

## 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 1<sup>st</sup> incarceration? \_\_\_\_\_

Length of time incarcerated? \_\_\_\_\_

Age at 1<sup>st</sup> 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!