



Adoption Pre Screening Evaluation

The purpose of this questionnaire is to obtain some basic background information. The agency that you are working with has asked us to have you complete an MMPI-2. The MMPI-2 is the most commonly given psychological test in the United States. When you come to the appointment we will carefully go over the test and what you can expect. Most people complete the testing in 60-90 minutes. Under most circumstances we can score it, and give you feedback on your results right away.

Your adoption agency does not require us to meet with you personally to gather background information. Typically, we try to do so anyway. This questionnaire will be used to gather that information, and you may also be meeting with one of our clinician's for about 30 minutes. Please note, your adoption agency is only asking us to provide them with the results of the MMPI-2. This background information is standard information we gather on all of our new clients here at BPS, modified slightly for your circumstances.

Name: _____

Date: _____

DOB: _____

FAMILY OR SOCIAL HISTORY:

Where were you born?	
What other places did you live and for how long did you live there?	
Mother/Step Mother or Foster Mother's Name	
Father/Step Father or Foster Father's Name	
Number of brothers and their ages	
Number of sisters and their ages	

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? _____

Have you ever adopted before? _____

What made you make the decision to adopt? _____

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? _____

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

VOCATIONAL HISTORY

Are you currently employed? _____

What type of work do you do? _____

RELIGIOUS AFFILIATION

What faith do you consider yourself to be? _____

How is Religion a part of your life?

MEDICAL HISTORY

Do you have now, or have you had in the past, a serious medical condition?

Any medical concerns?

COUNSELING HISTORY

Have you ever been in counseling or psychotherapy? _____

When? _____

Did you find it helpful? _____

Have you ever been on medication for depression, anxiety, ADHD or something similar? _____

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? _____

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:

Age at 1st incarceration? _____

Length of time incarcerated? _____

Types of arrests? _____

CHEMICAL HISTORY:

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? _____

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

Assessment Questionnaire

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Pot _____ LSD _____ Methamphetamines _____ Heroin _____ Prescription Pills _____
PCP _____ PCP _____ Cocaine _____ Crank _____ Other _____

Is there any area that has not been asked of you yet that you feel is important for me to know about you?

Thank you for your time, and we wish you the best of luck in this exciting process!