



---

24) Under what conditions are your problems usually improved?: \_\_\_\_\_

---

25) How did you hear about this clinic, or who referred you?: \_\_\_\_\_

---

**Medical History**

- 26) Name and address of your primary physician:  
Physician's \_\_\_\_\_ name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- 27) List any major illnesses and/or operations you have had: \_\_\_\_\_  
\_\_\_\_\_
- 28) List any physical concerns you are having at present: (e.g., high blood pressure, headaches, dizziness, etc.): \_\_\_\_\_  
\_\_\_\_\_
- 29) List any other physical concerns you have experienced in the past: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 30) When was your most recent complete physical exam?: \_\_\_\_\_  
Results of physical exam: \_\_\_\_\_  
\_\_\_\_\_
- 31) On average how many hours of sleep do you get daily?: \_\_\_\_\_
- 32) Do you have trouble falling asleep at night?:  No  Yes If Yes, describe \_\_\_\_\_  
\_\_\_\_\_
- 33) Have you gained/lost over ten pounds in the past year?:  Yes  No,  gained  lost  
If Yes, was the gain/loss on purpose?:  Yes  No
- 34) Describe your appetite (during the past week):  
\_\_\_\_\_ poor appetite \_\_\_\_\_ average appetite \_\_\_\_\_ large appetite
- 35) What medications (and dosages) are you taking at present, and for what purpose?:  
Medication Purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Religious Concerns**

- 36) What is your present religious affiliation?:  
 1) Catholic  
 2) Jewish  
 3) Protestant (specify denomination if any) \_\_\_\_\_

- 4) None, but I believe in God
- 5) Atheist or agnostic
- 6) Other (please specify) \_\_\_\_\_

37) How important is religious commitment to you?:

Unimportant			Average importance			Extremely important
1	2	3	4	5	6	7

38) Do you desire to have your religious beliefs and values incorporated into the counseling process?:

Yes  No  Not sure (If Yes, please explain) \_\_\_\_\_

---

**Family History**

- 39) Mother's age: \_\_\_\_\_ If deceased, how old were you when she died?: \_\_\_\_\_
- 40) Father's age: \_\_\_\_\_ If deceased, how old were you when he died?: \_\_\_\_\_
- 41) If your parents are separated or divorced, how old were you then?: \_\_\_\_\_
- 42) Number of brother(s) \_\_\_\_\_ Their ages \_\_\_\_\_
- 43) Number of sister(s) \_\_\_\_\_ Their ages \_\_\_\_\_
- 44) I was child number \_\_\_\_\_ in a family of \_\_\_\_\_ children.
- 45) Were you adopted or raised with parents other than your natural parents?: Yes\_\_\_ No
- 46) Briefly describe your relationship with your brothers and/or sisters: \_\_\_\_\_

---



---



---

47) Which of the following best describes the family in which you grew up?:

WARM AND ACCEPTING				AVERAGE			HOSTILE AND FIGHTING
1	2	3	4	5	6	7	8 9

48) Which of the following best describes the way in which your family raised you?:

ALLOWED ME TO BE VERY INDEPENDENT				AVERAGE			ATTEMPTED TO CONTROL ME
1	2	3	4	5	6	7	8 9

**YOUR MOTHER** (or mother substitute)

49) Briefly describe your mother: \_\_\_\_\_

50) How did she discipline you?: \_\_\_\_\_

51) How did she reward you?: \_\_\_\_\_

52) How much time did she spend with you when you were a child?: \_\_\_\_\_  
\_\_\_\_\_ much \_\_\_\_\_ average \_\_\_\_\_ little

53) Your mother's occupation when you were a child: \_\_\_\_\_  
\_\_\_\_\_ stayed home \_\_\_\_\_ worked outside part-time \_\_\_\_\_ worked outside full-time

54) How did you get along with your mother when you were a child?:  
\_\_\_\_\_ poorly \_\_\_\_\_ average \_\_\_\_\_ well

55) How do you get along with your mother now?:  
\_\_\_\_\_ poorly \_\_\_\_\_ average \_\_\_\_\_ well

56) Did your mother have any problems (e.g., alcoholism, violence, etc.) that may have affected your childhood development?: Yes \_\_\_\_\_ No \_\_\_\_\_  
(If \_\_\_\_\_ Yes, \_\_\_\_\_ please \_\_\_\_\_ describe)

57) Is there anything unusual about your relationship with your mother?:  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please describe) \_\_\_\_\_

58) Describe overall how your mother treated the following people as you were growing up:  
**(Circle one answer for each)**

YOUR MOTHER'S TREATMENT OF:	Poor		Average			Excellent	
1) YOU	1	2	3	4	5	6	7
2) YOUR FAMILY	1	2	3	4	5	6	7
3) YOUR FATHER	1	2	3	4	5	6	7

**YOUR FATHER** (or father substitute)

59) Briefly describe your father:

\_\_\_\_\_

60) How did he discipline you?:

\_\_\_\_\_

61) How did he reward you?: \_\_\_\_\_

62) How much time did he spend with you when you were a child?:

\_\_\_\_\_ much \_\_\_\_\_ average \_\_\_\_\_ little

63) Your father's occupation when you were a child: \_\_\_\_\_

\_\_\_\_\_ stayed home \_\_\_\_\_ worked outside part-time \_\_\_\_\_ worked outside full-time

64) How did you get along with your father when you were a child?: \_\_\_\_\_

\_\_\_\_\_ poorly \_\_\_\_\_ average \_\_\_\_\_ well

65) How do you get along with your father now?:

\_\_\_\_\_ poorly \_\_\_\_\_ average \_\_\_\_\_ well

66) Did your father have any problems (e.g. alcoholism, violence, etc.) that may have affected your childhood development?: Yes \_\_\_\_\_ No \_\_\_\_\_

(If Yes, please describe)

\_\_\_\_\_

67) Is there anything unusual about your relationship with your father?: No \_\_\_\_\_ Yes \_\_\_\_\_

(If Yes, please describe)

\_\_\_\_\_

68) Describe overall how your father treated the following people as you were growing up:

**(Circle one answer for each)**

YOUR FATHER'S TREATMENT OF:	Poor			Average			Excellent	
1) YOU	1	2	3	4	5	6	7	
2) YOUR FAMILY	1	2	3	4	5	6	7	
3) YOUR MOTHER	1	2	3	4	5	6	7	

**Thoughts and Behaviors**

69) Please check how often the following thoughts occur to you:

- 1) Life is hopeless. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Frequently
- 2) I am lonely. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Frequently
- 3) No one cares about me. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Frequently
- 4) I am a failure. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Frequently
- 5) Most people don't like me. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Frequently
- 6) I want to die. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_ Frequently





71) List your five greatest strengths:

1)

2)

3)

4)

5)

72) List your five greatest weaknesses:

1)

2)

3)

4)

5)

73) List your main social difficulties: \_\_\_\_\_

---

---

74) List your main love and sex difficulties: \_\_\_\_\_

---

---

75) List your main difficulties at school or work: \_\_\_\_\_

---

---

76) List your main difficulties at home: \_\_\_\_\_

---

---

77) List your behaviors that you would like to change: \_\_\_\_\_

---

---

---

78) Additional information you believe would be helpful: \_\_\_\_\_

---

---

---

---

---

---

---

---

THANK YOU FOR YOUR TIME IN COMPLETING THIS ASSESSMENT