

Adult Client Handout

Name: _____

Date: _____

Date of Birth: _____

Age: _____

Gender:

- Male
- Female

Ethnicity:

- Caucasian
- African-American
- Hispanic
- Asian
- Native-American
- Other _____

Education:

- Less than high school
- Some high school
- High school graduate
- Vocational technical school
- Some college
- Bachelor's degree
- _____
- Master's degree
- Master's +
- Doctoral degree
- Law degree
- Other professional degree

Current Living Situation:

- With spouse
- With parents
- With male romantic partner (unmarried)
- With female romantic partner (unmarried)
- With other relatives
- Alone
- With roommate (non-romantic)
- Group home
- Halfway house
- Institution
- Shelter
- Hospital/Institution
- Other

What is your opinion about the current problem that led to this evaluation?

How severe would you say this problem is at this time?

- Mildly upsetting
- Moderately upsetting
- Very severe
- Extremely severe
- Totally incapacitating

How satisfied are you with your life at this time?

- Not at all satisfied
- Very dissatisfied
- Somewhat dissatisfied
- Average level of Satisfaction

- Somewhat satisfied
- Mostly satisfied
- Almost always satisfied
- Always satisfied

Rating of level of tension at this time:

- Very relaxed
- Mostly relaxed
- Usually relaxed
- Mildly relaxed
- Average

- Slightly tense
- Somewhat tense
- Moderately tense
- Mostly tense
- Extremely tense

List current medications:

Medication

Prescribed for

List medications taken in the past:

Medication

Prescribed for

Typical medication compliance (how well do you remember to take it):

- Excellent
- Good
- Fair
- Variable
- Poor

Previous illnesses, injuries, hospitalizations:

General medical condition:

- Excellent
- Good
- Fair
- Poor

Developmental milestones:

- Learned to walk and/or talk early
- Learned to walk and/or talk about one time

- Learned to walk and/or talk late

Early school experience:

- No academic/social delays
- Academic/social delays
- Matured early

Puberty (when you started developing into an adult):

- Reached puberty early
- Reached puberty at an average age
- Reached puberty late

Experiences as a child/adolescent:

- | | |
|--|---|
| <input type="checkbox"/> Happy childhood | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Unhappy childhood | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Emotional/behavioral problems | <input type="checkbox"/> Strong religious convictions |
| <input type="checkbox"/> Legal trouble | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Used alcohol |
| <input type="checkbox"/> Medical problems | <input type="checkbox"/> Severely punished |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Sexually abused |
| <input type="checkbox"/> Not enough friends | <input type="checkbox"/> Severely bullied or teased |

Attitude toward life:

- Optimistic and hopeful
- Pessimistic – things will turn out badly
- Hopeless

Attitude toward others:

- Trust others
- Do not trust others
- Don't care about others

Ambitions, ideals, moral standards – how do you want your life to be in the future:

How do you see yourself now?

- Very positively
- Sees self as average
- Sees self very negatively

Check any behaviors that apply to you now or in the past:

- | | | |
|--|--|---|
| <input type="checkbox"/> Overeat | <input type="checkbox"/> Loss of control | <input type="checkbox"/> Concentration difficulties |
| <input type="checkbox"/> Take drugs | <input type="checkbox"/> Suicidal attempts | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Unassertive | <input type="checkbox"/> Compulsions | <input type="checkbox"/> Phobic avoidance |
| <input type="checkbox"/> Odd behavior | <input type="checkbox"/> Smoke | <input type="checkbox"/> Excessive spending |
| <input type="checkbox"/> Drink too much | <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Can't keep a job |
| <input type="checkbox"/> Work too hard | <input type="checkbox"/> Nervous tics | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Procrastination | | |

- | | | |
|--|---|-------|
| <input type="checkbox"/> Risk taker | <input type="checkbox"/> Crying | _____ |
| <input type="checkbox"/> Lazy | <input type="checkbox"/> Outbursts of anger | _____ |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Aggressive behavior | _____ | |

How would you describe yourself now?:

- | | | |
|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Fearful | <input type="checkbox"/> Coordinated |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Moody | <input type="checkbox"/> Clumsy |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Content | <input type="checkbox"/> Shy | <input type="checkbox"/> Dull |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Lonely | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Quiet | <input type="checkbox"/> Mean |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Noisy | <input type="checkbox"/> Selfish |

Check any problems that your family is experiencing or has experienced in the past year:

- | | |
|---|---|
| <input type="checkbox"/> Children misbehave | <input type="checkbox"/> Spouse with different background |
| <input type="checkbox"/> Disagreements on discipline | <input type="checkbox"/> Unfaithful spouse |
| <input type="checkbox"/> Child with medical problems | <input type="checkbox"/> Being unfaithful |
| <input type="checkbox"/> Spouse with medical problems | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Child with emotional problems | <input type="checkbox"/> Misunderstanding spouse |
| <input type="checkbox"/> Spouse with emotional problems | <input type="checkbox"/> Too much contact with relatives |
| <input type="checkbox"/> Spouse with sub. Abuse problems | <input type="checkbox"/> Spouse working too much |
| <input type="checkbox"/> Problems with in-laws | <input type="checkbox"/> Arguments over money |
| <input type="checkbox"/> Problems with parents | <input type="checkbox"/> Arguments over chores |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Residence too small |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Residence needs repairs |
| <input type="checkbox"/> Constant arguments with spouse | <input type="checkbox"/> Problems with landlord |
| <input type="checkbox"/> Parents' separation/divorce | <input type="checkbox"/> Problems with neighbors |
| <input type="checkbox"/> Parents constantly arguing | <input type="checkbox"/> No privacy |
| <input type="checkbox"/> Wanting to have children | <input type="checkbox"/> Not able to afford lifestyle |
| <input type="checkbox"/> Not wanting to have a child/children | <input type="checkbox"/> Unsanitary/dirty living conditions |
| <input type="checkbox"/> Parents too strict | <input type="checkbox"/> Children leaving home |
| <input type="checkbox"/> Parents interfere | <input type="checkbox"/> Dangerous neighborhood |
| <input type="checkbox"/> Spouse with different interests | |

Family history of mental illness:

- | | |
|--|--|
| <input type="checkbox"/> Mother mentally ill | <input type="checkbox"/> Grandparent(s) mentally ill |
| <input type="checkbox"/> Father mentally ill | <input type="checkbox"/> Aunt/Uncle mentally ill |
| <input type="checkbox"/> Sibling(s) mentally ill | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child(ren) mentally ill | _____ |

Family history of substance abuse:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Child(ren) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Aunt/Uncle |
| <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Grandparent(s) | _____ |

Relationship with parents during childhood:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Very positive | <input type="checkbox"/> Positive |
|--|-----------------------------------|

- Neutral
- Negative

- Very negative

Mother's parenting abilities:

- Exceptional parent
- Good parent
- Average parent

- Weak parent
- Poor parent
- Terrible parent

Father's parenting abilities:

- Exceptional parent
- Good parent
- Average parent

- Weak parent
- Poor parent
- Terrible parent

Current family living situation:

- Very satisfactory family living situation
- Satisfactory family living situation
- Family living situation could be better

Present relationship with children:

- Not applicable
- Very positive
- Positive

- Neutral
- Negative
- Very negative

Religious background:

- Christian
- Catholic
- Baptist
- Protestant
- Pentecostal

- Episcopal
- Lutheran
- Jewish
- Mormon
- None

Religious participation:

- Not applicable
- Very active
- Active

- Moderately active
- Relatively inactive
- Inactive

