

PSYCHOLOGICAL EVALUATION QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. During a later interview you will have an opportunity to discuss these concerns in more detail, if necessary. You will need to have this form completed prior to your scheduled interview.

Name:

Date:

Age:

DOB:

FAMILY OR SOCIAL HISTORY:

Where were you born? What other places did you live and for how long did you live there?

Please check the following words you would use to describe yourself.

<input type="checkbox"/> Intelligent	<input type="checkbox"/> Confident	<input type="checkbox"/> Worthwhile	<input type="checkbox"/> Ambitious
<input type="checkbox"/> Sensitive	<input type="checkbox"/> Loyal	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Evil
<input type="checkbox"/> Full of Regrets	<input type="checkbox"/> Worthless	<input type="checkbox"/> A Nobody	<input type="checkbox"/> Useless
<input type="checkbox"/> Crazy	<input type="checkbox"/> Deviant	<input type="checkbox"/> Unattractive	<input type="checkbox"/> Ugly
<input type="checkbox"/> Considerate	<input type="checkbox"/> Unlovable	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Naïve
<input type="checkbox"/> Confused	<input type="checkbox"/> Hardworking	<input type="checkbox"/> Incompetent	<input type="checkbox"/> Stupid
<input type="checkbox"/> Attractive	<input type="checkbox"/> Persevering	<input type="checkbox"/> In Conflict	<input type="checkbox"/> Honest
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Can't Make a Decision	<input type="checkbox"/> Memory Problems	
<input type="checkbox"/> Good sense of humor			

Siblings:

Number of brothers _____ Brothers ages _____

Number of sisters _____ Sisters ages _____

Number of step or half siblings, gender, and ages _____

Father:

If alive, give father's present age _____

Occupation: _____ Health: _____

If deceased, give his age at death: _____

Cause of death: _____

How old were you at the time of his death _____

What is/was your relationship like? _____
as a child? _____
as an adult? _____

Mother:

If alive, give mother's present age _____

Occupation: _____ Health: _____

If deceased, age at death: _____

Cause of death: _____

How old were you at the time of her death? _____

What is/was your relationship like? _____
as a child? _____
as an adult? _____

Stepmother

If alive, give mother's present age _____

Occupation: _____ Health: _____

If deceased, age at death: _____

Cause of death: _____

How old were you at the time of her death? _____

What is/was your relationship like? _____
as a child? _____
as an adult? _____

Stepfather

If alive, give father's present age _____

Occupation: _____ Health: _____

If deceased, age at death: _____

Cause of death: _____

How old were you at the time of his death? _____

What is/was your relationship like? _____
as a child? _____
as an adult? _____

Other Significant Adult _____

If alive, give his/her present age _____

Occupation: _____ Health: _____

If deceased, age at death: _____

Cause of death: _____

How old were you at the time of his/her death? _____

What is/was your relationship like? _____
as a child? _____
as an adult? _____

Please check any of the following that apply to your childhood or adolescence.

- | | | |
|-------------------------------------|-----------------------|-----------------------|
| _____ Unhappy Childhood | _____ Family Problems | _____ School Problems |
| _____ Emotional/Behavioral Problems | _____ Alcohol Abuse | _____ Drug Abuse |
| _____ Medical Problems | _____ Legal Problems | _____ Physical Abuse |
| _____ Sexual Abuse | _____ Emotional Abuse | _____ Other _____ |

How did your parents discipline you?

Did either parent ever hit you or use physical punishment?

If a stepparent helped in raising you, how did you get along with the stepparent?

If you have a stepparent, give your age when the parent remarried. _____
Did either parent or other adult ever touch you in a way that made you feel uncomfortable? _____
How old were you? _____ How long did this go on? _____
Did you tell anyone? _____ What was the outcome? _____
How did the abuse eventually stop? _____
Did you ever go to counseling regarding this or talk to someone about it? _____
Do you feel it impacts your life today? _____ How? _____

As a juvenile, were you ever in a residential treatment center or similar facility? _____
When? _____ Where? _____ For What? _____

Please explain.

Do you ever remember incidences of seeing or hearing your parents fight? If so, please describe.

Did your parents divorce? _____

If yes, how old were you when they divorced?, _____

Who did you live with after the divorce? _____

Did you have contact with both parents after the divorce? _____

Is there any significant life event that happened in your childhood or adolescence that has not been addressed by this questionnaire so far?

