 minutes, indicate number of times _____
4. Period of coma, indicate how long: _____
5. Seizures of any kind _____
6. Loss of periods of time I could not account for lasting for hours or longer
7. Paralysis and inability to move or speak
8. Brain concussion, with or without unconsciousness
9. Drug toxicity or allergic reaction
10. Drug overdose

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11. Serious illnesses or accidents resulting in hospitalization. When? _____
12. Diabetes
13. Thyroid disorder
14. Heart, circulatory or blood pressure problems
15. Digestive or intestinal problems
16. Neurological disease
17. Problems with vision
18. Problems with hearing
19. Problems with balance and equilibrium or balance
20. Skin problems
21. Broken bones
22. Orthopedic problems, e.g. diseases of bones or joints
23. Dental problems _____
24. Cuts or wounds requiring medical attention
26. If female, menstrual cycle irregularity
27. If female, premenstrual or menstrual problems
28. If female, number of times pregnant: _____ Number of miscarriages: _____
Number of abortions: _____ number of live births: _____
29. If female, any problems during any pregnancy
30. If female, fertility problems
31. If female, pain with intercourse
32. If female, inability to "lubricate"
33. If female, fear and avoidance of gynecological exams
34. If male, medical problem or medication or drug use interfering with attaining and maintaining an erection
35. If male, any prostate or urinary problems
36. Male or female, ever having a venereal disease
37. Numbness or loss of feeling in any part of the body
38. Fear and avoidance of going to the dentist
39. Constantly worry about getting sick
40. Fear of getting certain diseases
41. Fear of obtaining appropriate medical care
42. Not wanting to take medications prescribed by doctor
43. Having problems for which I went to doctor and was told it was "all in my head"

-
- 66. At what age in your life do you believe your overall adjustment and functioning was at your best? Describe briefly this time frame, and why you think this was your best time.**

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67. At what age in your life do you believe your overall adjustment and functioning was at your worst? Describe briefly this time frame and why you think this was your worst time.

68. Across your whole life, would you say that things have:

_____ Generally gotten better?

_____ Generally gotten worse?

_____ Been "up" and "down" for no particular reason?

_____ Been "up" and "down" due to _____

69. What are your usual spare-time or recreational activities?

70. Have there been any changes in your usual spare-time or recreational activities recently? If, yes, please describe.

71. Are you suffering from any condition that might affect your evaluation today?



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No _____ Yes _____ If yes, please describe: _____

72. Have there been any very recent upsets, disturbing events, or changes in your life in the recent past, aside from those you've already told us about that we should know about in order to have the full picture today?

No Yes If yes, please describe:

73. Any additional information you wish to add or that you think need clarifications from items you have completed in this questionnaire:

Please complete if your case is legally related: I certify that the above information is true and complete to the best of my knowledge. If I have any questions or concerns, I have asked my examiner and/or made a note.



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Your name (typed or printed) _____

Signature _____ **Date:** _____