

# Montana City Counseling

## ADULT PSYCO/SOC/BIO HISTORY QUESTIONNAIRE

Please reply to all the following questions.

### GENERAL INFORMATION

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Date: \_\_\_\_\_  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How strongly do you want treatment for your problem? Very Much Moderately Could do without it

- CLINICAL

State in your own words the nature of your chief complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who have you previously consulted a professional about your current or other problems?

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

When was the last time you have seen them? \_\_\_\_\_

What was the result? \_\_\_\_\_  
\_\_\_\_\_

What are your strengths and weaknesses?

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

- PERSONAL DATA

Where were you born? \_\_\_\_\_

Mothers condition during pregnancy. \_\_\_\_\_

What is your height? \_\_\_\_\_ Your weight? \_\_\_\_\_

When was the last time you felt well both physically and emotionally for a sustained period?

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

Present interests, hobbies, activities: \_\_\_\_\_  
\_\_\_\_\_

**BACK GROUND INFORMATION**

- **HISTORY OF PRESENT PROBLEM**

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- **TRAUMA HISTORY**

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- **SUICIDAL IDEATION/ACTION HISTORY**

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- **FAMILY PSYCHIATRIC HISTORY**

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- **MEDICAL CONDITION AND HISTORY**

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- **CURRENT MEDICATIONS**

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- **SUBSTANCE USE/ABUSE**

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Scholastic abilities and disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athletic/Scholastic accomplishments?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever given a nickname? \_\_\_\_\_  
Were you ever bullied? \_\_\_\_\_

Did you make friends easily? \_\_\_\_\_ Did you keep them? \_\_\_\_\_

Behavioral Problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Repeated Grades:  
\_\_\_\_\_  
\_\_\_\_\_

Attitude Towards School:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **ABUSE:**
  - a. \_\_\_\_ Physical abuse: By Whom: \_\_\_\_\_
  - b. \_\_\_\_ Sexual abuse: Length and Duration: \_\_\_\_\_
  - c. \_\_\_\_ Emotional/Verbal abuse: Ages: \_\_\_\_\_
  - d. \_\_\_\_ Abandonment/Neglect: \_\_\_\_ Reported to Authorities

Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Witness of abuse? \_\_\_\_ Physical \_\_\_\_ Sexual

Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Perpetrator of Abuse: \_\_\_\_ yes \_\_\_\_ no

Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **OCCUPATIONAL/EDUCATIONAL HISTORY**

Age of started working: \_\_\_\_\_

A. \_\_\_\_ Employed FT      \_\_\_\_ Employed PT      \_\_\_\_ Unemployed      \_\_\_\_ Retired  
\_\_\_\_ Student      Means of support: \_\_\_\_\_

B. Special Training:  
\_\_\_\_\_  
\_\_\_\_\_

C. Current employer: \_\_\_\_\_  
a. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Position held: \_\_\_\_\_

D. Job Satisfaction:  
\_\_\_\_\_  
\_\_\_\_\_

E. Future Aspirations:  
\_\_\_\_\_  
\_\_\_\_\_

F. Previous Employment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **SEXUAL INFORMATION**

A. Orientation:  
\_\_\_\_ heterosexual      \_\_\_\_ homosexual      \_\_\_\_ bi-sexual      \_\_\_\_ Transsexual      \_\_\_\_ Unsure

B. General Sexual History:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Sexual Issues or Problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parental attitudes to sex (e.g. was there sex information or discussion in the home?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and how did you derive your first knowledge of sex? Are you sexually active at present?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first become aware of your own sexual impulses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you ever experience and anxieties or guilt feeling arising out of sex or masturbation? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been raped? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been sexually abused or misused? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever sexually abused or misused another? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide information about any significant heterosexual and / or homosexual reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **MARITAL HISTORY**

Name of spouse/significant other: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Personality: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been married or together? \_\_\_\_\_ Anniversary date: \_\_\_\_\_

How long did you know your partner before you became engaged? \_\_\_\_\_

Under what circumstances did you meet your partner? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what areas is there compatibility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what areas is there incompatibility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you get along with your in-laws? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever been a victim of either verbal or physical abuse by your mate? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever verbally or physically abused your mate? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give details of any previous marriage or significant relationships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many children do you have? List their name, age, and personality: \_\_\_\_\_

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Custody Issues:

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- **FAMILY DATA**

Father: Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

Personality: \_\_\_\_\_

If deceased, cause of death: \_\_\_\_\_

Your age at the time of death: \_\_\_\_\_

How well did you get along with your father? \_\_\_\_\_

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Mother: Name: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

Personality: \_\_\_\_\_

If deceased, cause of death? \_\_\_\_\_

Your age at the time of death: \_\_\_\_\_

How well did you get along with your mother? \_\_\_\_\_

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Siblings:

Brothers (names, ages, occupations.) \_\_\_\_\_

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Sisters (names, ages, occupations.) \_\_\_\_\_

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Relationship with brothers and sisters:

