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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 you and many aspects of your life. The more time you put into completing these questions, the less time I will have to keep you in my office.

If the person being evaluated is a child or cannot read or write, please answer the questions as the other person would.

Today's Date _____

*If you are filling this out for another:*

your name: _____ relationship to him/her: _____

**What is your full name?** _____

**Your date of birth?** _____/_____/_____ **Your age?** _____ **Your gender?** *male female*

**Which hand do you favor?** *left-handed right-handed*

**What is your marital status?** *single married separated divorced widowed*

**Are you still in school?** *yes no*

**How far have you gotten in school?** _____

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

**Your Social Security Number?** _____-_____-_____

**Who sent you to see Dr. Chapman?** _____

**Why are you being evaluated?** _____

_____

**Who will drive you to this appointment?** _____

If driven by another, what is their relationship to you? _____

**Where were you born?** _____
(city, state, county)

**Normal pregnancy?** *yes no* If not, what problems? _____

**Normal birth?** *yes no* If not, what problems? _____

Is your **father** still alive? *yes no* Is your **mother**? *yes no* Were they married? *yes no*

If yes, did they divorce? *yes no* How old were you when they separated/divorced? _____

**Biological father**:_____ Which marriage was this for him? _____
(name) (1st, 2nd, etc.)

Give three words or phrases that describe him:

1_____

2_____

3_____

**Biological mother**:_____ Which marriage was this for her? _____
(name) (1st, 2nd, etc.)

Give three words or phrases that describe her:

1_____

2_____

3_____

**Were you adopted?** *yes no* If yes, at what age? _____

List any **step-** or **adoptive fathers** you have 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** you have 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 your brothers and sisters:** (*more than 6? list on back of page*)

| name | sex | age | 3 words to describe |
|---|---|---|---|
| | *m f* | | 1. 2. 3. |
| | *m f* | | 1. 2. 3. |
| | *m f* | | 1. 2. 3. |
| | *m f* | | 1. 2. 3. |
| | *m f* | | 1. 2. 3. |
| | *m f* | | 1. 2. 3. |

**Please list any step- or half brothers: and sisters:** (*more than 4? list on back of page*)

| name | sex | age | 3 words to describe |
|---|---|---|---|
| | *m f* | | 1. 2. 3. |
| | *m f* | | 1. 2. 3. |
| | *m f* | | 1. 2. 3. |
| | *m f* | | 1. 2. 3. |

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

| | Name: | Symptoms: |
|---|---|---|
| Grandparents: | _____ | _____ |
| | _____ | _____ |
| Parents: | _____ | _____ |
| | _____ | _____ |
| Brothers/Sisters: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

**Have you ever been hurt by things deliberately said to you by a family member?** *yes no* If yes, give examples:

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

**Have you ever been forced to have sexual activity you didn't want?** *yes no* If yes, by whom:

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**How far have you gotten in school?** _____ **Did you receive a diploma?** *yes no* a GED? *yes no*

**Your last few years in school:**

what were your best courses: _____

what were your worst courses: _____

what were your grades: _____

**Have you repeated any grades?** *yes no* If so, which one(s)? _____ Why? _____

**Did you take special ed or resource classes?** *yes no* If so, why? _____

**Have you ever been suspended or expelled from school?** *yes no* If so, explain briefly:

**Are you in school now?** *yes no* If yes, what grade? _____ which school?_____

**If you are no longer in school,** why did you stop? _____

_____

**List persons to whom you've been married**: (*more than 4? list on back of page*)

| name of spouse | from | to | number of children from this marriage | spouse abusive? | if ended, state reason: |
|---|---|---|---|---|---|
| | \ \ | \ \ | | *yes no* | |
| | \ \ | \ \ | | *yes no* | |
| | \ \ | \ \ | | *yes no* | |
| | \ \ | \ \ | | *yes no* | |

**If you were abused by any spouse or significant other,** past or present, please describe: _____

_____

**Have you ever been charged with abusing a child?** *yes no* If yes, when and what were the charges?_____

_____

**List all children you have produced**: (*more than 8? list on back of page*)

| name of child | age | sex | do you have custody? | how often do you see him/her? | list mental problems, if any |
|---|---|---|---|---|---|
| | | *m f* | *yes no* | | |
| | | *m f* | *yes no* | | |
| | | *m f* | *yes no* | | |
| | | *m f* | *yes no* | | |
| | | *m f* | *yes no* | | |
| | | *m f* | *yes no* | | |
| | | *m f* | *yes no* | | |
| | | *m f* | *yes no* | | |

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

_____

_____

**Have you ever seen a psychiatrist, counselor or psychologist?** *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 you are currently taking (copy directly from label):**

| name of medication: | what do you take it for? | how much do you take (mg.)? | how many do you take every day? | who prescribed it to you? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Have you ever attempted suicide or any other self-harm?** *yes no* If so, when and what did you do? _____

_____

_____

_____

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

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

_____

_____

**Have you ever harmed or caused the death of another person?** *yes no*

**Are you on probation?** *yes no* If yes, who is your probation officer? _____ _____
name phone number

**Are you currently involved in a lawsuit?** *yes no* If yes, please state who is suing whom, and describe the allegations:

_____

_____

_____

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

____ death of a family member
____ serious health problems in family member
____ became engaged
____ became married
____ had an affair
____ learned of infidelity
____ separated
____ divorced
____ forced to leave home
____ sexual abuse
____ physical abuse

____ live alone
____ loss of a friend
____ death of a friend
____ no one to talk to
____ live in strange country
____ discriminated against
____ retired

____ can't read or write well
____ failing classes
____ fights with teachers
____ fights with classmates
____ threatened at school

____ unemployed
____ fired from job
____ quit job
____ threat of loss of job
____ problems with work schedule
____ not trained for job
____ don't like job
____ took new job
____ fights with boss
____ fights with others on job

____ homeless
____ crime in neighborhood
____ fights with neighbors
____ fights with landlord

____ no money, bankrupt
____ months behind on bills
____ called by collection agents
____ not getting child support/alimony
____ not getting welfare payments
____ no health insurance
____ medical treatment not available
____ can't get to hospital or doctor

____ arrested
____ in jail or prison
____ being sued
____ suing someone
____ victim of crime
describe:_____
_____

____ tornado, hurricane, or flood
____ war or terrorist activity

____ other (describe) _____
_____
_____

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

**Have you ever been injured on the job?** *yes no* If yes, please describe with approximate dates: _____

**List any other medical or health problems you have now**: _____

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

**What is your work status now:** *employed full-time* *employed part-time* *volunteering* *unemployed*

**List all jobs you have had in the last 10 years, including volunteer or temporary jobs, *BEGINNING WITH YOUR LAST JOB***

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

**When did you last work?** *date*: _____/_____/_____

**What is the longest time you've ever been employed?** _____ *years* The last year you held this job? _____

Employer _____ Position _____

**List examples of any tasks you cannot do on your job due to disability:** _____

_____

**List all sources of money you have available to you now:** _____

_____

**Where do you live**? _____ **What kind of dwelling**? *house* *apartment* *mobile home* *homeless*
(city, county, state)

**List all the people who live with you now:**

| name | relationship to you | sex | age | are they helpful, hurtful, uninvolved? |
|---|---|---|---|---|
| | | *m f* | | |
| | | *m f* | | |
| | | *m f* | | |
| | | *m f* | | |
| | | *m f* | | |
| | | *m f* | | |
| | | *m f* | | |

List all the things you do in an average day, **in order**:

1 _____ 11 _____ 21 _____

2 _____ 12 _____ 22 _____

3 _____ 13 _____ 23 _____

4 _____ 14 _____ 24 _____

5 _____ 15 _____ 25 _____

6 _____ 16 _____ 26 _____

7 _____ 17 _____ 27 _____

8 _____ 18 _____ 28 _____

9 _____ 19 _____ 29 _____

10 _____ 20 _____ 30 _____

**Think about your ability to do each activity listed. Place a check in one of the four boxes on the right side of the page for every activity listed. Note that if you do not do an activity because you don't have any interest in it, check the first box: "can do it, but choose not to."**

| ACTIVITY | can do it, but choose not to | can do it by myself | can do it, but only with help | can't do it at all |
|---|---|---|---|---|
| wake myself up in morning | | | | |
| bathe myself | | | | |
| groom myself (shave, brush teeth & hair, etc) | | | | |
| choose my clothing | | | | |
| dress myself | | | | |
| plan meals | | | | |
| shop for food | | | | |
| prepare meals | | | | |
| do dishes | | | | |
| pick up around my home | | | | |
| clean living room, den, bedrooms | | | | |
| clean bathrooms | | | | |
| clean my car | | | | |
| mow the lawn | | | | |
| do weeding, mulching | | | | |
| plant a garden | | | | |
| remove snow from walk/driveway | | | | |
| paint or repair home | | | | |
| drive to local appointments | | | | |
| drive to visit local friends/family | | | | |
| drive out of town | | | | |
| watch children in home | | | | |
| provide discipline for children | | | | |
| shop for family (clothing, supplies) | | | | |
| pay bills | | | | |
| keep a budget | | | | |
| save money for vacations, gifts | | | | |

| ACTIVITY | can do it, but choose not to | can do it by myself | can do it, but only with help | can't do it at all |
|---|---|---|---|---|
| do hobbies, crafts | | | | |
| go to church | | | | |
| visit friends/family | | | | |
| go out for meals | | | | |
| go to movies, go to sporting events | | | | |
| go to parks, amusement centers | | | | |
| light athletics: hiking, golf, etc. | | | | |
| vigorous athletics: skiing, tennis, etc. | | | | |
| watch TV programs | | | | |
| concentrate on TV programs | | | | |
| read books, magazines | | | | |
| understand books, magazines | | | | |
| have conversations with family/friends | | | | |
| understand conversations with family/friends | | | | |
| follow written directions to unfamiliar places | | | | |
| remember names of people I meet once | | | | |
| remember names of friends | | | | |
| plan for the future | | | | |
| change my way of living when I need to | | | | |

**Now, make sure you've checked one box for each activity.**