EDUCATIONAL HISTORY

What is that last grade you completed?_____

What is your highest degree awarded?_____

Please describe for me the types of grades you received_____

Were you ever held back a grade or promoted an extra grade?_____

Did you take any special education classes?_____

Were you ever diagnosed with a learning disability or ADHD? _____

Please detail any suspensions or detentions or expulsions you may have received._____

Rate your overall satisfaction with school.

COUNSELING HISTORY

Have you ever been in counseling or psychotherapy?_____

When?_____ Where?_____

For how long?_____ For what?_____

How did you make the decision to seek counseling/therapy?

Are you currently on any medication(s) for a mental disorder? _____

If yes, what medication?_____ What is the dosage?_____

How long have you been on it?_____ and why are you taking it?_____

Have you taken medication for a psychological problem or mental disorder in the past? _____

If yes, what medication?_____ What was the dosage?_____

When did you start?_____ When did you go off the medication?_____

What was it prescribed for?_____

Have you ever been hospitalized for psychological problems? _____

When?_____ Where?_____

Please explain.

Have you ever attempted suicide? _____ How many times? _____ How old were you? _____
What method did you use? _____
Please explain: _____

To your knowledge, have you ever received a diagnosis for a psychological problem? _____
When? _____ What was the diagnosis? _____

How do you feel about the diagnosis? _____

Have you ever had any other psychological evaluations? _____ When? _____

Where? _____ For what reason? _____

Do you remember what the recommendations were? _____

Please explain:

Does any member of your family suffer from depression or anything else that might be considered a psychological problem?

Has any member of your family ever been in counseling or therapy?

Has any member of your family ever been hospitalized for psychological problems?

Has any relative ever attempted or committed suicide?

LEGAL HISTORY:

Did you ever belong to a gang? _____ Which gang? _____

How old were you when you joined? _____ How old were you when you left? _____

What was your reason for joining? _____

What was your reason for leaving? _____

What was your position or rank? _____

What type of gang related criminal activity did you participate in? _____

Age at 1st incarceration? _____

Length of time incarcerated? _____

Age at 1st arrest? _____

Types of arrests? _____

How many times have you been arrested for the following:

Domestic Abuse _____

Assault _____

Burglary _____

Theft _____

Rape _____

Indecent Exposure _____

Voyeurism _____

Gross Sexual Imposition of a Child _____

DUI _____

Other _____

RELATIONSHIP HISTORY:

What is your partner or spouse's age? _____

If you've been married more than once, please indicate the year you got divorced for each marriage.

Marriage one _____

Marriage two _____
Marriage three _____
Marriage four _____
Marriage five _____

Do you have any children? _____ What are their ages? _____

What are the living arrangements for your children?

Did you and your spouse/partner ever seek or mandated therapy/counseling?

CHEMICAL HISTORY:

How old were you when you first used alcohol? _____

At the height of your usage, how old were you and how much were you using? _____

Have you experienced blackouts? _____

Have you ever received treatment for alcohol abuse? _____

Treatment One	When? _____	Where? _____	How long sober after? _____
Treatment Two	When? _____	Where? _____	How long sober after? _____
Treatment Three	When? _____	Where? _____	How long sober after? _____
Treatment Four	When? _____	Where? _____	How long sober after? _____

Do you drink before sexual activity? _____

When was your last drink? _____

How many DUI's have you had? _____

List all alcohol related arrests/convictions (i.e., DUI's, assault, etc.)

How old were you when you first used marijuana? _____ At the height of your usage, how old were you and how much were you using? _____

When was your last usage of marijuana? _____

Have you ever received treatment for drug abuse? _____ How many times? _____

Treatment One When? _____ Where? _____ How long clean after? _____

Treatment Two When? _____ Where? _____ How long clean after? _____

Treatment Three When? _____ Where? _____ How long clean after? _____

Treatment Four When? _____ Where? _____ How long clean after? _____

What other illegal drugs have you tried?

Pot _____

LSD _____

PCP _____

PCP _____

Cocaine _____

Crank _____

Methamphetamines _____

Heroin _____

Prescription Pills _____

Other _____

What is your drug of choice? _____

Have any family members had a problem with drugs or alcohol? _____

Please explain:

OTHER:

Employment:

What is your occupation?

How long have you been employed at your current job?

What other types of jobs have you done in the past?

What is your longest period of unemployment?

What is your longest period of employment?

How many jobs have you been fired from?

What is your highest level of training?

Religion:

What faith do you consider yourself to be?

How is Religion a part of your life?

Medical:

Surgeries?

Serious medical conditions?

Etc Is there any other information, that has not been asked yet, that you want the evaluator to know about you?

Thank you for your time!