Past: \_\_\_\_\_

\_\_\_\_\_

Present:

\_\_\_\_\_

\_\_\_\_\_

Give a description of your father's attitude towards you (past and present) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give a description of your mother's attitude towards you (past and present): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what ways were you punished or disciplined by your parents as a child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give an impression of your home atmosphere (i.e. the home in which you grew up. Mention state of compatibility between parents and between parents and children): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you able to confide in your parents? \_\_\_\_\_

If you have a step-parent, give your age when parent remarried: \_\_\_\_\_

What was/is your relationship with your step-parent like?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give an outline of your religious training. \_\_\_\_\_

\_\_\_\_\_

If you were not brought up by your parents, who raised you and between what years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any known family history of:

1. Mental illness:

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

2. Suicide:

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

3. Violence:

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

4. Substance abuse: Alcohol or Drugs

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

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **MILITARY – LEGAL HISTORY**

1. Military

- a. Branch of Service: \_\_\_\_\_
- b. Rank: \_\_\_\_\_
- c. Duty Status: \_\_\_\_\_
- d. Length of Service: \_\_\_\_\_

If yes from what dates? \_\_\_\_\_

Where did you serve:

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

If yes, have you experienced any trauma associated with that experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please recount any fearful or distressing experiences not previously mentioned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Legal

a. Pending Charges:

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

b. Arrests:

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

c. Convictions:

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

d. Jail/Prison:

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

Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

e. Probation:

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

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

f. Juvenile Detention/Probations:

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

**PSYCHOLOGICAL AND SOCIAL HISTORY SCREENING**

The questions on this next part of the questionnaire are concerned with the psychological and social areas where people sometimes have difficulty. Please answer all of the questions below to help us provide for you the best, most comprehensive health care we can.

Choose the response (circle it) that is closest to what you consider to be the most accurate for you. It is very important not to leave any questions blank.

**Very Dissatisfied**

**Very Satisfied**

1      2      3      4      5      6

1. How satisfied are you with your financial status over the last year?  
1      2      3      4      5      6
2. How satisfied are you with your current occupational status or condition?  
1      2      3      4      5      6
3. How satisfied are you with your current educational level?  
1      2      3      4      5      6
4. How satisfied are you with the way you spend your recreational or leisure time?  
1      2      3      4      5      6
5. How satisfied are you with the importance of religion in your life?  
1      2      3      4      5      6
6. How satisfied are you with your frequency of sexual activity over the past few months?  
1      2      3      4      5      6
7. How satisfied are you with your frequency of achieving sexual climaxes?  
1      2      3      4      5      6
8. How satisfied are you with your birth control methods?  
1      2      3      4      5      6
9. How satisfied are you with your sexual partner(s) in the past few months?  
1      2      3      4      5      6
10. How satisfied do you believe your sexual partner(s) is (are) with you in the last few months?  
1      2      3      4      5      6
11. How satisfied are you with your ability (or your partner's ability) to maintain an erection.  
1      2      3      4      5      6
12. How satisfied are you with how you use alcohol?  
1      2      3      4      5      6
13. How satisfied are other people in your life with you current alcohol drinking behavior?  
1      2      3      4      5      6
14. How satisfied are you with your use of non-prescribed drugs?  
1      2      3      4      5      6
15. How satisfied are other people in your life with your current non-prescribed drug behavior?  
1      2      3      4      5      6

**Answer Yes or No to the following Questions:**

16. Do you use Drugs or Alcohol use?  
Yes                      No
17. Do you have difficulty with behavior, yours or others?  
Yes                      No

18. Do you have difficulty in school or occupation?  
Yes                      No
19. Do you have sexual problems?  
Yes                      No
20. Do you have difficulty with friends?  
Yes                      No
21. Do you have repeated or long standing illness?  
Yes                      No
22. Do you have problems in your personal relationship?  
Yes                      No
23. Do you have legal difficulties?  
Yes                      No
24. Have you had any previous therapy, counseling or hospitalization for emotional problems?  
Yes                      No
25. Do you think of yourself as an anxious person?  
Yes                      No
26. Have you ever had a nervous breakdown, nervous exhaustion or severe depression?  
Yes                      No
27. Were you ever turned down or discharges from the military for any problems?  
Yes                      No
28. In the past few months, have you ever had thoughts of dying or ending your life?  
Yes                      No
29. Have you ever attempted to harm yourself or to end your life?  
Yes                      No
30. In the past few months have you been crying more than usual?  
Yes                      No
31. In the past few months have you experienced episodes of panic or fear?  
Yes                      No
32. Do you have any pending legal problems or lawsuits pending?  
Yes                      No
33. Do you wake up rested in the mornings?  
Yes                      No
34. Do you have difficulty falling asleep?  
Yes                      No
35. Are you a self-motivated individual?  
Yes                      No
36. When you begin something do you usually stick with it until completion?  
Yes                      No
37. Are there any problems or concern to you that were not mentioned in this questionnaire?  
Yes                      No

