Simoneaux
History
Checklist – Adults -- (SICK-A)

Name: _____ Age: _____ Today's Date: _____
Last First Middle

Gender: ❑ Male ❑ Female Date of Birth: _____ Nickname (if any) _____

Home address (include zip code):

_____
_____
_____
_____

Phone: ( ) _____
Cell Phone: ( ) _____
E-mail _____

Work address:

_____
_____
_____
_____

Phone: ( ) _____
Alternative Phone: ( ) _____
E-mail _____

Directions:

This checklist asks many questions about your personal history and your life today. Many of these questions are difficult and very personal. Please try not to skip any. Take your time and answer honestly. While I am aware that you want to look as good as possible to the examiner, it is *very* important that you answer as truthfully as possible. I am acutely aware that many of these questions are personal, and you may feel that this constitutes an intrusion. If you feel strongly about not answering a question or questions – leave it blank, but recognize that doing so may affect the interpretation of this questionnaire.

Start by entering your name, age, gender, and today's date at the top of this page. Sign the bottom of the page to assert the credibility of your answers. Then turn to the inside of this booklet and answer all of the questions.

The questions are numbered in order. For each question, make a mark (X) next to the answer that describes your history or your life today. Many questions have a space labeled *Other* for writing in an answer if the correct answer is not offered. Questions followed by the symbol (✓✓✓) should be marked with **all** the answers that apply. For questions that do not apply, mark the answer "*Does not apply".*

If you have any questions about the meanings of words then please look them up. If you have concerns about the nature of the inquiry, don't hesitate to ask our staff. Spaces are provided at the end of the checklist for additional comments. If you need extra paper, just ask. Please try to answer all questions and make sure you do not skip any pages. Again, be honest, as your answers may well be checked against other information gathered during this evaluation. Keep in mind that the best way to formulate an accurate and helpful evaluation is to get good and accurate information from the person evaluated.

I attest, by my signature below, that the information communicated on this questionnaire is accurate to the best of my knowledge.

_____

Signature Date

Presenting Information

1. Who referred you here, or recommended that you come here?

- ❑ A. No one, came by yourself
- ❑ B. A friend
- ❑ C. A member of your family
- ❑ D. Family doctor
- ❑ E. A judge
- ❑ F. Office of Community Services (Child Protection)
- ❑ G. Doctor treating you for a medical problem
- ❑ H. A priest, pastor, or other religious staff person
- ❑ I. The police
- ❑ J. Office of Youth Development
- ❑ K. District Attorney's Office
- ❑ L. Other: _____

2. What are the main problems that led to your coming here (✓✓✓)?

- ❑ A. Have no problem
- ❑ B. Depression
- ❑ C. Anxiety
- ❑ D. Allegations of physical abuse
- ❑ E. Allegations of neglect
- ❑ F. Allegations of sexual abuse
- ❑ G. Allegations of other criminal charges
- ❑ H. Evaluation of legal competency
- ❑ I. Evaluation of legal sanity
- ❑ J. Psychoeducational evaluation
- ❑ K. ADHD evaluation
- ❑ L. OYD ordered evaluation
- ❑ M. Allegations of drug dependency
- ❑ N. Child custody
- ❑ O. Pre-sentencing investigation
- ❑ P. Problems with marriage
- ❑ Q. Problems with thinking clearly
- ❑ R. Problems with relationship(s)
- ❑ S. Problems with job
- ❑ T. Problems with alcohol
- ❑ U. Health problems
- ❑ V. Civil lawsuit
- ❑ W. Being abused
- ❑ X. Other _____

3. State, in your own words, the nature of your main problem:

_____
_____
_____
_____
_____
_____

4. In your opinion, how severe is this problem?

- ❑ A. Does not apply
- ❑ B. Mild
- ❑ C. Moderate
- ❑ D. Severe
- ❑ E. So bad that you are unable to meet any of your responsibilities

5. How long have you had this problem?

- ❑ A. Does not apply
- ❑ B. For the past several days
- ❑ C. For the past several weeks
- ❑ D. For the past year
- ❑ E. For the past two years
- ❑ F. For the past several years

6. How did the problems that led to this appointment begin?

- ❑ A. Suddenly
- ❑ B. Over days
- ❑ C. Over weeks
- ❑ D. Over months
- ❑ E. Over years or more

7. Which of the following has this problem affected (✓✓✓)?

- ❑ A. Does not apply
- ❑ B. None
- ❑ C. Performance at work
- ❑ D. Your personal relationships
- ❑ E. Your health

8. Have you been treated for this problem before?

- ❑ A. Does not apply
- ❑ B. No
- ❑ C. Yes, with success
- ❑ D. Yes, with partial success
- ❑ E. Yes, without success

9. What other problems are you having (✓✓✓)?

- ❑ A. None
- ❑ B. Depression
- ❑ C. Anxiety
- ❑ D. Allegations of physical abuse
- ❑ E. Allegations of neglect
- ❑ F. Allegations of sexual abuse
- ❑ G. Allegations of other criminal charges
- ❑ H. Evaluation of legal competency
- ❑ I. Evaluation of legal sanity
- ❑ J. Psychoeducational evaluation
- ❑ K. ADHD evaluation
- ❑ L. OYD ordered evaluation
- ❑ M. Allegations of drug dependency
- ❑ N. Child custody
- ❑ O. Pre-sentencing investigation
- ❑ P. Problems with marriage
- ❑ Q. Problems with thinking clearly
- ❑ R. Problems with relationship(s)
- ❑ S. Problems with job
- ❑ T. Problems with alcohol
- ❑ U. Health problems
- ❑ V. Civil lawsuit
- ❑ W. Being abused
- ❑ X. Other _____

Family Background

10. Who primarily raised you?

- ❑ A. Natural parents
- ❑ B. Natural father
- ❑ C. Natural mother
- ❑ D. Natural father and stepmother
- ❑ E. Natural mother and stepfather
- ❑ F. Grandparents on father's side
- ❑ G. Grandparents on mother's side
- ❑ H. Aunt and uncle
- ❑ I. Aunt
- ❑ J. Uncle
- ❑ K. Older brother
- ❑ L. Older sister
- ❑ M. Adoptive parents
- ❑ N. Foster parents
- ❑ O. Orphanage
- ❑ P. Charitable Institution
- ❑ Q. Other family
- ❑ R. Other _____

11. When growing up, how many children were in your family?

- ❑ A. Does not apply
- ❑ B. You were an only child
- ❑ C. 2 including yourself
- ❑ D. 3 including yourself
- ❑ E. 4 including yourself
- ❑ F. 5 including yourself
- ❑ G. 6 including yourself
- ❑ H. 7 including yourself
- ❑ I. 8 including yourself
- ❑ J. 9 including yourself
- ❑ K. 10 including yourself
- ❑ L. More than 10 including yourself

12. Of the other children in your family, how many were stepbrothers and stepsisters?

- ❑ A. Does not apply
- ❑ B. None
- ❑ C. 1
- ❑ D. 2
- ❑ E. 3
- ❑ F. 4
- ❑ G. 5
- ❑ H. 6
- ❑ I. 7
- ❑ J. 8
- ❑ K. 9
- ❑ L. More than 9

13. Which child were you?

- ❑ A. Does not apply, you were an only child
- ❑ B. The youngest child
- ❑ C. A middle child
- ❑ D. A middle child
- ❑ E. The oldest child
- ❑ F. Other _____

14. Where were you born?

- ❑ A. United States
- ❑ B. Canada
- ❑ C. Mexico/Caribbean
- ❑ D. Europe
- ❑ E. Asia
- ❑ F. South America
- ❑ G. Central America
- ❑ H. West Indies
- ❑ I. Pacifica
- ❑ J. Other _____

15. Is English your native language?

❑ Yes ❑ No

16. If not, what is your native language? _____

17. Do you believe that you are fluent enough in English to intelligently participate in an assessment and/or treatment?

❑ Yes ❑ No

18. As a child, where did you live primarily?

- ❑ A. United States
- ❑ B. Canada
- ❑ C. Mexico/Caribbean
- ❑ D. Europe
- ❑ E. Asia
- ❑ F. South America
- ❑ G. Central America
- ❑ H. West Indies
- ❑ I. Many different places
- ❑ J. Other _____

19. What was your father's educational level?

- ❑ A. Does not apply
- ❑ B. Do not know
- ❑ C. Less than 8th grade
- ❑ D. Less than high school
- ❑ E. Some high school
- ❑ F. High school graduate
- ❑ G. Some college
- ❑ H. College graduate
- ❑ I. Postgraduate work
- ❑ J. Postgraduate degree

20. What was the main type of work your father did?

- ❑ A. Does not apply
- ❑ B. Was primarily unemployed
- ❑ C. Many different occupations
- ❑ D. Unskilled worker
- ❑ E. Skilled worker
- ❑ F. Clerical worker
- ❑ G. Salesperson
- ❑ H. Small business owner
- ❑ I. Technical specialist
- ❑ J. Business manager
- ❑ K. Health care personnel
- ❑ L. Health care professional
- ❑ M. Social services
- ❑ N. Business executive
- ❑ O. Employed inside the home
- ❑ P. Military service
- ❑ Q. Religious clergy
- ❑ R. Other _____

