

Clarity Psychological Services

Adult Questionnaire

All information on this form is considered strictly confidential

Name: _____

Date: _____

DOB: _____

Age: _____

How did you hear about us?

What problem or situation motivated you to seek therapy at this time?

How distressing is this issue for you (on a scale of 1-10: 1=not distressing, 10=most distressing)? _____

How does this affect your ability to function occupationally, socially, emotionally, and spiritually?

How long have you been experiencing distress about this issue? _____

What have you tried already to deal with this problem or situation? _____

This is how I cope with stress in my life:

This is how I avoid dealing with problems in my life:

What significant life changes or stressful events have you experienced recently? :

What do you hope to be different in your life when you complete therapy?

What do you like most about your life right now?

Ethnic Background (American Indian, African American, German, Irish, Asian

American, etc.) _____

1. Family History

In the section below, please indicate whether a family member has a history of any of the following issues.

	Please Check	List Family Members
Alcohol/substance abuse		
Anxiety		
Depression		
Sexual Abuse		
Domestic Abuse		
Suicide Attempts		
Schizophrenia		
Obsessive Compulsive Disorder		
Addictions		

Who were the primary people who raised you? _____

Please describe what it was generally like for you growing up: _____

Father's occupation during your teen years: _____

Age (if living): _____ Where living: _____

Please describe your father's personality: _____

Mother's occupation during your teen years: _____

Age (if living): _____ Where living: _____

Please describe your mother's personality: _____

List your brothers and sisters (including step-siblings), their ages and where they live:

Name	Age	Where living
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are currently living with your spouse or with someone with whom you are having a relationship, how well do you get along with this person? _____

Age of this person: _____ Occupation of this person: _____

How many times have you been married? _____

Please list the name(s) of your spouse(s) and the date(s) of your marriage(s):

Spouse's name	Date of Marriage	Date you separated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the name(s) of your live-in partner(s) and the date(s) of these relationship(s):

Partner's name	Date began together	Date you separated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe any problems that exist between people in your home: _____

Please list the names of your children who are living and not living with you including your current spouse/partner's children. Please provide age, grade in school or occupation, and where the child lives.

Name	Age	Grade	Where living
_____	_____	_____	_____
_____	_____	_____	_____

2. Medical History

Medical concerns in the last year: _____

Chronic illnesses: _____

Surgeries: _____

Disabilities: _____

Please list the medications you are taking:

<i>Medication</i>	<i>Reason Prescribed</i>	<i>Who Prescribed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Psychological History

Current psychological medications/dosages:

Have you ever been in therapy or received treatment for emotional problems? *(If yes, please list the reason, provider, place, and dates of therapy)* _____

Have you ever been hospitalized for emotional problems? *(If yes, please list the reason, hospital, place, and dates)* _____

4. Abuse Issues

Please indicate (√) areas of abuse *that you have encountered*: (☐ Not Applicable)

	Past	Current
Physical Abuse		
Sexual Abuse		
Verbal Abuse		
Emotional Abuse		
Physical Neglect		
Emotional Neglect		

Please indicate (√) areas of *abuse by you*: (Not Applicable)

	Past	Current
Physical Abuse		
Sexual Abuse		
Verbal Abuse		
Emotional Abuse		

5. Chemical Use

How much alcohol do you drink in an average week? _____

Has drinking ever interfered with your work or daily activities? _____

Have you ever received a DUI? _____

How often do you use drugs?

Never _____ Once a month _____ Several times a week _____ Once a week _____

Daily _____

Please list the drugs you have used, the frequency, and the last date used:

<i>Drug</i>	<i>Frequency</i>	<i>Date last used</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has using drugs ever interfered with your work or daily activities? _____

Has anyone ever complained that you drank or used drugs excessively? _____

6. Social History

How many close friends do you have at this time? _____

Approximately how many contacts do you have with these friends? (Check one)

Daily 3-5 times per week Weekly 2x per month Monthly

Current living situation: Apartment House

Others living with you: Spouse Significant Other Children Parent(s)

Other _____

Recreation, Hobbies, Interests, Talents: _____

7. Educational Issues

Problems during school: _____

Learning disabilities: _____

Post High School Education: (college, technical school, graduate school)

8. Employment History

Are you currently employed? _____

How would you rate your present job satisfaction?

____ Terrible ____ Poor ____ Average ____ Good ____ Excellent

9. Miscellaneous

Have you ever had any legal problems such as arrests, convictions, probation? (if yes, please describe): _____

Have you ever been in the military? (If yes, please describe):

What do you consider to be some of your strengths?

What do you consider to be some of your weaknesses?

List past and present religious affiliation(s)/spiritual involvement(s)

Do you consider yourself spiritual or religious? _____