BEHAVIORAL HEALTH INSTITUTE
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ADULT HISTORY QUESTIONNAIRE

IDENTIFICATION

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ DATE OF BIRTH: _____

_____ SEX: ☐Male ☐Fe AGE: _____

EDUCATION: _____ HOME PHONE: _____

OCCUPATION: _____ WORK PHONE: _____

ETHNIC BACKGROUND: _____ CELL PHONE: _____

REFERRED BY: _____ RELIGION: _____

SOCIAL SECURITY #: _____ CURRENTLY WORKING? ☐No ☐Yes

STATUS: ☐FT ☐PT ☐Other_____

CURRENT PROBLEM

1. Please briefly describe the major problem for which you are seeking help: _____
_____
2. How long have you had this problem?_____
3. What other problems would you like help with? _____
_____
4. Have you ever seen a counselor of any kind before? ☐No ☐Yes -- When, and for what reason? _____
_____
5. What led you to seek help at this time?_____
_____
6. What is the likelihood that you will achieve your goal?
☐Not at all likely ☐Slight possibility ☐Good chance ☐Probably ☐Very likely

7. Who else knows that you have this problem?_____

PROBLEM CHECKLIST

Please check each of the items below that you have experienced recently:

☐difficulty concentrating	☐feel like harming myself	☐headaches	☐financial problems
☐confused thoughts	☐the future looks grim	☐chronic illness	☐family problems
☐disturbing thoughts	☐tire easily and often	☐chronic pain	☐relationship problems
☐seeing things that aren't there	☐difficulty sleeping	☐feel angry	☐work problems
☐hearing things	☐loss of appetite	☐feel violent	☐marital problems
☐trouble with my memory	☐feel lonely	☐use of alcohol or drugs	☐eating disorder
☐distrustful of others	☐feel useless	☐poor social life	☐overweight
☐unreasonable fears	☐don't like myself	☐in trouble with the law	☐feel like I have no control
☐anxious and tense	☐can't get things done	☐act before thinking	☐other: _____
☐panic attacks	☐people don't understand me	☐do not assert myself	
☐feel sad and blue	☐physical complaints	☐sexual issues	

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HEALTH HISTORY

1. Who is your family doctor or primary care physician? _____
2. Please list any medications you are currently taking: _____
_____
3. Please describe any current health problems that you have and treatment you are receiving:
_____
_____
4. Please list any serious illnesses/major injuries that you have had and the age at which they occurred: _____
_____
_____
5. Please list any hospitalizations that resulted from medical problems (age, reason): _____
_____
6. Please list any hospitalizations that resulted from emotional problems (age, reason): _____
_____
7. Do you have any allergies? ☐No ☐Yes – To what? _____
8. Do you smoke cigarettes? ☐No ☐Yes # per day: _____ # of years: _____
Do you want to stop? ☐No ☐Yes
9. Do you drink alcohol? ☐No ☐Yes # days/week: _____ # drinks /week: ____# of years: _____
10. Do you use street drugs? ☐No ☐Yes Which ones? _____
How often? ☐Experimental ☐Occasionally ☐Regularly

FAMILY HISTORY

1. Have any of your relatives suffered from any of the following? ☐Depression ☐Anxiety Disorders ☐Eating Disorders ☐Alcohol Problems ☐Drug Problems ☐Schizophrenia ☐Bipolar Disorder ☐Chronic Pain ☐ADD/ADHD ☐Other: _____
2. Parents:

	Mother	Father	Stepmother	Stepfather
Age	_____	_____	_____	_____
Occupation	_____	_____	_____	_____
Education	_____	_____	_____	_____
Religion	_____	_____	_____	_____
Year of death/cause	_____	_____	_____	_____
Current marital status	_____	_____	_____	_____

3. Siblings: # of brothers: _____ #of sisters: _____ Your birth order (i.e., 2nd of 4): _____
4. Children: Biological: _____
Step: _____

RELATIONSHIP HISTORY

1. Current marital status (check all that apply):
☐Single ☐Never Married ☐Living Together ☐Engaged ☐Married ☐Separated ☐Divorced ☐Widowed
2. Have you been married previously? ☐No ☐Yes # of times: _____
3. Current Partner:
Name: _____ Age: _____ Ethnic Background: _____
Religion: _____ Education: _____
Occupation: _____ Employment Status: _____
Previously married? ☐No ☐Yes # of times: _____ Children from previous relationship(s)?_____

PERSONAL HISTORY

1. Have you ever been convicted of a crime? ☐No ☐Yes Please explain: _____
2. How do you spend your leisure time? _____
3. Please list any other pertinent information not previously asked:
_____
_____