21. What was your mother's educational level?

- ❑ A. Does not apply
- ❑ B. Do not know
- ❑ C. Less than 8th grade
- ❑ D. Less than high school
- ❑ E. Some high school
- ❑ F. High school graduate
- ❑ G. Some college
- ❑ H. College graduate
- ❑ I. Postgraduate work
- ❑ J. Postgraduate degree

22. What was the main type of work your mother did?

- ❑ A. Does not apply
- ❑ B. Was primarily unemployed
- ❑ C. Many different occupations
- ❑ D. Unskilled worker
- ❑ E. Skilled worker
- ❑ F. Clerical worker
- ❑ G. Salesperson
- ❑ H. Small business owner
- ❑ I. Technical specialist
- ❑ J. Business manager
- ❑ K. Health care personnel
- ❑ L. Health care professional
- ❑ M. Social services
- ❑ N. Business executive
- ❑ O. Employed inside the home
- ❑ P. Military service
- ❑ Q. Religious clergy
- ❑ R. Other _____

23. How would you characterize your father's general parenting abilities?

- ❑ A. Does not apply
- ❑ B. He was a great parent
- ❑ C. He was a good parent
- ❑ D. He was an average parent
- ❑ E. He was a poor parent
- ❑ F. He was a terrible parent

24. How would you characterize your mother's general parenting abilities?

- ❑ A. Does not apply
- ❑ B. She was a great parent
- ❑ C. She was a good parent
- ❑ D. She was an average parent
- ❑ E. She was a poor parent
- ❑ F. She was a terrible parent

25. When you were growing up, what was the main source of income for your family?

- ❑ A. Does not apply
- ❑ B. Father's job
- ❑ C. Mother's job
- ❑ D. Both parents' jobs
- ❑ E. Welfare
- ❑ F. Alimony
- ❑ G. Child support payments
- ❑ H. Other _____

26. When you were growing up, how would you characterize your family?

- ❑ A. Does not apply
- ❑ B. Poverty level
- ❑ C. Lower class
- ❑ D. Middle class
- ❑ E. Upper class

Childhood and Adolescence

27. To your knowledge, what were the conditions of your birth?

- ❑ A. Do not know
- ❑ B. No unusual problems
- ❑ C. Premature birth
- ❑ D. Long labor
- ❑ E. Delivery complications
- ❑ F. Mother ill at time of birth
- ❑ G. Treated in ICU after birth
- ❑ H. Other _____

28. Describe how you reached developmental milestones (learning to walk/talk/etc.) during your early years.

- ❑ A. Do not know
- ❑ B. At the normal age
- ❑ C. Earlier than most children
- ❑ D. Later than most children

29. Which of the following childhood illnesses or injuries did you have (✓✓✓)?

- ❑ A. None
- ❑ B. Do not remember
- ❑ C. Measles
- ❑ D. German measles
- ❑ E. Mumps
- ❑ F. Chicken pox
- ❑ G. Polio
- ❑ H. Asthma
- ❑ I. Rheumatic fever
- ❑ J. Tuberculosis
- ❑ K. Meningitis
- ❑ L. Broken bone
- ❑ M. Serious head injury
- ❑ N. ADHD
- ❑ O. Other _____
- ❑ Q. Other _____

30. Which of the following operations did you have as a child (✓✓✓)?

- ❑ A. None
- ❑ B. Appendectomy
- ❑ C. Tonsillectomy
- ❑ D. Other _____
  _____
  _____

31. What types of schools did you attend from grades 1-8 (✓✓✓)?

- ❑ A. Public school
- ❑ B. Private school
- ❑ C. Parochial school
- ❑ D. School for the handicapped
- ❑ E. Orphanage school
- ❑ F. Military academy
- ❑ G. Boarding school
- ❑ H. Other _____
  _____

32. Which of the following describes your grades in grades 1-8?

- ❑ A. Generally excellent
- ❑ B. Generally good
- ❑ C. Generally average
- ❑ D. Generally poor

33. Which of the following did you experience in grades 1-8 (✓✓✓)?

- ❑ A. None
- ❑ B. Special classes for a learning disability
- ❑ C. Had to repeat a grade
- ❑ D. Repeated more than one grade
- ❑ E. Had special tutoring

34. How did you like school in grades 1-8?

- ❑ A. Enjoyed school
- ❑ B. Felt neutral about school
- ❑ C. Disliked school
- ❑ D. Hated school

35. How did you get along with teachers in grades 1-8?

- ❑ A. Got along well with all teachers
- ❑ B. Got along well with most teachers
- ❑ C. Got along poorly with teachers
- ❑ D. Was always in trouble with teachers

36. What was your behavior like in grades 1-8?

- ❑ A. Mostly well behaved
- ❑ B. Had to be disciplined in school frequently
- ❑ C. Suspended
- ❑ D. Expelled from school
- ❑ E. Regular and routine behavior problems

37. How did you get along with others from the ages of 5-13?

- ❑ A. Had many friends
- ❑ B. Had several friends
- ❑ C. Had few friends
- ❑ D. Had no friends

38. What level of trouble did you cause between the ages of 5-13?

- ❑ A. Rarely got into trouble
- ❑ B. Frequently got into trouble
- ❑ C. Was always getting into trouble
- ❑ D. Was considered a delinquent child

39. What was your family life like between the ages of 5-13 (✓✓✓)?

- ❑ A. Almost perfect family
- ❑ B. Parents did not get along
- ❑ C. Parents got divorced
- ❑ D. Family moved a lot
- ❑ E. Family had financial problems
- ❑ F. Did not get along with siblings
- ❑ G. Had a lot of medical problems
- ❑ H. Was physically abused
- ❑ I. Was sexually abused
- ❑ J. Other _____
  _____

40. How would you describe your family relationships while you were a child from ages 5-13 ✓✓✓)?

- ❑ A. Does not apply
- ❑ B. Frequent arguments
- ❑ C. Physical fights
- ❑ D. Unsupportive
- ❑ E. Supportive
- ❑ F. Warm, close
- ❑ G. Cold, distant
- ❑ H. Other _____

41. How would you describe yourself as a child from ages 5-13 ✓✓✓)?

- ❑ A. Active
- ❑ B. Passive
- ❑ C. Happy
- ❑ D. Content
- ❑ E. Unhappy
- ❑ F. Calm
- ❑ G. Nervous
- ❑ H. Fearful
- ❑ I. Moody
- ❑ J. Outgoing
- ❑ K. Shy
- ❑ L. Lonely
- ❑ M. Quiet
- ❑ N. Noisy
- ❑ O. Coordinated
- ❑ P. Clumsy
- ❑ Q. Intelligent
- ❑ R. Dull
- ❑ R. Other _____
  _____
  _____

42. What types of schools did you attend from grades 9-12 (✓✓✓)?

- ❑ A. Public school
- ❑ B. Private school
- ❑ C. Parochial school
- ❑ D. School for the handicapped
- ❑ E. Orphanage school
- ❑ F. Military academy
- ❑ G. Boarding school
- ❑ H. Other _____
  _____

43. Which of the following describes your grades in grades 9-12?

- ❑ A. Generally excellent
- ❑ B. Generally good
- ❑ C. Generally average
- ❑ D. Generally poor

44. Which of the following did you experience in grades 9-12 (✓✓✓)?

- ❑ A. None
- ❑ B. Special classes for a learning disability
- ❑ C. Had to repeat a grade
- ❑ D. Repeated more than one grade
- ❑ E. Had special tutoring

45. How did you like school in grades 9-12?

- ❑ A. Enjoyed school
- ❑ B. Felt neutral about school
- ❑ C. Disliked school
- ❑ D. Hated school

46. How did you get along with teachers in grades 9-12?

- ❑ A. Got along well with all teachers
- ❑ B. Got along well with most teachers
- ❑ C. Got along poorly with teachers
- ❑ D. Was always in trouble with teachers

47. What was your behavior like in grades 9-12?

- ❑ A. Mostly well behaved
- ❑ B. Had to be disciplined in school frequently
- ❑ C. Suspended
- ❑ D. Expelled from school
- ❑ E. Regular and routine behavior problems

48. How did you get along with others from the ages of 14-18?

- ❑ A. Had many friends
- ❑ B. Had several friends
- ❑ C. Had few friends
- ❑ D. Had no friends

49. What level of trouble did you cause between the ages of 14-18?

- ❑ A. Rarely got into trouble
- ❑ B. Frequently got into trouble
- ❑ C. Was always getting into trouble
- ❑ D. Was considered a delinquent child

50. What was your family life like between the ages of 14-18 (✓✓✓)?

- ❑ A. Almost perfect family
- ❑ B. Parents did not get along
- ❑ C. Parents got divorced
- ❑ D. Family moved a lot
- ❑ E. Family had financial problems
- ❑ F. Did not get along with siblings
- ❑ G. Had a lot of medical problems
- ❑ H. Was physically abused
- ❑ I. Was sexually abused
- ❑ J. Other _____

51. How would you describe your family relationships while you were a child from ages 14-18 (✓✓✓)?

- ❑ A. Does not apply
- ❑ B. Frequent arguments
- ❑ C. Physical fights
- ❑ D. Unsupportive
- ❑ E. Supportive
- ❑ F. Warm, close
- ❑ G. Cold, distant
- ❑ H. Other _____

