

# HISTORY QUESTIONNAIRE

This questionnaire is part of your overall evaluation. Please complete it before your interviews. Doing so has several advantages. You will know ahead of time many of the factual questions to be asked by the evaluator. You can answer the questions in the place and at the speed at which you feel most comfortable. You will have the opportunity to look up information that you may not remember.

This questionnaire is an opportunity for you to provide basic information about each of the major areas of your life. It is not a test. It is a written interview. Just like an interview, what you write here may be used in the examiner's report or opinion. There are no "right" answers and no "trick" questions. You may not remember some of the information requested and then just answer the best you can. Of necessity, some of the information is personal. Keep in mind that you may decline to answer any items that you wish.

If there is not enough space for you to give a full answer, present the most important information in the space provided. You will have a chance to discuss the questions further with the examiner during your interview. The examiner's job is to perform an independent, thorough, and objective evaluation. Your cooperation is very much appreciated.

## I. YOUR IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_/\_\_\_/\_\_\_  
Street City State Zip

## II. FAMILY

List names for parents and siblings. If deceased, list the age when deceased

Mother's name and age: \_\_\_\_\_ Age: \_\_\_\_\_  
Town and State of residence \_\_\_\_\_ Occupation \_\_\_\_\_  
Medical or mental health issues \_\_\_\_\_

Father's name and age: \_\_\_\_\_ Age: \_\_\_\_\_  
Town and State of residence: \_\_\_\_\_ Occupation \_\_\_\_\_  
Medical or mental health issues \_\_\_\_\_

Brothers and Sisters

Name and age: \_\_\_\_\_ Age: \_\_\_\_\_  
Town and State of residence: \_\_\_\_\_ Occupation \_\_\_\_\_  
Medical or mental health issues \_\_\_\_\_

Name and age: \_\_\_\_\_ Age: \_\_\_\_\_  
Town and State of residence: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Medical or mental health issues \_\_\_\_\_

**Brothers and Sisters**

Name and age: \_\_\_\_\_ Age: \_\_\_\_\_  
 Town and State of residence: \_\_\_\_\_ Occupation \_\_\_\_\_  
 Medical or mental health issues \_\_\_\_\_

Name and age: \_\_\_\_\_ Age: \_\_\_\_\_  
 Town and State of residence: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Medical or mental health issues \_\_\_\_\_

List any additional siblings on reverse side.

List the names and age of your daughters and sons. If deceased, indicate at what age they died. Include biological children, adopted children, step-children, or foster children who, although they were not actually related to you, participated with you as if they were your children.

Name	age	relationship	current location

**III. RELATIONSHIPS**

List the first name and approximate age of each romantic partner with whom you lived or married. Provide the partner’s or spouse’s approximate age and your approximate age at the time when you first started living together in the same residence

Date resided together	your age	partner’s age	partner’s name	married y/n

**IV. EDUCATIONAL HISTORY**

As best you can remember, list where you attended primary school, elementary and middle school, junior high school and high school. Indicate under “comments” if this was regular or special education and if you were ever suspended or expelled from any school

Years attended	grades	name of school	comments	city/state of school

List each of the school or courses of study that you have attended since high school. Indicate the area, program, or major in which you concentrated, the degree(s) or certification(s) you earned, and the last year or grade attended.

Years attended	name of school	major area	degree/certification

**V. RECREATIONAL AND LEISURE ACTIVITIES**

Describe your current involvement in sports, recreational, or other team, group, or individual athletic activities. Also describe your involvement in leisure activities

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**VI. EMPLOYMENT HISTORY**

Describe your work history for the past ten years. Include each job or position in chronological order through your present position. Include any periods of being self-employed or unemployed

Dates of employment	age	employer and position	reason for leaving position

**VII. MILITARY SERVICE**

Describe your history of military service. Include in chronological order each location and rank you held and each geographical location in which you were stationed

Dates of location	age	locations	service branch	rank

**VIII. RESIDENTIAL HISTORY**

As best as you can remember, list the years during which you resided in each location both as a child and adult. Also indicate if you resided for any amount of time at a treatment center, hospital, jail, college, university or other school.

Resided there (19__ to 19__)	City	State	type of residence

**IX. CURRENT AND PAST LEGAL HISTORY**

List any law matter in which you have been involved and the outcome of the matter.

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List any misdemeanors or criminal activity which you have ever been accused of, been engaged in, been charged with, or been convicted of.

Date of each matter	type of matter	outcome of matter

1. I have, or someone else has, on my behalf, posted a bond, paid damages, or paid compensation for me                    yes/no
2. I have been placed on probation or parole or under someone’s legal supervision or custody                    yes/no
3. I have been placed in a detention center, halfway house, jail, prison, or other correctional Institution                    yes/no



Indicate any treatment as a child or as an adult, individually or with others, with a school counselor, pastor, physician, psychologist or psychiatrist or other mental health professional.

Starting & ending sessions      total # of sessions      type of counseling      medications prescribed      dates prescribed

Starting & ending sessions	total # of sessions	type of counseling	medications prescribed	dates prescribed

**XII. FINANCIAL HISTORY**

If you ever had reason to file for bankruptcy, failed on financial obligations, or received poor credit ratings, please describe below.

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