

Name _____ Date of Birth _____ Today's Date _____

FAMILY OF ORIGIN

Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	[]	[]	[]
father	[]	[]	[]
stepmother	[]	[]	[]
stepfather	[]	[]	[]
brother(s)	[]	[]	[]
sister(s)	[]	[]	[]
other (specify)	[]	[]	[]

Parents' current marital status:

- [] married to each other
- [] separated for ___ years
- [] divorced for ___ years
- [] mother remarried ___ times
- [] father remarried ___ times
- [] mother involved with someone
- [] father involved with someone
- [] mother deceased for ___ years
age of patient at mother's death ___
- [] father deceased for ___ years
age of patient at father's death ___

Describe parents:

Father	Mother
full name _____	_____
occupation _____	_____
education _____	_____
general health _____	_____

Describe childhood experiences:

- [] outstanding home environment
- [] normal home environment
- [] chaotic home environment
- [] witnessed physical/verbal/sexual abuse toward others
- [] experienced physical/verbal/sexual abuse from others

Age that you left home: _____ Circumstances: _____

Special circumstances in childhood,? If yes: _____

IMMEDIATE FAMILY WITH SIGNIFICANT OTHER, SPOUSE OR CHILDREN

Marital status:

- [] single, never married
- [] engaged ___ months
- [] married for ___ years
- [] divorced for ___ years
- [] separated for ___ years
- [] divorce in process ___ months
- [] live-in for ___ years
- [] ___ prior marriages (self)
- [] ___ prior marriages (partner)

Intimate relationship:

- [] never been in a serious relationship
- [] not currently in relationship
- [] currently in a serious relationship

Relationship satisfaction:

- [] very satisfied with relationship
- [] satisfied with relationship
- [] somewhat satisfied with relationship
- [] dissatisfied with relationship
- [] very dissatisfied with relationship

List all persons currently living in your household:

Name	Age	Sex	Relationship to patient
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List children not living in same household as you:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Frequency of visitation of above: _____

Describe any past or current significant issues in intimate or sexual relationship(s):

Describe any past or current significant issues in other immediate family relationships with children, parents, inlaws or others:

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MEDICAL HISTORY (check all that apply for patient)

Describe current physical health: Good Fair Poor

List name of primary care physician:
Name _____ Phone _____

List name of psychiatrist: (if any):
Name _____ Phone _____

List any of your current medications being taken (give dosage & reason):

List any of your known allergies: _____

List any of your abnormal lab test results:
Date _____ Result _____
Date _____ Result _____

Is there a history of any of the following in your family:

- tuberculosis heart disease
- birth defects high blood pressure
- emotional problems alcoholism
- behavior problems drug abuse
- thyroid problems diabetes
- cancer Alzheimer's disease/dementia
- mental retardation stroke
- other chronic or serious health problems _____

Describe any serious of your hospitalizations or accidents:

Date _____ Age _____ Reason _____
Date _____ Age _____ Reason _____
Date: _____ Age _____ Reason _____

Do you have a history of Sexually Transmitted Diseases?
Yes No

EDUCATIONAL HISTORY

Last Grade Completed (circle): 7 8 9 10 11 12 13 14 15 16 Graduate Degree? _____ GED, if less than 12? _____

Best grades were: _____ What Subject(s)? _____ Worst Grades were: _____ What Subjects? _____

Have you ever taken an IQ test, or other test of mental ability? _____ If yes, when and where.

Learning Problems or Special Education classes in School? _____ If yes, please describe _____

Were you ever in trouble because of drugs, emotional or behavioral problems in school? _____ If yes, please describe _____

Ever suspended or expelled? _____ If yes, describe _____

SUBSTANCE USE HISTORY (check all that apply to you)

Family alcohol/drug abuse history:

- None
- father stepparent/live-in
- mother uncle(s)/aunt(s)
- grandparent(s) spouse/significant other
- sibling(s) children
- other _____

Substances used by you:

- (complete all that apply)
- alcohol
 - amphetamines/speed
 - barbiturates/owners
 - caffeine
 - cocaine
 - crack cocaine
 - hallucinogens (e.g., LSD)
 - inhalants (e.g., glue, gas)
 - marijuana or hashish
 - nicotine/cigarettes
 - PCP
 - prescription _____
 - other _____

Your Current Use

First use age	Last use age	(Yes/No)	Frequency	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Your substance use status:

- no history of abuse
- active abuse
- early full remission
- early partial remission
- sustained full remission
- sustained partial remission

Your treatment history:

- None
- outpatient (age[s] _____)
- inpatient (age[s] _____)
- 12-step program (age[s] _____)
- stopped on own (age[s] _____)
- other (age[s] _____)

Check any past consequences of your substance use, then circle those that applied recently.