52. How would you describe yourself as a teenager from ages 14-18 (✓✓✓)?

- ❑ A. Active
- ❑ B. Passive
- ❑ C. Happy
- ❑ D. Content
- ❑ E. Unhappy
- ❑ F. Calm
- ❑ G. Nervous
- ❑ H. Fearful
- ❑ I. Moody
- ❑ J. Outgoing
- ❑ K. Shy
- ❑ L. Lonely
- ❑ M. Quiet
- ❑ N. Noisy
- ❑ O. Coordinated
- ❑ P. Clumsy
- ❑ Q. Intelligent
- ❑ R. Dull
- ❑ S. Other _____

53. How would you describe you family relationships from ages 14-18 (✓✓✓)?

- ❑ A. Does not apply
- ❑ B. Frequent arguments
- ❑ C. Physical fights
- ❑ D. Unsupportive
- ❑ E. Supportive
- ❑ F. Warm, close
- ❑ G. Cold, distant
- ❑ H. Other _____

53. Please respond "Yes" or "No" to the following:

- ❑ Yes ❑ No Were you adopted? If yes, at what age? _____
- ❑ Yes ❑ No Were you born a twin. If yes: Fraternal _____ Identical _____
- ❑ Yes ❑ No Did your parents separate/divorce before you were 18? How old were you at the time of the separation/divorce? _____
- ❑ Yes ❑ No Were you raised by a single parent? If yes, which one? _____
- ❑ Yes ❑ No Were you raised by someone other than your parents? If yes, who? _____
- ❑ Yes ❑ No Did you feel abandoned or neglected as a child?
- ❑ Yes ❑ No Did either of your parents abuse alcohol?
- ❑ Yes ❑ No Did either of your parents use/abuse drugs/medication illegally?
- ❑ Yes ❑ No did either of your parents physically abuse the other?
- ❑ Yes ❑ No Were you sexually abused as a child?
- ❑ Yes ❑ No Were you sexually abused as an adolescent?
- ❑ Yes ❑ No Were you physically abused as a child?
- ❑ Yes ❑ No Were you physically abused as an adolescent?
- ❑ Yes ❑ No Were you emotionally abused as a child?
- ❑ Yes ❑ No Were you emotionally abused as an adolescent?
- ❑ Yes ❑ No Were you neglected as a child?
- ❑ Yes ❑ No Were you neglected as an adolescent?
- ❑ Yes ❑ No Were you raised in poverty?
- ❑ Yes ❑ No Were you raised in a privileged (wealthy) environment?
- ❑ Yes ❑ No Have you ever abused either a spouse or a romantic partner?
- ❑ Yes ❑ No Have you ever been accused of abusing either a spouse or a romantic partner?
- ❑ Yes ❑ No Have you ever been in abusive romantic relationship, either as an adolescent or as an adult?
- ❑ Yes ❑ No Has anyone ever expressed concerns about your drinking?
- ❑ Yes ❑ No Has anyone ever expressed concerns about you abusing drugs/medication?
- ❑ Yes ❑ No Have you ever voluntarily given a child up for adoption?
- ❑ Yes ❑ No Have you ever had your parental rights terminated?
- ❑ Yes ❑ No Have you ever lost any portion of legal custody of a child?
- ❑ Yes ❑ No Have you ever been sexually assaulted? If yes, at what age? _____
- ❑ Yes ❑ No Have you ever been physically assaulted? If yes, at what age? _____
- ❑ Yes ❑ No Have you ever been tortured? If yes, at what age? _____
- ❑ Yes ❑ No Were you ever experienced the suicide of a close relative or friend? If yes, who/relationship? _____
- ❑ Yes ❑ No Have you ever sustained a major emotional loss? If yes, please explain:
  _____
  _____
  _____
- ❑ Yes ❑ No Have you ever sustained a major financial loss? Explain: _____
  _____
  _____
  _____
- ❑ Yes ❑ No Have you ever experienced a life-threatening natural disaster? If yes, please describe:
  _____
  _____
  _____
- ❑ Yes ❑ No Have you ever been the victim of any other crime not addressed above?
  _____
  _____
  _____
  _____
  _____
  _____

Educational History

54. What were your plans when you left high school (✓✓✓)?

- ❑ A. No plans
- ❑ B. Planned to go to work
- ❑ C. Continue education
- ❑ E. Get married
- ❑ F. Enter the armed services
- ❑ G. Other _____

55. What education have you sought since high school (✓✓✓)?

- ❑ A. None
- ❑ B. Started but did not complete junior college
- ❑ C. Have a degree from a junior college
- ❑ D. Started but did not complete college or university
- ❑ E. Have a degree from a college or university
- ❑ F. Started but did not complete technical school
- ❑ G. Have a degree from a technical school
- ❑ H. Started but did not complete a business school
- ❑ I. Have a degree from a business school
- ❑ J. Started but did not complete a secretarial school
- ❑ K. Have a degree from a secretarial school
- ❑ L. Other _____

56. Have you completed any postgraduate work?

- ❑ A. Public school
- ❑ B. Private school
- ❑ C. Parochial school
- ❑ D. School for the handicapped
- ❑ E. Orphanage school
- ❑ F. Military academy
- ❑ G. Boarding school
- ❑ H. Other _____

57.

Name of School	City	# Years Completed	Average Grades
Grammar Schools:			
Junior High Schools:			
High Schools:			
Colleges/Jr. College			
Vocationa/Technical Schools			
Special Schools/Alternative Schools			
Professional/Graduate Schools			

58. Total number of years of education completed: _____

59. Highest degree/diploma obtained:

- ❑ A. No diploma/degree
- ❑ B. G.E.D.
- ❑ C. High school certificate of completion
- ❑ D. High school diploma
- ❑ E. Technical school certificate
- ❑ E. Associates degree
- ❑ F. Bachelor's degree
- ❑ G. Master's degree
- ❑ H. Doctoral degree
- ❑ I. Law/Medical degree

60. Please respond Yes or No to the following questions:

- ❑ Yes ❑ No Did you skip any grades?
- ❑ Yes ❑ No Did you repeat any grades?
- ❑ Yes ❑ No Did you fail any grades – how many? _____
- ❑ Yes ❑ No Did you have trouble with reading?
- ❑ Yes ❑ No Did you have trouble with math?
- ❑ Yes ❑ No Did you have trouble with your behavior?
- ❑ Yes ❑ No Were you ever suspended? -- how many times? _____
- ❑ Yes ❑ No Were you ever expelled? – Why? _____
- ❑ Yes ❑ No Were you in special education classes? Explain: _____
- ❑ Yes ❑ No Were you ever told you were "hyperactive", or had "Attention Deficit Disorder", ADD, or ADHD?
- ❑ Yes ❑ No Were you ever told you were "dyslexic"?
- ❑ Yes ❑ No Were you ever told you had a "learning disability?"

61. In which subjects did you get the best grades? _____

62. In which subjects did you get the lowest grades? _____

63. High school team sports (if any)? _____

64. High school activities (if any)? _____

65. College team sports (if any)? _____

66. College activities (if any)? _____

67. Have you ever had your IQ tested? ❑ Yes ❑ No

Year: _____ Place: _____ Score (if known) _____

Examiner: _____

Military Service

68. Did you serve in the military? ❑ Yes ❑ No

If yes, please provide the following information:

69. Dates of service: _____

70. Nature of discharge: _____

71. Highest rank: _____

72. Branch of service: _____

73. Assignment or MOS _____

74. Did you see combat action? ❑ Yes ❑ No

75. Do you have a service-connected disability? ❑ Yes ❑ No

76. Were you ever court-martialed? ❑ Yes ❑ No If yes, please explain:

_____
_____
_____
_____

77. Were you ever rejected for military service for physical, mental, or other reasons?

❑ Yes ❑ No If yes, please explain the reason: _____

_____
_____
_____
_____

78. Were you, or have you been, evaluated or treated for emotional or psychological problems while in the service (✓✓✓)?

- ❑ A. Does not apply
- ❑ B. No
- ❑ C. Evaluated
- ❑ D. Treated outpatient
- ❑ E. Treated in-patient

79. Which of the following did you experience, or have you experienced, during your time in the service (✓✓✓)?

- ❑ A. Does not apply
- ❑ B. None
- ❑ C. Disciplinary problems
- ❑ D. Court-martial
- ❑ E. Sentenced to stockade
- ❑ F. Drug use
- ❑ G. Alcohol abuse
- ❑ H. AWOL
- ❑ I. Your refusal to follow orders
- ❑ J. Fights with fellow servicemen
- ❑ K. Fights with superior officers
- ❑ L. Reduction in rank
- ❑ M. Other: _____

_____
_____

Employment Information

80. At what age did you start working full-time?

- ❑ A. Have never worked full time
- ❑ B. Before age 17
- ❑ C. 17
- ❑ D. 18
- ❑ E. 19
- ❑ F. Older than 20

81. What is your current employment status?

- ❑ A. Employed
- ❑ B. Retired
- ❑ C. Homemaker
- ❑ D. Employed part-time
- ❑ E. Disabled
- ❑ F. Student
- ❑ G. Unemployed
- ❑ H. Other _____

