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## PERSONAL QUESTIONNAIRE

Please fill out this questionnaire as **completely** as possible. The information it gives will be very important in helping me understand this child and many aspects of her life. The more time you put into completing these questions, the less time I will have to keep you in my office.

These questions are about children from a very young age to their late teens, and from kids who are pretty normal to those who have been in a lot of trouble. Because of this, many questions will seem inappropriate. Just answer them all as completely as you can.

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**Today's Date** \_\_\_\_\_

*Name of person filling out this form :* \_\_\_\_\_

*relationship to child:* \_\_\_\_\_

**What is child's full name?** \_\_\_\_\_

**Her date of birth?** \_\_\_\_/\_\_\_\_/\_\_\_\_ **her age?** \_\_\_\_

**Which hand does she favor?** *left-handed right-handed*

**Is she still in school?** *yes no* If so, which school? \_\_\_\_\_

**How far has she gotten in school?** \_\_\_\_\_

**Does this child work?** *yes no* if so: *full-time part-time volunteer*

**Her Social Security Number?** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Who sent this child to see Dr. Chapman?** \_\_\_\_\_

**Why is she being evaluated?** \_\_\_\_\_

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**Who will drive her to this appointment?** \_\_\_\_\_

If driven by someone else, what is their relationship to the child? \_\_\_\_\_

Where was she born? \_\_\_\_\_

Were her biological parents married? *yes no*

Which marriage was this for her father? \_\_\_\_\_ for her mother? \_\_\_\_\_  
(1st, 2nd, etc.) (1st, 2nd, etc.)

If yes, did they divorce? *yes no* How old was she when they separated/divorced? \_\_\_\_\_

Biological father: \_\_\_\_\_ Is child's father still alive? *yes no*  
(name)

What is his work status? *full-time part-time volunteer on leave unemployed disabled*

If employed, describe his job \_\_\_\_\_

Biological mother: \_\_\_\_\_ Is child's mother still alive? *yes no*  
(name)

What is her work status? *full-time part-time volunteer on leave unemployed disabled*

If employed, describe her job \_\_\_\_\_  
(city, state, county)

Normal pregnancy? *yes no* If not, what problems? \_\_\_\_\_

Normal birth? *yes no* If not, what problems? \_\_\_\_\_

At what age (in months) did she stand up? \_\_\_\_\_ Begin walking? \_\_\_\_\_ Talking? \_\_\_\_\_

At what age (in years) did she begin feeding her self? \_\_\_\_\_ Toilet training? \_\_\_\_\_

Was she adopted? *yes no* If yes, at what age? \_\_\_\_\_

Has she ever lived in a foster or group home? *yes no* If yes, from what age? \_\_\_\_\_

Who has legal custody of the child? *both parents mother father court DFACS other*

Have child protective services (such as DFACS) ever been involved with her care? *yes no*

List any step- or adoptive fathers she has had: \_\_\_\_\_ (more than 3? list on back of page)

name	best described as:
	helpful hurtful uninvolved never knew him
	helpful hurtful uninvolved never knew him
	helpful hurtful uninvolved never knew him

List any step- or adoptive mothers she has had: \_\_\_\_\_ (more than 3? list on back of page)

name	best described as:
	helpful hurtful uninvolved never knew her
	helpful hurtful uninvolved never knew her
	helpful hurtful uninvolved never knew her

**Please list her brothers and sisters:**

*(more than 5? list on back of page)*

name	sex	age	3 words to describe		
	<i>m f</i>		1.	2.	3.
	<i>m f</i>		1.	2.	3.
	<i>m f</i>		1.	2.	3.
	<i>m f</i>		1.	2.	3.
	<i>m f</i>		1.	2.	3.

**Please list any step- or half brothers and sisters:**

*(more than 5? list on back of page)*

name	sex	age	3 words to describe		
	<i>m f</i>		1.	2.	3.
	<i>m f</i>		1.	2.	3.
	<i>m f</i>		1.	2.	3.
	<i>m f</i>		1.	2.	3.
	<i>m f</i>		1.	2.	3.

**Other than the child, list family members who have had mental problems (including alcoholism) and their symptoms:**

Name: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Grandparents:

Parents:

Brothers/Sisters:

Cousins/Aunts/Uncles:

**Has she been hurt by things deliberately said to her by a family member?** *yes no* **If yes, give examples:**

**Has she ever been hit, cut, burned or deliberately hurt physically by a family member?** *yes no* **If yes, give examples:**

**Has she ever been forced to have sexual activity?** *yes no* **If yes, by whom:**

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**Is she in school now?** *yes no* **If yes, what grade?** \_\_\_\_\_ **which school?** \_\_\_\_\_

