

ADULT QUESTIONNAIRE

In order for us to be able to fully evaluate you, please fill out the following questionnaire to the best of your ability. We realize there may be information that you do not remember or have access to; however, the more information that you can procure, the more thorough the evaluation. Thank you!

CLIENT INFORMATION

Name: _____ Age: _____ Date: _____
Birth Date: _____ Gender: _____
Religion: _____ Marital Status: _____
Ethnicity: _____ Children: _____

PURPOSE OF THE EVALUATION

(Please give a brief summary of the main issues which prompted your request for testing.)

PRIOR EVALUATIONS/INTERVENTIONS (Please include contact with other professionals, medications, types of treatment, etc. Please forward via mail or fax 415-421-4183 any prior evaluations and/or reports.)

FAMILY STRUCTURE/HISTORY (With whom do you currently live?)

SIGNIFICANT DEVELOPMENTAL EVENTS (include marriages, separations, divorces, deaths, traumatic events, abuse, etc.)

CURRENT RELATIONAL SITUATION

How long have you been married?

Never married _____
Separated _____
Divorced _____
Widowed _____
Married for _____ years _____

How stable is your current relationship?

Stable _____
Unstable _____

EMPLOYMENT HISTORY (Summarize jobs you've had; list most favorite and least favorite.)

Any work related problems? _____
What would your employers or supervisors say about you? _____

Military history: _____

Any legal problems? _____

MEDICAL HISTORY

Current medical problems/medications: _____

Prescribing Physician: _____

Past medical problems/medications: _____

Any history of head trauma? (describe): _____

Date of last vision exam: _____
Date of last hearing test: _____

Ever had any seizures or seizure-like activity? _____

Any periods of spaciness or confusion? _____

ALCOHOL AND DRUG HISTORY (Please list age started and types of substances used through the years and any current usage. Also, describe how each of these substances made you feel [what benefit you got from them]. These include alcohol [hard liquor, beer, wine]; marijuana or hash; prescription tranquilizers or sleeping pills; inhalants [glue, gasoline, cleaning fluids, etc.]; cocaine or crack; amphetamines, crank, or ice; steroids; opiates [heroin, codeine, morphine, or other pain killers]; barbiturates; hallucinating drugs [LSD, mescaline, mushrooms, PCP]).

Ever experience withdrawal symptoms from alcohol or drugs? _____

Has anyone told you they thought you had a problem with drugs or alcohol? _____

Have you ever felt guilty about your drug or alcohol use? _____

Have you ever felt annoyed when someone talked to you about your drug or alcohol use? _____

Have you ever used drugs or alcohol first thing in the morning? _____

Caffeine use per day (coffee, tea, sodas, chocolate, etc.) _____

Nicotine use per day; past and present (cigarettes, cigars, tobacco chew, etc.): _____

Circle symptoms that apply to you:
Restlessness, nervousness, excitability, insomnia, flushed face, frequent urination, upset stomach, muscle twitching, rambling thoughts or speech, heart pounding or racing, easily fatigued, irritability.

BIOLOGICAL MOTHER'S HISTORY Age: _____ Type of outside work: _____
School: Highest grade completed: _____
Learning Problems (specify): _____

Has mother ever sought psychiatric treatment? _____ Yes _____ No _____
If yes, for what purpose? _____

Mother's alcohol/drug use history: _____
Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify): _____

BIOLOGICAL FATHER'S HISTORY Age: _____ Type of outside work: _____
School: Highest grade completed: _____
Learning problems (specify): _____

Has father ever sought psychiatric treatment? _____ Yes _____ No _____
If yes, for what purpose? _____

Father's alcohol/drug use history: _____
Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify): _____

BIRTH AND POSTNATAL PERIOD

Birth weight: _____ Length: _____ Labor duration: _____
Delivery: vaginal: _____ C-Section: _____ Problems: _____
APGAR scores (if known): _____ Any jaundice? Yes: _____ No: _____
Time in hospital: _____ Any other complications? _____

MOTOR DEVELOPMENT: (Please write in age; parentheses are approximate normal limits.)

Rolls over (3-5m): _____ Sit without support (5-7m): _____ Crawls (5-8m): _____
Walks well (11-16m): _____ Runs well (2y): _____ Rides tricycle (3y): _____
Throws ball overhand (4y): _____ Current level of activity: _____
Fine and gross motor coordination: _____

As compared to peers: _____

LANGUAGE DEVELOPMENT:

Several words besides dada, mama (1y): _____

Name several objects - ball, cup (15m): _____

Three words together-subject, verb, object (24m): _____

Vocabulary: _____ Articulation: _____ Comprehension: _____

As compared to peers: _____

SOCIAL DEVELOPMENT:

Smile (2m): _____ Shy with strangers (6-10m): _____

Separates from mother easily (2-3y): _____

Cooperative play with others (4y): _____

Early peer interactions: _____

Current peer interactions: _____

Hobbies/interests: _____

SOCIAL HISTORY

1.) How do you get along with siblings?

Don't have any:

Better than average:

Average:

Worse than average:

Don't know:

2.) How easily do you make friends?

Don't have any:

Better than average:

Average:

Worse than average:

Don't know:

3.) On the average, how long do you keep friendships?

Less than 6 months:

6 months – 1 year:

More than one year:

Don't know:

SCHOOL HISTORY

If applicable, please note the following:

Current school:

Current grade:

School contact:

Phone:

If applicable, please note the following:

Number of schools attended:

Please name the schools, and summarize your progress & school performance (i.e., A's & B's, G.P.A., grade ranges, etc.) within each of the following grade levels:

Grades 1 through 3:

_____ Grades 4 through 6: _____

_____ Grades 7 through 12: _____

_____ College (Undergrad. & Grad.): _____

_____ Homework problems: _____

_____ Specific learning disabilities: _____

_____ Strengths: _____

_____ Motivation: _____

TREATMENT HISTORY

1.) Have you ever been in any type of special education program? If so, how long?