_____

82. What are your career goals? _____

_____
_____
_____

83. Are you currently employed: ❑ Yes ❑ No.

84. Current job title _____

85. Date current employment started _____

86. Where do you work (city and state) _____

87. Number of hours you work per week _____

88. Are you home every night (day)? ❑ Yes ❑ No

89. Are you away from home overnight routinely? ❑ Yes ❑ No If yes, explain below:

_____
_____
_____

90. What are your present sources of financial support (✓✓✓)?

- ❑ A. Personal earnings
- ❑ B. Spouse's earnings
- ❑ C. Friends
- ❑ D. Parents
- ❑ E. Retirement
- ❑ F. Trust fund
- ❑ G. Savings
- ❑ H. Investments
- ❑ I. Inheritance
- ❑ J. Pension (not military)
- ❑ K. Military pension
- ❑ L. Property
- ❑ M. SSI
- ❑ N. Workers' Compensation
- ❑ O. Disability payments
- ❑ P. Gambling
- ❑ Q. Illegal activities
- ❑ R. Other _____

_____
_____
_____

91. Name of employer: _____

92. Name of immediate supervisor: _____

93. Approximate yearly salary or income from all sources: _____

94. Chief duties at work: _____

_____
_____

95. Are you satisfied with your present job? ❑ Yes ❑ No

96. What is, or has been, your primary occupation through your life?

- ❑ A. Unemployed
- ❑ B. Unskilled worker
- ❑ C. Skilled worker
- ❑ D. Clerical worker
- ❑ E. Salesperson
- ❑ F. Small business owner
- ❑ G. Technical specialist
- ❑ H. Offshore worker
- ❑ I. Offshore supervisor
- ❑ J. Manager
- ❑ K. Health care personnel
- ❑ L. Health care professional
- ❑ M. Social services personnel
- ❑ N. Social services professional
- ❑ O. Legal personnel
- ❑ P. Legal professional
- ❑ Q. Business executive
- ❑ R. Homemaker
- ❑ S. Other _____

97. What other types of work have you done in the past?

- ❑ A. Unemployed
- ❑ B. Unskilled worker
- ❑ C. Skilled worker
- ❑ D. Clerical worker
- ❑ E. Salesperson
- ❑ F. Small business owner
- ❑ G. Technical specialist
- ❑ H. Offshore worker
- ❑ I. Offshore supervisor
- ❑ J. Manager
- ❑ K. Health care personnel
- ❑ L. Health care professional
- ❑ M. Social services personnel
- ❑ N. Social services professional
- ❑ O. Legal personnel
- ❑ P. Legal professional
- ❑ Q. Business executive
- ❑ R. Homemaker
- ❑ S. Other _____

98. If you are not currently employed, please provide the following information:

Date last worked: _____
Last employer: _____
City and state: _____
Position last held: _____
Last yearly salary/income: _____
Reason no longer working: _____

99. How many times have you been fired? _____ Please explain:

_____
_____
_____

100. How many times have you laid off? _____ Please explain:

_____
_____
_____

101. Since finishing your education, how many different full-time jobs have you had?

_____

102. Since finishing your education, how many different part-time jobs have you had?

_____

103. Have you ever applied for either a pension or compensation for a disability?

❑ Yes ❑ No

What is/was the nature of the disability (What is wrong with you that you require disability payments)?

_____
_____

How does it prevent you from working now? _____
_____
_____
_____
_____

Interests and Activities

104. List five things that you regularly do for fun:

A. _____
B. _____
C. _____
D. _____
E. _____

105. Describe all charitable/church/volunteer activities that you regularly offer:

_____
_____
_____
_____
_____
_____
_____
_____
_____

106. Were you raised in a particular religious faith?

❑ Yes ❑ No

If so, which faith: _____

107. Do you attend church? ❑ Yes ❑ No

Which church (name of church/city/state): _____
_____

Pastor/minister/rabbi/etc.: _____

108. How often do you attend?

❑ A. Daily
❑ B. 2-6 times weekly
❑ C. Weekly
❑ E. Monthly
❑ F. 3-10 times/year
❑ G. Other _____

109. How important would you say that church is to you?

❑ A. The most important element of my life
❑ B. Very important
❑ C. Average importance
❑ E. Somewhat important
❑ F. Not at all important
❑ G. Not relevant in my life

110. How important is your religious faith?

❑ A. The most important element of my life
❑ B. Very important
❑ C. Average importance
❑ E. Somewhat important
❑ F. Not at all important
❑ G. Not relevant in my life

111. Which term(s) most accurately describe your religious faith/practices (✓✓✓)?

❑ A. Atheist
❑ B. Agnostic
❑ C. Baptist
❑ D. Catholic
❑ E. Jewish
❑ F. Christian
❑ G. Islam
❑ H. Hindu
❑ I. Scientology
❑ J. Methodist
❑ K. Church of God
❑ L. Seventh-Day Adventist
❑ M. Eastern Orthodox
❑ N. Church of the Nazarene
❑ O. Apostolic
❑ P. Quaker
❑ Q. Christian Science
❑ R. Foursquare Gospel
❑ S. Born Again
❑ T. Wiccan
❑ W. Lutheran
❑ X. Presbyterian
❑ Y. Protestant
❑ Z. Pentecostal
❑ a. Episcopalian
❑ b. Mormon/LDS
❑ c. Church of Christ
❑ d. Congregational
❑ e. Jehovah's Witness
❑ f. Assembly of God
❑ g. Disciples of Christ
❑ h. Church of the Brethren
❑ i. Mennonite
❑ j. Reformed
❑ k. Full Gospel
❑ l. Christian Reform
❑ m. Independent Christian Church
❑ n. Fundamentalist
❑ o. Salvation Army
❑ p. Other

112. List your hobbies in order of preference:

A. _____
B. _____
C. _____
D. _____
E. _____

113. Which of the following game systems do you have in your home (✓✓✓)?

❑ A. No game system
❑ B. Nintendo
❑ C. Super Nintendo
❑ D. Game Cube
❑ E. PlayStation
❑ F. PlayStation 2
❑ G. PlayStation 3
❑ H. X-Box
❑ I. X-Box 360
❑ J. Nintendo DS
❑ K. Nintendo DS Lite
❑ L. PSP
❑ M. Other: _____
_____
_____

114. How many hours/day do you play video games?

- ❑ A. Never play
- ❑ B. 1 – 2 hours/day
- ❑ C. 2 - 4 hours/day
- ❑ E. More than 4 hours/day
- ❑ F. 2 to 4 times weekly
- ❑ G. Other _____

115. What kind of computer(s) do you own (✓✓✓)?

- ❑ A. PCs (Windows)
- ❑ B. Mac
- ❑ C. Do not own a computer
- ❑ E. Do not know
- ❑ F. Laptop
- ❑ G. Desktop

116. How many computers do you own?

- ❑ A. None
- ❑ B. 1
- ❑ C. 2
- ❑ E. 3
- ❑ F. 4
- ❑ G. More than 4

117. How many computers <u>have</u> you owned?

- ❑ A. None
- ❑ B. 1
- ❑ C. 2
- ❑ E. 3
- ❑ F. 4
- ❑ G. More than 4

118. How would you describe your level of computer expertise?

- ❑ A. No knowledge of computers
- ❑ B. Minimal
- ❑ C. Less expertise than most
- ❑ E. Average
- ❑ F. More expertise than most
- ❑ G. Expert

119. How many hours do you spend on the computer (include work time)?

- ❑ A. Not applicable
- ❑ B. 1 – 2 hours/day
- ❑ C. 2 - 4 hours/day
- ❑ E. More than 4 hours/day
- ❑ F. 2 to 4 times weekly
- ❑ G. Other _____

120. What are your activities on the computer – check all that apply (✓✓✓)?

- ❑ A. Not applicable
- ❑ B. Only work
- ❑ C. Only play
- ❑ D. Adventure games
- ❑ E. Puzzle games
- ❑ F. Simulation games
- ❑ G. 1st Person Shooters
- ❑ H. Other games
- ❑ I. File sharing (e.g., Kazaa, Lime Wire)
- ❑ J. Data base
- ❑ K. Spreadsheet
- ❑ L. Word processing
- ❑ M. Photo editing
- ❑ N. Video editing
- ❑ O. Audio recording/editing
- ❑ P. Online games
- ❑ Q. Chat rooms
- ❑ R. Social networking (e.g., MySpace, Facebook, etc.)
- ❑ S. Online music purchase (e.g. ITunes)
- ❑ T. Online movie purchase
- ❑ W. Netflix
- ❑ X. Audio book download
- ❑ Y. Writing blogs
- ❑ Z. Reading blogs
- ❑ a. Viewing adult sites
- ❑ b. Downloading and/or viewing adult photos
- ❑ c. Downloading and/or viewing adult videos
- ❑ d. Uploading adult pictures and/or videos
- ❑ e. Sharing adult pictures and/or videos
- ❑ f. Adult chatrooms/blogs
- ❑ g. Online banking
- ❑ h. Email
- ❑ i. Online purchases
- ❑ j. Airline/hotel reservations
- ❑ k. Professional research
- ❑ l. Casual research
- ❑ m. Home business activities
- ❑ n. Watch television/movies
- ❑ o. Illegal downloads
- ❑ p. Other _____

121. How many hours do you spend on line (average)?

- ❑ A. Never play
- ❑ B. 1 – 2 hours/day
- ❑ C. 2 - 4 hours/day
- ❑ E. More than 4 hours/day
- ❑ F. 2 to 4 times weekly
- ❑ G. Other _____