**List her best courses in school:** \_\_\_\_\_

**List her worst courses:** \_\_\_\_\_

**What were her grades in her last year?** \_\_\_\_\_

**Has she repeated any grades?** *yes no* **If so, which one(s)?** \_\_\_\_\_

**Has she taken special ed or resource classes?** *yes no* **If yes, describe** \_\_\_\_\_

**How does she feel about school?** \_\_\_\_\_

**How does she get along with teachers?** \_\_\_\_\_

**Has she ever been suspended or expelled from school?** *yes no* **If so, why?** \_\_\_\_\_

**If she is no longer in school:**

How far did she get in school? \_\_\_\_\_

Why did she leave school? \_\_\_\_\_

**Has she ever had sex?** *yes no don't know*    **Has she ever produced a child?** *yes no*

**If so, list all children she has produced:**

*(more than 3? list on back of page)*

name of child	age	sex	who has custody?	who is the other parent?	list mental problems, if any
		<i>m f</i>			
		<i>m f</i>			
		<i>m f</i>			

**Has she ever been charged with abusing a child?** *yes no* **If yes, when?** \_\_\_\_\_

Who was allegedly abused? \_\_\_\_\_

What supposedly happened? \_\_\_\_\_

**Does she have a driver's license?** *yes no*

**List any jobs she has had, including volunteer or temporary jobs, *BEGINNING WITH HER LAST JOB***

employer	position	dates worked		reason for terminating
		from	to	
				quit   relocated   laid off   job ended   fired   other _____
				quit   relocated   laid off   job ended   fired   other _____
				quit   relocated   laid off   job ended   fired   other _____
				quit   relocated   laid off   job ended   fired   other _____

**Has she ever been injured on a job?** *yes no* **If yes, give name of employer, date of injury, and type of injury:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has she ever been a patient in a psychiatric facility?** *yes no* **If yes,** please list with reasons and approximate dates:

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**Has she ever seen a mental health professional?** *yes no* **If yes,** list below. *(more than 5? list on back of page)*

name (if known)	kind of doctor or counselor (see * below)	dates from/to	reason for treatment

\*Examples of mental health professionals: psychiatrists (MD), psychologists (PhD, PsyD), social workers (LCSW, MSW), counselors (LPC), pastoral counselors (DDiv, MDiv)

**List psychiatric (nerve) medications she is currently taking (including ritalin). Copy directly from medicine label:**

name of medication:	what does she take it for?	how much does she take (mg.)?	how many does she take every day?	who prescribed it to her ?

**Has she ever attempted suicide or any other self-harm?** *yes no* If so, when and what did she do? \_\_\_\_\_

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<b>Has she used the following:</b>	<b>ever?</b>	<b>in the last year?</b>	<b>in the last week?</b>
<i>Alcohol:</i> wine, beer, whiskey	yes no	yes no	yes no
<i>Amphetamines:</i> speed, meth, ice, diet pills	yes no	yes no	yes no
<i>Caffeine:</i> coffee, tea, sodas	yes no	yes no	yes no
<i>Cannabis:</i> marijuana, "pot," THC	yes no	yes no	yes no
<i>Cocaine:</i> crack	yes no	yes no	yes no
<i>Hallucinogens:</i> LSD, "acid," Ecstasy, mescaline	yes no	yes no	yes no
<i>Inhalants:</i> glue, aerosols, gasoline, butane	yes no	yes no	yes no
<i>Nicotine:</i> cigarettes, cigars, snuff, chewing tobacco	yes no	yes no	yes no
<i>Opioids:</i> heroin, morphine, fentanyl	yes no	yes no	yes no
<i>Phencyclidine:</i> PCP, TCP, Tranq, Angel Dust	yes no	yes no	yes no
<i>Sedatives:</i> tranquilizers, barbiturates	yes no	yes no	yes no
<i>other:</i> (name)	yes no	yes no	yes no

**Has she ever been arrested?** *yes no* If yes, please list charges and approximate dates:

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**Has she ever harmed or caused the death of another person?** *yes no*

**Is she on probation?** *yes no* If yes, who is the probation officer? \_\_\_\_\_  
name phone number

**Has she ever been in detention** (such as RYDC)? *yes no* If yes, give reasons and dates: \_\_\_\_\_

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**Has she ever been in boot camp?** *yes no* If yes, give reasons and dates: \_\_\_\_\_

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**Has she ever been at a residential therapeutic program like OTP?** *yes no* If yes, when? \_\_\_\_\_

**Has she ever been a patient in a medical hospital?** *yes no* If yes, please list with reasons and approximate dates:

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**Has she ever been injured?** *yes no* If yes, please describe with approximate dates: \_\_\_\_\_

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**List any other medical or health problems she has had:** \_\_\_\_\_

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**Has she ever been knocked out (unconscious) by an accident, injury or drug?** *yes no* If yes, give dates and descriptions:

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**Check all of the events below that have happened to her within the last year:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> death of a family member                 | <input type="checkbox"/> fired from job                    | <input type="checkbox"/> no health insurance             |
| <input type="checkbox"/> serious health problems in family member | <input type="checkbox"/> quit job                          | <input type="checkbox"/> medical treatment not available |
| <input type="checkbox"/> became engaged                           | <input type="checkbox"/> threat of loss of job             | <input type="checkbox"/> can't get to hospital or doctor |
| <input type="checkbox"/> became married                           | <input type="checkbox"/> problems with work schedule       |  |
| <input type="checkbox"/> learned of infidelity                    | <input type="checkbox"/> not trained for job               | <input type="checkbox"/> arrested                        |
| <input type="checkbox"/> parents separated                        | <input type="checkbox"/> don't like job                    | <input type="checkbox"/> in jail or prison               |
| <input type="checkbox"/> parents divorced                         | <input type="checkbox"/> took new job                      | <input type="checkbox"/> victim of crime                 |
| <input type="checkbox"/> parent forced to leave home              | <input type="checkbox"/> fights with boss                  | describe: _____  |
| <input type="checkbox"/> sexual abuse                             | <input type="checkbox"/> fights with others on job         | _____  |
| <input type="checkbox"/> physical abuse                           |  |  |
|   | <input type="checkbox"/> homeless                          | <input type="checkbox"/> tornado, hurricane, or flood    |
| <input type="checkbox"/> death or loss of a friend                | <input type="checkbox"/> crime in neighborhood             | <input type="checkbox"/> war or terrorist activity       |
| <input type="checkbox"/> no one to talk to                        | <input type="checkbox"/> fights with neighbors             |  |
| <input type="checkbox"/> live in strange country                  | <input type="checkbox"/> fights with other kids            | <input type="checkbox"/> other (describe) _____          |
| <input type="checkbox"/> discriminated against                    |  | _____  |
|   | <input type="checkbox"/> family bankrupt, no money         | _____  |
| <input type="checkbox"/> new school                               | <input type="checkbox"/> called by collection agents       | _____  |
| <input type="checkbox"/> failing classes                          | <input type="checkbox"/> not getting child support/alimony |  |
| <input type="checkbox"/> fights with teachers                     | <input type="checkbox"/> not getting welfare payments      |  |
| <input type="checkbox"/> fights with classmates                   |  |  |
| <input type="checkbox"/> threatened at school                     |  |  |
| <input type="checkbox"/> can't read or write well                 |  |  |

Where does he/live? \_\_\_\_\_  
(city, county, state)

What kind of dwelling? *house apartment mobile home homeless*

List all the people who live with her now:

(more than 7? list on back of page)

name	relationship to her	sex	age	are they <i>helpful, hurtful, uninvolved?</i>
		<i>m f</i>		

List all the things she does in an average day, in order:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

- 11 \_\_\_\_\_
- 12 \_\_\_\_\_
- 13 \_\_\_\_\_
- 14 \_\_\_\_\_
- 15 \_\_\_\_\_
- 16 \_\_\_\_\_
- 17 \_\_\_\_\_
- 18 \_\_\_\_\_
- 19 \_\_\_\_\_
- 20 \_\_\_\_\_

- 21 \_\_\_\_\_
- 22 \_\_\_\_\_
- 23 \_\_\_\_\_
- 24 \_\_\_\_\_
- 25 \_\_\_\_\_
- 26 \_\_\_\_\_
- 27 \_\_\_\_\_
- 28 \_\_\_\_\_
- 29 \_\_\_\_\_
- 30 \_\_\_\_\_

Think about her ability to do each of the activities listed. Place a check in one of the four boxes to the right of every activity listed.

		<i>can do it</i>			<i>can't do it</i>
		<i>by himself</i>	<i>when told</i>	<i>with help</i>	
walks	1				
uses doorknobs	2				
climbs on play equipment	3				
uses scissors	4				
catches a ball	5				
rides a two-wheeled bike	6				
uses a key in a lock	7				
uses a computer keyboard	8				
plays an organized sport	9				
learns a musical instrument	10				
learns a dance of several steps	12				
uses power tools safely	14				
drives an automobile	16				
designs and builds projects	18				
calls people by 1st name	1				
says her own name, 1st and last	2				
uses words "but" and "or" correctly	3				
tells a story	4				
recites the alphabet completely	5				
reads stories aloud	6				
writes 3-word sentences	7				
puts words in alphabetical order	8				
writes in cursive	9				
uses a dictionary	10				
addresses envelopes	12				
reads adult newspaper stories	14				
writes business letters	16				
communicates long-range goals	18				

		<i>can do it</i>			<i>can't do it</i>
		<i>by himself</i>	<i>when told</i>	<i>with help</i>	
drinks from a cup or glass	1				
uses the toilet	2				
dresses her self	3				
looks before crossing the street	4				
ties her shoelaces	5				
knows the current day of the week	6				
knows the values of coins	7				
can make emergency phonecalls	8				
tells time from a clock	9				
uses cleaning products	10				
mixes and cooks foods	12				
saves to buy personal item	14				
cleans her room	16				
uses a checking account	18				
laughs or smiles appropriately	1				
plays a game with another child	2				
tells of scared or angry feelings	3				
follows rules	4				
apologizes	5				
has a best friend	6				
makes or buys gifts for others	7				
returns borrowed items	8				
keeps secrets appropriately	9				
uses table manners	10				
remembers others' birthdays	12				
has a hobby	14				
makes and keeps appointments	16				
goes on dates	18				