Learning disabilities class: _____

Duration of placement: _____

Behavioral/emotional disorders class: _____

Duration of placement: _____

Resource Room: _____

Duration of placement: _____

Speech and language therapy: _____

Duration of therapy: _____

Other (Please specify): _____

Duration: _____

2.) Any additional instructional modifications were attempted?

Behavior modification Program: _____

Daily/Weekly report card: _____

Other (Please specify): _____

3.) Have you ever been:

Suspended from school
Number of suspensions
Expelled from school
Number of expulsions
Retained in grade
Number of retentions

4.) Have you ever had any of the following forms of psychological treatment? If so, how long did it last?

Individual psychotherapy:
Duration of therapy:
Group psychotherapy:
Duration of therapy:
Family therapy with child:
Duration of therapy:
Inpatient evaluation:
Duration of inpatient stay:
Residential treatment:
Duration of placement:

5.) Have you ever been prescribed any of the following? (0 = No, 1 = Yes)

Tranquilizers:
Duration of use:
Ritalin:
Duration of use:
Anticonvulsants:
Duration of use:
Dexedrine:
Duration of use:
Antihistamines:
Duration of use:
Cylert:
Duration of use:
Other prescription drugs (Please specify):
Duration of use:

6.) Have any of the following stressful events occurred within the past 12 months?

Divorced or separated
Family accident or illness
Death in family
Changed job

Changed schools
Family moved
Family financial problems
Other (Please specify)

OTHER CONCERNS

1.) Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)

Fidgets	_____	Shifts from one activity to another	_____
Difficulty remaining seated	_____	Difficulty playing quietly	_____
Easily distracted	_____	Often talks excessively	_____
Difficulty awaiting turn	_____	Often interrupts or intrudes on others	_____
Often blurts out answers to questions before they have been completed	_____	Often does not listen	_____
Difficulty following instructions	_____	Often loses things	_____
Difficulty sustaining attention	_____	Often engages in physically dangerous activities	_____

*When did these problems begin? (Specify age): _____

2.) Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)

Often loses temper _____

Often argues _____

Often actively defies or refuses requests or rules _____

Often deliberately does things that annoy other people _____

Often blames others for own mistakes _____

Is often touchy or easily annoyed by others _____

Is often angry or resentful _____

Is often spiteful or vindictive _____

Often swears or uses obscene language _____

*When did these problems begin? (Specify age): _____

3.) Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)

Stolen without confrontation _____

Run away from home at least twice _____

Lies often _____

Deliberate fire-setting _____

Often truant _____

Breaking and entering _____

Destroyed others' property _____

Cruel to animals _____

Forced someone else into sexual activity _____

Used a weapon in a fight _____

Often initiates physical fights _____

Stolen with confrontation _____

Physically cruel to people _____

*When did these problems begin? (Specify age): _____

4.) Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)

Unrealistic and persistent worry about possible harm to attachment figures
Unrealistic and persistent worry that a calamitous event will separate the
child from attachment figure
Persistent school refusal
Persistent refusal to sleep alone
Persistent avoidance of being alone
Repeated nightmares regarding separation
Somatic complaints
Excessive distress in anticipation of separation from attachment figure
Excessive distress when separated from home or attachment figure

*When did these problems begin? (Specify age):

5.) Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)

Unrealistic worry about future events
Unrealistic concern about appropriateness of past behavior
Unrealistic concern about competence
Somatic complaints
Marked self-consciousness
Excessive need for reassurance
Marked inability to relax

*When did these problems begin? (Specify age):

6.) Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)

Depressed or irritable mood most of day, nearly every day
Diminished pleasure in activities
Decrease or increase in appetite associated with possible failure to make
weight gain
Insomnia or hypersomnia nearly every day
Psychomotor agitation or retardation
Fatigue or loss of energy
Feelings of worthlessness or excessive inappropriate guilt
Diminished ability to concentrate
Suicidal ideation or attempt

*When did these problems begin? (Specify age):

7.) Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)

Depressed or irritable mood for most of the day for 1 year
Poor appetite or overeating
Insomnia or hypersomnia
Low energy or fatigue
Low self-esteem
Poor concentration or difficulty making decisions
Feelings of hopelessness
Never without symptoms for more than 2 months over a one-year period

*When did these problems begin? (Specify age):

8.) Have you exhibited any of the symptoms below? (0 = No; 1 = Yes)

Stereotyped mannerisms
Odd postures
Excessive reaction to noise or fails to react to loud noises
Overreacts to touch
Compulsive rituals
Motor tics
Vocal tics

9.) Have you exhibited any of the symptoms below? (0 = No; 1 = Yes)

Loose thinking (e.g., tangential ideas, circumstantial speech)
Bizarre ideas (e.g., odd fascinations, delusions, hallucinations)
Disoriented, confused, staring, or "spacy"
Incoherent speech (mumbles, jargon)

10.) Have you exhibited any of the symptoms below? (0 = No; 1 = Yes)

Excessive lability without reference to environment
Explosive temper with minimal provocation
Excessive clinging, attachment, or dependence on adults
Unusual fears
Strange aversions
Panic attacks
Excessively constricted or bland affect
Situationally inappropriate emotions

11.) Have you exhibited any of the symptoms below? (0 = No; 1 = Yes)

Little or no interest in peers
Significantly indiscreet remarks
Initiates or terminates interactions inappropriately
Qualitatively abnormal social behavior
Excessive reaction to changes in routine
Abnormalities of speech
Self-mutilation