122. If you have a MySpace/Facebook/etc., account, please provide internet address:

_____

123 List all email addresses:

_____

124. If you have a personal web site(s), please provide address(es):

_____

125. List at least 5 elements of your life that make you proud:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

126. List 5 elements of your life that you could change if you could:

1. _____
2. _____
3. _____
4. _____
5. _____

127. List the priorities in your life, starting with the most important:

1. _____
2. _____
3. _____
4. _____
5. _____

128. Check any of the following feelings that <u>often</u> apply to you:

- ❑ A. Angry
- ❑ B. Annoyed
- ❑ C. Sad
- ❑ D. Depressed
- ❑ E. Anxious
- ❑ F. Fearful
- ❑ G. Panicky
- ❑ H. Energetic
- ❑ I. Envious
- ❑ J. Guilty
- ❑ K. Happy
- ❑ L. Conflicted
- ❑ M. Excited
- ❑ N. Tense
- ❑ O. Shameful
- ❑ P. Regretful
- ❑ Q. Hopeless
- ❑ R. Hopeful
- ❑ S. Helpless
- ❑ T. Relaxed
- ❑ U. Jealous
- ❑ V. Unhappy
- ❑ W. Bored
- ❑ X. Restless
- ❑ Y. Lonely
- ❑ Z. Contented
- ❑ a. Optimistic
- ❑ b. Other: _____ _____

129. Check all of the following <u>positive</u> attributes that you believe apply to you:

❑ Able to defend interests	❑ Accepting	❑ Acquiescent
❑ Affable	❑ Affectionate	❑ Amenable
❑ Animated	❑ Anticipates improvement	❑ Articulate
❑ Assenting	❑ Assertive	❑ Austere
❑ Autonomous	❑ Benevolent	❑ Bible-centered life
❑ Blunt	❑ Body ego	❑ Body image
❑ Books	❑ Boundaries	❑ Boyish
❑ Bubble	❑ Business-like	❑ Candid
❑ Carefree	❑ Careful	❑ Charitable
❑ Charming	❑ Chipper	❑ Church-centered lifestyle
❑ Chutzpah	❑ Collected	❑ Companionable
❑ Compassionate	❑ Compliant	❑ Composed
❑ Compulsive about neatness	❑ Confident	❑ Congruent
❑ Consenting	❑ Considerate	❑ Convivial
❑ Cooperative	❑ Coy	❑ Cultured
❑ Daring	❑ Deferential	❑ Delicate
❑ Demanding	❑ Demure	❑ Dependable
❑ Devoted	❑ Direct	❑ Disciplined
❑ Docile	❑ Dominant	❑ Doting
❑ Eager	❑ Engaging	❑ Extraverted
❑ Flamboyant	❑ Flirtatious	❑ Focused
❑ Forceful	❑ Forgiving	❑ Friendly
❑ Fun-loving	❑ Future orientation	❑ Genteel
❑ Gentle	❑ Girlish	❑ Good self-respect
❑ Gracious	❑ Guarded	❑ Guileless
❑ Hands-on	❑ Hard worker	❑ Has plans
❑ High aspirations	❑ High-risk activities	❑ Hopeful
❑ Humane	❑ Humble	❑ Humorous
❑ Imposing	❑ Individualistic	❑ Innocent
❑ Innovator	❑ Inoffensive	❑ Insistent
❑ Intimidating	❑ Inviting	❑ Is aware that improvements can be made
❑ Jocular	❑ Jolly	❑ Kindly
❑ Knows etiquette's rules	❑ Laid back	❑ Listener
❑ Loving	❑ Mannerly	❑ Many friends
❑ Masterful	❑ Matter-of-fact	❑ Mechanical
❑ Meek	❑ Merciful	❑ Mild-mannered
❑ Modest	❑ Naïve	❑ Needy
❑ Open-minded	❑ Opportunistic	❑ Optimistic
❑ Organized	❑ Outgoing	❑ Overly trusting
❑ Pert	❑ Pious	❑ Plans are clear
❑ Polite	❑ Practical	❑ Prim and proper
❑ Proactive	❑ Problem-solver	❑ Provocative
❑ Realistic	❑ Reserved	❑ Responsive
❑ Restrained	❑ Saucy	❑ Seductive
❑ Self-abasing	❑ Self-actualized	❑ Self-assured
❑ Self-confident	❑ Self-conscious	❑ Self-contained and in good charge of self
❑ Self-control	❑ Self-deprecatory	❑ Self-determining
❑ Self-respecting	❑ Servile	❑ Shy
❑ Simple	❑ Socially skilled	❑ Soft-hearted
❑ Solicitous	❑ Sophisticated	❑ Spunky
❑ Street-smart	❑ Strongly motivated for change	❑ Subdued
❑ Suggestive	❑ Suppliant	❑ Supportive
❑ Sympathetic	❑ Tactful	❑ Tender
❑ Thoughtful	❑ Titillating	❑ Trusting
❑ Unassuming	❑ Visionary	❑ Vivacious
❑ Warm	❑ Warm-hearted	❑ Well-behaved
❑ Willing to try to work on problems	❑ _____ _____	❑ _____ _____

130. Check all of the following <u>negative</u> characteristics that you believe apply to you:

❑ A follower	❑ A worry-wart	❑ Abrasive
❑ Acquiescent	❑ Aggressive	❑ Air-head
❑ Aloof	❑ Anxious	❑ Arrogant
❑ Ashamed	❑ Asocial	❑ Assertive
❑ Austere	❑ Autocratic	❑ Autonomous
❑ Awkward	❑ Backward	❑ Bashful
❑ Bizarre	❑ Blames others	❑ Blunt
❑ Blustery	❑ Boastful	❑ Body ego
❑ Body image	❑ Boyish	❑ Bragging
❑ Bubbly	❑ Burned out	❑ Business-like
❑ Callous	❑ Candid	❑ Carefree
❑ Careful	❑ Cavalier	❑ Childish
❑ Chip on his/her shoulder	❑ Clinging	❑ Coaxing
❑ Cocky	❑ Cold	❑ Compliant
❑ Compulsive about neatness	❑ Conceited	❑ Coy
❑ Culturally unsophisticated	❑ Daring	❑ Defeatist attitude
❑ Deferential	❑ Dejected	❑ Demanding
❑ Demure	❑ Dependent	❑ Detaced
❑ Dictatorial	❑ Direct	❑ Disciplined
❑ Disdainful	❑ Distant	❑ Distraught
❑ Distrustful	❑ Docile	❑ Does not fit in
❑ Dominant	❑ Doting	❑ Dour
❑ Dramatic	❑ Dull	❑ Easily-threatened
❑ Easily upset	❑ Eccentric	❑ Embarrassed
❑ Estranged	❑ Exaggerated opinion of self	❑ Excessive worrier
❑ Excessively attention-seeking	❑ Expressionless	❑ Failure
❑ Fearful	❑ Feelings are easily hurt	❑ Feels inept
❑ Flamboyant	❑ Flighty	❑ Flirtatious
❑ Forbidding	❑ Forceful	❑ Forgetful
❑ Fragile	❑ Frightened	❑ Frightening
❑ Genteel	❑ Giddy	❑ Girlish
❑ Gandiose	❑ Guarded	❑ Guileless
❑ Guilty	❑ Gullible	❑ Harsh
❑ High-handed	❑ High-risk activities	❑ Histrionic
❑ Humble	❑ Immature	❑ Imposing

❑ Inadequate	❑ Inattentive	❑ Indifferent
❑ Individualistic	❑ Inept	❑ Innocent
❑ Inoffensive	❑ Insipid	❑ Insistent
❑ Intimidating	❑ Introverted	❑ Irresponsible
❑ Isolating	❑ Jocular	❑ Juvenile
❑ Labile	❑ Lacking in self-sufficiency	❑ Laid-back
❑ Limited ability to interact	❑ Limited empathy	❑ Provocative
❑ Prudish	❑ Psychologically naïve	❑ Pugnacious
❑ Puritanical	❑ Pushy	❑ Reluctant
❑ Remote	❑ Reserved	❑ Restrained
❑ Reticent	❑ Retiring	❑ Rigid
❑ Rough	❑ Rude	❑ Saccharine
❑ Sanctimonious	❑ Saucy	❑ Seclusive
❑ Seductive	❑ Self-mutilating	❑ Self-abasing
❑ Self-accuding	❑ Self-blaming	❑ Self-centered
❑ Self-conscious	❑ Self-defeating destructive behaviors	❑ Self-deprecatory
❑ Self-doubting	❑ Self-exalting	❑ Self-reproaching
❑ Self-righteous	❑ Servile	❑ Severe
❑ Shy	❑ Silly	❑ Simple
❑ Simple-minded	❑ Simplistic	❑ Socially immature
❑ Socially inept	❑ Sociopathic	❑ Solicitous
❑ Solitary	❑ Spacey	❑ Spineless
❑ Spunky	❑ Static	❑ Stereotyped
❑ Straight-laced	❑ Strange	❑ Street-smart
❑ Stubborn	❑ Stuffed-shirt	❑ Subdued
❑ Suggestible	❑ Suggestive	❑ Suggestive of a person much younger emotionally than physically
❑ Suicidal	❑ Suppliant	❑ Surly
❑ Suspicious	❑ Sympathetic	❑ Tactless
❑ Taunted	❑ Tender	❑ Tentative
❑ Tenuous	❑ Theatrical	❑ Threatened
❑ Threat-sensitive	❑ Timid	❑ Titillating
❑ Touch	❑ Uncharitable	❑ Unfeeling
❑ Ungracious	❑ Uninterested	❑ Unrealistic
❑ Unschooled	❑ Unskilled	❑ Unsophisticated
❑ Untalented	❑ Unworthy	❑ Vain
❑ Vapid	❑ Volatile	❑ Vulgar
❑ Weak	❑ Weird	❑ Whiny
❑ Wide-eyed	❑ Wishy-washy	❑ Withdrawn
❑ Worrisome	❑ Worthless	❑ Yielding
❑ Zombie-like		