- hangovers withdrawal symptoms sleep disturbance binges
- seizures medical conditions assaults job loss
- blackouts tolerance changes suicidal impulse arrests
- overdose loss of control amount used relationship conflicts
- other: Describe: _____

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DEVELOPMENTAL HISTORY

Problems during

mother's pregnancy:

- none
- high blood pressure
- kidney infection
- German measles
- emotional stress
- bleeding
- alcohol use
- drug use
- cigarette use
- other _____

Birth:

- normal delivery
- difficult delivery
- cesarean delivery
- complications _____
- birth weight ___lbs ___oz.

Infancy:

- feeding problems
- sleep problems
- toilet training problems

Childhood health:

- chickenpox (age _____)
 - German measles (age _____)
 - red measles (age _____)
 - rheumatic fever (age _____)
 - whooping cough (age _____)
 - scarlet fever (age _____)
 - autism
 - ear infections
 - allergies to _____
 - significant injuries _____
 - chronic, serious health problems _____
- lead poisoning (age _____)
 - mumps (age _____)
 - diphtheria (age _____)
 - poliomyelitis (age _____)
 - pneumonia (age _____)
 - tuberculosis (age _____)
 - mental retardation
 - asthma

Delayed developmental milestones (check only those milestones that did not occur at expected age):

- sitting
 - rolling over
 - standing
 - walking
 - feeding self
 - speaking words
 - speaking sentences
 - controlling bladder
 - other _____
- controlling bowels
 - sleeping alone
 - dressing self
 - engaging peers
 - tolerating separation
 - playing cooperatively
 - riding tricycle
 - riding bicycle

Emotional / behavior problems during your childhood/youth(check all that apply):

- drug use
 - alcohol abuse
 - chronic lying
 - stealing
 - violent temper
 - fire-setting
 - hyperactive
 - animal cruelty
 - assaults others
 - disobedient
- repeats words of others
 - not trustworthy
 - hostile/angry mood
 - indecisive
 - immature
 - bizarre behavior
 - self-injurious threats
 - frequently tearful
 - frequently daydreams
 - lack of attachment
- distrustful
 - extreme worrier
 - self-injurious acts
 - impulsive
 - easily distracted
 - poor concentration
 - often sad
 - breaks things
 - other _____

Your social interaction (check all that applies):

- normal social interaction
 - isolates self
 - very shy
 - alienates self
- inappropriate sex play
 - dominates others
 - associates with acting-out peers
 - other _____

Your Intellectual / academic functioning (check all that apply):

- normal intelligence
 - high intelligence
 - learning problems
 - Current or highest education level _____
- authority conflicts
 - attention problems
 - underachieving
- mild retardation
 - moderate retardation
 - severe retardation

Describe any other developmental problems/events, specific or general issues that you feel were significant when growing up:

SOCIO-ECONOMIC HISTORY (check all that apply)

Living situation:

- housing adequate
- homeless
- housing overcrowded
- dependent on others for housing
- housing dangerous/deteriorating
- living companion's dysfunctional

Social support system:

- supportive network
- few friends
- substance-use-based friends
- no friends
- distant from family of origin

Sexual history:

- heterosexual orientation
 - homosexual orientation
 - bisexual orientation
 - currently sexually active
 - currently sexually satisfied
 - Additional information: _____
- currently sexually dissatisfied
 - age first sex experience _____
 - age first pregnancy/fatherhood _____
 - history of promiscuity age ___ to ___
 - history of unsafe sex age ___ to ___

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Military history:

Employment:

- employed and satisfied
- employed but dissatisfied
- unemployed _____
- coworker conflicts
- supervisor conflicts
- unstable work history
- disabled: _____

- never in military
- served in military - no incident
- served in military - **with** incident _____

Legal history:

- no legal problems
- now on parole/probation
- arrest(s) not substance-related
- arrest(s) substance-related

Cultural/spiritual/recreational history:

cultural identity (e.g., ethnicity, religion): _____

Describe any cultural issues that contribute to your current problem: _____

- currently active in community/recreational activities? Yes No
- formerly active in community/recreational activities? Yes No
- currently engage in hobbies? Yes No
- currently participate in spiritual activities? Yes No
- if answered "yes" to any of above, describe: _____

If you answered yes for legal issues associated current or past arrest or lawsuit history, or anticipate a lawsuit or arrest soon, please indicate the date(s), describe the key issues, and case events. Please start with the most recent legal event and continue ordering in reverse, if appropriate.

Your Financial Situation:

- no current financial problems
- large indebtedness
- poverty or below-poverty income
- impulsive spending
- relationship conflicts over finances
- lawsuit pending
- jail/prison _____ time(s)
- total time served: _____

What kinds of lifestyle changes would you enjoy if you felt differently, if any?

What has been the most satisfying aspect of your life to this point? The most disappointing aspect of your life to this point?

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Additional Comments?

Thank you for taking the time to complete this questionnaire.