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19. Describe your relationship with your father now: \_\_\_\_\_

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20. Describe your relationship with your mother now: \_\_\_\_\_

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21. Do any members of your family suffer from mental health problems (i.e. depression, anxiety, OCD, schizophrenia, Bipolar, Autism, alcoholism, drug use, etc)? If so, explain: \_\_\_\_\_

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22. Were you ever physically or sexually abused as a child:

- yes                       no

If Yes, explain: \_\_\_\_\_

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**EDUCATION INFORMATION AND WORK HISTORY**

23. Please indicate your educational level.

- |  |  |
|--|--|
| <input type="checkbox"/> less than high school | <input type="checkbox"/> some college (no degree completed) <input type="checkbox"/> |
| <input type="checkbox"/> H.S. equivalent/GED   | <input type="checkbox"/> bachelor's degree   |
| <input type="checkbox"/> high school diploma   | <input type="checkbox"/> master's degree   |
| <input type="checkbox"/> vocational            | <input type="checkbox"/> doctoral degree   |
|  | <input type="checkbox"/> other _____   |

24. What was your major/minor/area of concentration? \_\_\_\_\_

25. Did you experience any learning problems in school?

- |                                 |                                      |   |
|---------------------------------|--------------------------------------|---|
| <input type="checkbox"/> none   | <input type="checkbox"/> some        | <input type="checkbox"/> always/constant struggle |
| <input type="checkbox"/> little | <input type="checkbox"/> substantial |   |

26. How satisfied are you with your academic progress so far? (please circle)

Not Satisfied		Somewhat Satisfied		Very Satisfied
1	2	3	4	5

27. What barriers, if any, are impeding your academic progress? \_\_\_\_\_

28. What is your current job or occupation? \_\_\_\_\_





46. Do you consider this drug use to be a problem?

- yes       no       unsure

**MARITAL/SOCIAL INFORMATION**

47. How would you rate the quality of your friend/peer relationships?

- very poor       average       excellent  
 unsatisfactory       good

48. Approximately how many significant intimate relationships, lasting six months or more, have you had?

\_\_\_\_\_ Are you currently in one?     yes       no

49. Do you have any problems or worries about sexual functioning?

- yes       no

If yes, check where applicable:

- performance problem       lack of desire  
 sexual impulsiveness       difficulty maintaining arousal  
 other: \_\_\_\_\_

50. Besides family members, approximately how many people can you really count on currently for friendship or emotional support? \_\_\_\_\_

51. What is your current relationship status?

- Single       Widowed       Committed relationship  
 Divorced       Married       Remarried  
 Separated       Engaged

52. What is your spouse's/partner's: Name \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Education \_\_\_\_\_

53. How long have you been married/together: \_\_\_\_\_

54. Has there ever been domestic violence?

- yes       no

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

55. How would you rate your relationship satisfaction

Not Satisfied      Somewhat Satisfied      Very Satisfied  
1      2      3      4      5

56. Has your spouse/partner had (or currently has) a significant medical issue or mental health problem:

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**57. Have you or your spouse ever been divorced?**

If yes, list dates and length of marriages: \_\_\_\_\_  
 \_\_\_\_\_

**58. Please list any children of yours**

<i>Name</i>	<i>Gender</i>	<i>Age</i>	<i>Adopted? (Yes or No)</i>
<i>Child 1:</i>			
<i>Child 2:</i>			
<i>Child 3:</i>			
<i>Child 4:</i>			
<i>Child 5:</i>			

**59. How do you spend your leisure time?**

\_\_\_\_\_  
 \_\_\_\_\_

**60. Have you ever experienced legal problems?**       yes       no

If yes, nature of problem: \_\_\_\_\_

***MENTAL HEALTH HISTORY***

**61. Are you currently receiving psychiatric services, professional counseling, or therapy elsewhere?**

yes       no

**62. Have you ever had previous counseling or psychotherapy?**       yes       no

If yes, please specify the following:

Reason for counseling: \_\_\_\_\_

Counseling location: \_\_\_\_\_

Counseling date: \_\_\_\_\_

Counseling duration: \_\_\_\_\_

What did you like most about the counseling: \_\_\_\_\_

\_\_\_\_\_

What did you like the least: \_\_\_\_\_

\_\_\_\_\_

**63. Have you ever been hospitalized for psychiatric reasons?**       yes       no

If yes, please specify the following:

Reason for hospitalization: \_\_\_\_\_

Hospital location: \_\_\_\_\_

Dates of hospitalization: \_\_\_\_\_

Duration of hospitalization: \_\_\_\_\_

**64. List all prescription medication (psychiatric and non-psychiatric)**

Name	Dosage	Frequency	Date first prescribed	Prescribing physician

**65. Have you had suicidal thoughts recently?**  yes  no

If yes, how often?

daily  weekly  monthly  rarely

**66. Have you had suicidal thoughts in the past?**  yes  no

If yes, how often?

daily  weekly  monthly  rarely

**67. Have you ever intentionally inflicted harm upon yourself?**  yes  no

If yes, how often?

daily  weekly  monthly  rarely

Nature of harm: \_\_\_\_\_

**68. Have you ever intentionally hurt someone else?**  yes  no

Nature of harm: \_\_\_\_\_

**69. Have you ever experienced any form of traumatic experience?**  yes  no

When? \_\_\_\_\_

Nature of experience: \_\_\_\_\_

**70. Have you ever experienced sexual assault, unwanted sex, or uncomfortable touching?**

frequently  never  
 a few times  unsure  
 once

**OTHER INFORMATION**

**71. How does the future look to you?**

poor  neutral  excellent  
 fair  good

**72. Briefly describe your plans for the future.**

\_\_\_\_\_

\_\_\_\_\_

**73. What do you hope to accomplish through counseling?**

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**74. Is there anything else you would like me to know about you?**

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*Thank you for taking the time to fill out this questionnaire! Please bring it with you to your first appointment.*