Personal Background

131. Physical signs and symptoms:

Height: _____Weight: _____ Eye color: _____
Hair color: _____
Glasses/Contact Lenses: ❑ Yes ❑ No
Hearing Aid: ❑ Yes ❑ No
Artificial Limb: ❑ Yes ❑ No

132. Which choices best describe your relationship/"romantic" status presently (✓✓✓)?

- ❑ A. No romantic relationship
- ❑ B. Happily married
- ❑ C. Unhappily married
- ❑ D. Seriously dating
- ❑ E. Casually dating
- ❑ F. Happily living with romantic partner
- ❑ G. Unhappily living with romantic partner
- ❑ H. Happy homesexual/lesbian relationship
- ❑ I. Happy homosexual relationship
- ❑ J. Online casual relationship(s)
- ❑ K. "One night stands"
- ❑ L. Computer dating service
- ❑ M. Other dating service
- ❑ N. Singles groups
- ❑ O. Sex clubs
- ❑ P. Successful flirting
- ❑ Q. Other

133. List all of your marriages/live-in relationships (including present) from least recent to most recent:

Name	Start date	End date	Reason for ending of relationship/marriage

134. Describe how you met your current spouse/partner:

135. How many times has your current spouse or partner been married? _____

136. How many children does your current spouse/partner have? _____

137. How much education does your current spouse/partner have?

_____

138. Has your current spouse/partner ever been diagnosed with a psychiatric disorder or a psychological problem of any kind?

❑ Yes ❑ No

If yes, please explain: _____

139. Has your current spouse/partner ever been identified as having had problems with substance abuse?

❑ Yes ❑ No

If yes, please explain: _____

140. Does your current spouse/partner have any habits and/or behaviors that concern you?

❑ Yes ❑ No

If yes, please explain: _____

_____
_____

141. Prior residences: Beginning with your birthplace, list all the cities/countries where you have lived through your lifetime:

Place	Time Frame

142. Describe your sexual orientation.

- ❑ A. Heterosexual
- ❑ B. Homosexual
- ❑ C. Bisexual
- ❑ E. No sexual interest
- ❑ F. Interested in all things sexual
- ❑ G. Other _____
  _____

143. How many "serious" romantic relationships have you had? _____

144. How would you describe your average level of sexual activity over the past year?

- ❑ A. No sexual activity
- ❑ B. Monogamous relationship with partner
- ❑ C. Routine sexual relations with less than five people
- ❑ D. Routine sexual relations with between five and ten people
- ❑ E. Routine sexual relations with more than 10 people

145. Please describe you attitudes about alcohol.

- ❑ A. Never use alcohol
- ❑ B. Social use of alcohol
- ❑ C. Regular use of alcohol
- E. Occasional abuse of alcohol
- F. Frequent abuse of alcohol
- G. Alcoholic (recovering or not)

146. Check all that you have experienced (if any) (✓✓✓).

- ❑ A. DWI/DUI
- ❑ B. Fights/violence due to drinking
- ❑ C. Relationship problems related to drinking
- ❑ E. Job problems due to drinking
- ❑ F. Accident related to drinking
- ❑ G. Treatment for drinking related problems

147. Please describe you attitudes about illegal drugs (✓✓✓).

- ❑ A. Have used illegal drugs in my life
- ❑ B. Have used illegal drugs in the last year
- ❑ C. Would/have never use illegal drugs
- ❑ E. Strongly against any use of illegal drugs
- ❑ F. Tolerant of the use of illegal drugs by others
- ❑ G. Believe that illegal drugs should be legal

148. Check all that you have experienced (if any) (✓✓✓).

- ❑ A. Arrest(s) for drug offense
- ❑ B. Fights/violence due to drugs
- ❑ C. Relationship problems related to drugs
- ❑ E. Job problems due to drugs
- ❑ F. Accident related to drugs
- ❑ G. Treatment for drug related problems

149. List any substance abuse, 12-step, or other addiction treatment programs in which you have participated (A.A., Alanon, Narcotics Anon., Cocaine Anon., Marijuana Anon., Gamblers Anon., Weight Watchers, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

150. Which drugs (if any) have you ever used, and to what extent (✓✓✓)?

Drug Used	Frequency		
❑ A. Does not apply	❑ Tried	❑ Occasional	❑ Regular
❑ B. Alcohol	❑ Tried	❑ Occasional	❑ Regular
❑ C. Marijuana	❑ Tried	❑ Occasional	❑ Regular
❑ D. Powdered cocaine	❑ Tried	❑ Occasional	❑ Regular
❑ E. Crack cocaine	❑ Tried	❑ Occasional	❑ Regular
❑ F. Crystal meth.	❑ Tried	❑ Occasional	❑ Regular
❑ G. Xanax, Ativan	❑ Tried	❑ Occasional	❑ Regular
❑ H. Acid (LSD)	❑ Tried	❑ Occasional	❑ Regular
❑ I. PCP	❑ Tried	❑ Occasional	❑ Regular
❑ J. Ecstasy (MDMA)	❑ Tried	❑ Occasional	❑ Regular
❑ K. Hashish	❑ Tried	❑ Occasional	❑ Regular
❑ L. Mushrooms	❑ Tried	❑ Occasional	❑ Regular
❑ M. Heroin	❑ Tried	❑ Occasional	❑ Regular
❑ N. Pain killers	❑ Tried	❑ Occasional	❑ Regular
❑ O. Illegally obtained prescription drugs	❑ Tried	❑ Occasional	❑ Regular
❑ P. Morphine/Opium	❑ Tried	❑ Occasional	❑ Regular
❑ Q. Stimulants	❑ Tried	❑ Occasional	❑ Regular
❑ R. Tranquilizers	❑ Tried	❑ Occasional	❑ Regular
❑ S. Mescaline/Peyote	❑ Tried	❑ Occasional	❑ Regular
❑ T. Inhalants	❑ Tried	❑ Occasional	❑ Regular
❑ U. Caffeine	❑ Tried	❑ Occasional	❑ Regular
❑ V. Cigarettes	❑ Tried	❑ Occasional	❑ Regular
❑ W. Pipe	❑ Tried	❑ Occasional	❑ Regular
❑ X. Cigar	❑ Tried	❑ Occasional	❑ Regular
❑ Y. Chewing tobacco	❑ Tried	❑ Occasional	❑ Regular
❑ Z. Anabolic steroids	❑ Tried	❑ Occasional	❑ Regular
❑ a. Inhalants (glue, gasoline, etc.)	❑ Tried	❑ Occasional	❑ Regular
❑ b. Nitrites ("Poppers")	❑ Tried	❑ Occasional	❑ Regular
❑ c. Mescaline (Peyote)	❑ Tried	❑ Occasional	❑ Regular
❑ d. I.V. drug use	❑ Tried	❑ Occasional	❑ Regular
❑ e. Other _____	❑ Tried	❑ Occasional	❑ Regular

_____

151. List every time you have ever been arrested and describe the charge. Use additional paper if necessary:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

152. List every time you have ever been convicted of a crime and describe the crime. Use additional paper if necessary:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

153. Have you ever violated a restraining order, probation, parole, stay-away order, etc.?

❑ Yes ❑ No

If yes, please explain below:

_____

154. As an adolescent/child, were you ever detained by the police?

❑ Yes ❑ No

If yes, please explain:

_____

155. Is any legal action pending in relation to either a present condition or a previous health problem?

❑ Yes ❑ No

If yes, please explain:

_____

156. Are you currently involved in any kind of lawsuit?

❑ Yes ❑ No

If yes, please explain:

_____

157. Are you currently being sued?

❑ Yes ❑ No

If yes, please explain:

_____

158. Are you considering filing a lawsuit against anyone?

❑ Yes ❑ No

If yes, please explain:

_____

159. Do you anticipate being sued anytime in the near future?

❑ Yes ❑ No

If yes, please explain:

_____

160. Have you ever felt abandoned, mistreated, or poorly represented by an attorney?

❑ Yes ❑ No

If yes, please explain:

_____

161. Have you ever felt abandoned, mistreated, or poorly treated by any physician, nurse, psychologist, social worker, counselor, or any other health care provider?

❑ Yes ❑ No

If yes, please explain:

_____

162. Have you ever been accused of a sexually-related crime?

❑ Yes ❑ No

If yes, please explain below:

_____

163. Has anyone ever said that you have problems relating to sexuality?

❑ Yes ❑ No

If yes, please explain below:

_____

164. Do you believe you have any problems relating to sexuality?

❑ Yes ❑ No

If yes, please explain below:

165. Have you ever been diagnosed with, or treated for, any of the following conditions?

- ❑ A. Human Papilloma Virus
- ❑ B. Herpes Virus
- ❑ C. Hepatitis
- ❑ D. HIV/AIDS
- ❑ E. Syphilis
- ❑ F. Granuoma Inguinale
- ❑ G. Nongonococcal Urethritis
- ❑ H. Trichomoniasis
- ❑ I. Chlamydia
- ❑ J. Gonorrhea
- ❑ K. Pubic Lice ("Crabs")
- ❑ L. Chancroid
- ❑ M. Molluscum Contagiosum
- ❑ N. Lymphogranuloma Venereum

166. Could anyone prove (in a legal sense) that you have engaged in "immoral" behaviors in the past?

❑ Yes ❑ No

If "Yes", then please explain below:

Medical History

167. Current Medications:

List all prescribed and over-the-counter medicines that you take regularly. Include vitamins, supplements, and immune-enhancers.

Medication	Strength	Number/day	Month/Year Started	Physician

168. List all medications or other products that you take occasionally.

Medication	Strength	Number/day	Month/Year Started	Physician

169. Previous Medications – List those medications that either have not been helpful or that you were forced to stop taking:

Medication	Strength	Number/day	Took for how long	Stopped	Reason

170. Allergic and adverse reactions – Are you allergic to any specific medications?

❑ Yes ❑ No

Medication/Substance	Type of allergic or adverse reaction

171. Other therapies (past and current):

- ❑ A. Head injury rehabilitation (inpatient)
- ❑ B. Head injury rehabilitation (outpatient)
- ❑ C. Physical therapy
- ❑ D. Chiropractic treatment
- ❑ E. Biofeedback
- ❑ F. Massage
- ❑ G. Hypnotherapy
- ❑ H. EMDR (Eye Movement Desensitization Reprocessing)
- ❑ I. NLP (Neurolinguistic Processing)
- ❑ J. Meditation
- ❑ K. Other: _____

172. Is there a family history of any of the following problems (please check all that apply and identify the relative)

- ❑ A. Headache: _____
- ❑ B. Aneurysm or vascular malformation: _____
- ❑ C. Movement disorder: _____
- ❑ D. Shakes or tremors: _____
- ❑ E. Convulsions, seizures, or epilepsy: _____
- ❑ F. Sleep disorder: _____
- ❑ G. Intellectual deterioration before age 60: _____
- ❑ H. Dyslexia or other learning disorder: _____
- ❑ I. Hyperactivity or ADD: _____
- ❑ J. Mental retardation: _____
- ❑ K. Huntington's disease: _____
- ❑ L. AIDS: _____
- ❑ M. Syphilis: _____
- ❑ N. Other neurological disorder: _____

173. Is there a family history of any of the following psychiatric problems (please specify which family member)?

- ❑ A. Depression: _____
- ❑ B. Mania: _____
- ❑ C. Suicide or suicide attempts: _____
- ❑ D. Anxiety or panic disorder: _____
- ❑ E. Obsessive-compulsive disorder: _____
- ❑ F. Eating disorder: _____
- ❑ G. Paranoia: _____
- ❑ H. Schizophrenia: _____
- ❑ I. Autism: _____
- ❑ J. Substance abuse: _____
- ❑ K. Hospitalization for mental illness: _____
- ❑ L. Outpatient treatment for mental illness: _____
- ❑ M. Untreated mental illness: _____
- ❑ N. Other: _____

174. Head and Neck (Check all that you currently experience – check all that apply)

- ❑ A. Loss of sense of smell
- ❑ B. Change in sense of smell or unexplained bad odors
- ❑ C. Loss of sense of taste or change in sense of taste
- ❑ D. Blurring, blindness, or double vision
- ❑ E. Visions or visual hallucinations
- ❑ F. Intolerance of light
- ❑ G. Facial numbness, pain, or drooping
- ❑ H. Hearing loss
- ❑ I. Hearing ringing or buzzing noises
- ❑ J. Hearing voices
- ❑ K. Hearing unexplainable or strange sounds
- ❑ L. Intolerance of noise
- ❑ M. Dizziness or problems with balance
- ❑ N. Difficulty chewing or swallowing
- ❑ O. Slurring of speech
- ❑ P. Hoarseness
- ❑ Q. Other: _____
- ❑ R. Other: _____

175. Muscular System (Check all that you currently experience – check all that apply)

- ❑ A. Loss of strength
- ❑ B. Loss of coordination
- ❑ C. Slowness of movements
- ❑ D. Difficulty walking, gait instability, falling
- ❑ G. Muscle cramps
- ❑ H. Change in handwriting
- ❑ I. Shakes or tremors
- ❑ J. Involuntary movements: jerks, twitches, tics, head movements, hand movements, tongue or lip movements, blinking, other.
- ❑ K. Other: _____

176. Sensation (Check all that you currently experience – check all that apply)

- ❑ A. Numbness or loss of sensation
- ❑ B. Burning or tingling sensations
- ❑ C. Crawling sensations
- ❑ D. Pain
- ❑ E. Other: _____

177. Emotion (Check all that you currently experience – check all that apply)

- ❑ A. Anxiety
- ❑ B. Depression
- ❑ C. Irritability
- ❑ D. Apathy
- ❑ E. Frustration
- ❑ F. Anger
- ❑ G. Recurrent fears
- ❑ H. Panic spells
- ❑ I. Emotional overreaction
- ❑ J. Extreme mood swings
- ❑ K. Changes in sense of humor
- ❑ L. Fear of losing control
- ❑ M. Crying spells
- ❑ N. Change in personality
- ❑ O. Change in sexual interest or drive
- ❑ P. Decreased capacity for pleasure or joy
- ❑ Q. Feelings of hopelessness
- ❑ R. Other: _____

178. Behavior (Check all that you currently experience – check all that apply)

- ❑ A. Loss of energy
- ❑ B. Impaired sexual performance
- ❑ C. Aggression or violence toward other individuals, yourself, animals, objects
- ❑ D. Eating disturbance: increased appetite, decreased appetite, self-starvation (anorexia), binge eating or overeating (bulimia), self-induced vomiting or laxative use.
- ❑ E. Sleep disturbance: difficulty falling asleep, insomnia, early waking, snoring, nightmares, sleepwalking, napping daytime sleepiness.
- ❑ F. Excessive shyness or hesitancy about career advancement, sexual behavior, social life

- ❑ G. Loss of control: sexual, verbal, rage attacks, emotional outbursts
- ❑ H. Repetitive or compulsive behavior: eating, cleaning, washing, rubbing, sex, gambling, nail biting
- ❑ I. Behavioral rituals
- ❑ J. Involuntary behaviors: laughing, crying, vocalizations, perspiring, heart-racing, rapid breathing
- ❑ K. Current driving style: afraid to drive, inhibited, inattentive, aggressive, reckless

179. Intellectual Abilities (Check all that you currently experience – check all that apply)

- ❑ A. Poor concentration
- ❑ B. Slowness of thinking
- ❑ C. Decreased clarity of thinking
- ❑ D. Difficulty finding the right word
- ❑ E. Use of wrong or inappropriate word
- ❑ F. Problems understanding what other people say
- ❑ G. Problems with reading
- ❑ H. Problems with spelling
- ❑ I. Problems with memory
- ❑ J. Left-right confusion
- ❑ K. Difficulty with sense of direction
- ❑ L. Episodes of getting lost
- ❑ M. Difficulty organizing or planning
- ❑ N. Difficulty meeting deadlines
- ❑ O. Special skills/talents (photographic memory, perfect pitch, etc.)
- ❑ P. Special mental abilities (telepathy, clairvoyance, etc.
- ❑ Q. Other: _____
- ❑ R. Other: _____

180. Thought Processes (Check all that you currently experience – check all that apply)

- ❑ A. Racing thoughts
- ❑ B. Unusual thoughts
- ❑ C. Recurrent nightmares
- ❑ D. Intrusive daytime thoughts, memories, or "flashbacks"
- ❑ E. Guilty feelings
- ❑ F. Mental rituals
- ❑ G. Preoccupation with finances, sex cleanliness, etc. Describe: _____
- ❑ H. Unusual feelings of familiarity or recognition for people, places, or situations
- ❑ I. Obsessions
- ❑ J. Phobias
- ❑ K. Feelings of persecution
- ❑ L. Suicidal thoughts
- ❑ M. Recurrent thoughts of death
- ❑ N. Fears of hurting others
- ❑ O. Violent fantasies
- ❑ P. Fantasies of revenge or punishing others
- ❑ Q. Murderous thoughts
- ❑ R. Other: _____

181. Injuries: List all motor vehicle injuries, work-related injuries, serious falls, fractures, etc. that you have experienced:

182. Surgical History: Please list every surgery (with dates) you have ever had in your lifetime

183. Have you ever been advised to have an operation that you declined?

❑ Yes ❑ No

If yes, please describe:

184. Medical Illnesses: (Not including neurological disorders) – Please list all major medical illnesses you have experienced and the year of diagnosis:

185. Neurological History

Have you ever consulted a neurologist? ❑ Yes ❑ No
Have you ever consulted a neurosurgeon? ❑ Yes ❑ No

Name(s) of physicians: Nature of problems Dates

Do you experience routine headaches? ❑ Yes ❑ No
If yes, how often: _____
Do you experience fainting? ❑ Yes ❑ No
Do you experience vertigo? ❑ Yes ❑ No
Do you experience dizziness? ❑ Yes ❑ No
Do you experience seizures? ❑ Yes ❑ No
Do you experience shaking? ❑ Yes ❑ No

Have you ever had:

A CT Scan of your head/brain ❑ Yes ❑ No
An MRI of our head/brain ❑ Yes ❑ No
Other neuroimaging procedures (e.g., BEAM, SPECT, PET, etc.) ❑ Yes ❑ No
EEG ("brain wave test") ❑ Yes ❑ No
Evoked potential studies ❑ Yes ❑ No
Lumbar puncture (spinal tap) ❑ Yes ❑ No
Neuropsychological testing ❑ Yes ❑ No

186. Psychiatric History

Check each of the following mental health professionals that you have consulted:

- ❑ A. Psychiatrist
- ❑ B. Psychologist
- ❑ C. Licensed Clinical Social Worker
- ❑ D. Substance Abuse Counselor
- ❑ E. Family Counselor/Therapist
- ❑ F. Licensed Professional Counselor
- ❑ G. Vocational Rehabilitation Counselor
- ❑ H. Psychiatric Nurse
- ❑ I. Pastoral/Christian Counselor
- ❑ J. _____

If yes to any of the above, please provide the following information:

Name of Professional	City	Nature of Problem	Dates

187. Have you ever received psychological testing? ❑ Yes ❑ No

If yes, provide date: _____Place: _____
Psychologist: _____

188. Have you ever attempted suicide? ❑ Yes ❑ No

If yes, how many times? _____

Methods used: _____

189. Have you ever received electroconvulsive therapy (ECT – "shock therapy")

❑ Yes ❑ No

If yes, how many times? _____ When? _____

190. Have you ever been hospitalized for psychiatric reasons?

❑ Yes ❑ No

If yes, how many times? _____ When? _____
Where:
_____
_____
_____

191. Heart and Lungs: Check if you have ever had any of the following:

- ❑ A. Heart attack or chest pains
- ❑ B. Heart murmur or heart valve problem
- ❑ C. Infection of the hear or of a heart valve
- ❑ D. Irregular heart beat
- ❑ E. High blood pressure
- ❑ F. Low blood pressure
- ❑ G. Fainting spells
- ❑ H. Swollen ankles
- ❑ I. Shortness of breath when lying down flat
- ❑ J. Periods of rapid breathing with numbness of lips or fingers
- ❑ K. Lung disease (asthma, emphysema, tuberculosis, etc.)
- ❑ L. Chronic cough
- ❑ M. Breathing problems of any kind
- ❑ N. Other heart or lung problem _____
_____

192. Nervous System: Check if you have ever had any of the following:

- ❑ A. Headaches
- ❑ B. Vision problems _____
- ❑ C. Hearing problems _____
- ❑ D. Balance problems _____
- ❑ E. Major infections (rheumatic fever, meningitis, encephalitis)
- ❑ F. Loss of consciousness without head injury, fainting, drop attacks
- ❑ G. Periods of time for which you had no memory
- ❑ H. Strokes or any episodes of neurological impairment
- ❑ I. Seizures, epileptic fits, or "spells"
- ❑ J. Headaches

193. Abdomen: Check if you have ever had any of the following:

- ❑ A. Stomach, intestinal, or bowel problems
- ❑ B. Vomiting
- ❑ C. Ulcers
- ❑ D. Colitis
- ❑ E. Blood in stool
- ❑ F. Tarry stools
- ❑ G. Diverticulitis
- ❑ H. Hemorrhoids
- ❑ I. Persistent diarrhea
- ❑ J. Persistent constipation
- ❑ K. Flatulance
- ❑ L. Excessive belching
- ❑ M. Incontinence of stool
- ❑ N. Liver disease
- ❑ O. Jaundice
- ❑ P. Hepatitis
- ❑ Q. Cirrhosis
- ❑ R. Other liver disease
- ❑ S. Gallbladder problems
- ❑ T. Spleen problems

194. Urinary: Check if you have ever had any of the following:

- ❑ A. Kidney problems
- ❑ B. Urinary problems
- ❑ C. Prostate problems
- ❑ D. Bladder problems
- ❑ E. Increased frequency of urination
- ❑ F. Need to urinate interferes with sleep
- ❑ G. Pain on urination
- ❑ H. Bed wetting
- ❑ I. Incontinence of urine
- ❑ J. Nephritis
- ❑ K. Uremia
- ❑ L. Kidney stones
- ❑ M. Blood in urine
- ❑ N. Venereal disease
- ❑ O. Syphilis
- ❑ P. Gonorrhea
- ❑ Q. Herpes
- ❑ R. Genital warts
- ❑ S. Other _____
- ❑ T. Other _____

195. Blood: Check if you have ever had any of the following:

- ❑ A. Anemia
- ❑ B. Bleeding problems
- ❑ C. Easy bruising
- ❑ D. Free bleeding
- ❑ E. Blood transfusions
- ❑ K. Sharing of hypodermic needles
- ❑ L. Unprotected sexual intercourse with a person known to be, or later determined to be, HIV-positive
- ❑ M. HIV antibody test – if yes:
date: _____
results: _____

196. Bones: Check if you have ever had any of the following:

- ❑ A. Fractures
- ❑ B. Dislocations
- ❑ C. Neck problems
- ❑ D. Back problems
- ❑ E. Brittle bones (osteporosis)
- ❑ F. Joint problems
- ❑ G. Joint pain
- ❑ K. Joint swelling
- ❑ L. Joint gout
- ❑ M. Arthritis
- ❑ N. Torn ligaments
- ❑ O. Torn tendons
- ❑ P. Dental problems
- ❑ Q. Orthodontic problems

197. Skin: Check if you have ever had any of the following:

- ❑ A. Scars
- ❑ B. Change in skin texture
- ❑ C. Tattoos – How many: _____ Locations: _____
_____
_____
- ❑ D. Changes in pattern or amount of sweating
- ❑ E. Skin problems
- ❑ F. Psoriasis
- ❑ G. Warts
- ❑ H. Melanoma
- ❑ I. Cysts
- ❑ J. Acne

- ❑ K. Cosmetic surgery
- ❑ L. Rhinoplasty
- ❑ M. Face-lift
- ❑ N. Eye-lid surgery
- ❑ O. Breast augmentation
- ❑ P. Breast reduction
- ❑ Q. Liposuction
- ❑ R. Other: _____

198. Glands: Check if you have ever had any of the following:

- ❑ A. Diabetes – Age first diagnosed _____
- ❑ B. Thyroid problems
- ❑ C. Goiter
- ❑ D. Use of thyroid extract
- ❑ E. Thyroid surgery
- ❑ F. Radiation treatment
- ❑ G. Other endocrine problems
- ❑ H. Pituitary problems
- ❑ I. Adrenal problems
- ❑ J. Pancreas problems
- ❑ K. Parathyroid problems
- ❑ L. Intolerance of heat
- ❑ M. Intolerance of cold
- ❑ O. Other: _____

199. Miscellaneous: Check if you have ever had any of the following:

- ❑ A. Allergies
- ❑ B. Cancer
- ❑ C. Noncancerous tumors or growths
- ❑ D. Mononucleosis
- ❑ E. Weight loss that was unintentional
- ❑ F. Diagnosis of "Chronic Fatigue Syndrome"
- ❑ G. Diagnosis of "Fibromyalgia"
- ❑ H. Diagnosis of "Lupus"
- ❑ I. Diagnosis of "Lyme Disease"
- ❑ J. Diagnosis of "Multiple Chemical Sensitivities"
- ❑ K. Diagnosis of "Environmental Allergies"
- ❑ L. Exposure to known toxins: _____

200. Female History: Check if you have ever had any of the following:

- ❑ A. Irregular periods
- ❑ B. Pain with sexual intercourse
- ❑ C. Absence of orgasms
- ❑ D. Regular use of birth-control pills
- ❑ E. Premenstrual syndrome
- ❑ F. Lump in your breast(s)
- ❑ G. Breast surgery of any kind
- ❑ H. Ovarian cysts
- ❑ I. Ovarian surgery
- ❑ J. Difficulty conceiving
- ❑ K. Childbirth outside of marriage. How many: _____
- ❑ L. Uterine fibroid tumors
- ❑ M. Endometriosis
- ❑ N. Tubal ligation
- ❑ O. Menopause – what age: _____
- ❑ P. Hysterectomy – what age: _____
- ❑ Q. Hormone therapy
- ❑ R. Pregnancies – How many: _____
- ❑ S. Miscarriages – How many: _____
- ❑ T. Abortions – How many: _____

201. Male History: Check if you have ever had any of the following:

- ❑ A. Difficulty achieving an erection
- ❑ B. Difficulty maintaining an erection
- ❑ C. Ejaculatory difficulties
- ❑ D. Vasectomy
- ❑ E. Rectal bleeding
- ❑ F. Rectal injury
- ❑ G. Infection associated with sexual behavior
- ❑ H. Prostate surgery
- ❑ I. Produced children outside of marriage

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