

Client Information Questionnaire

Name: _____ Date of Birth: _____ Age: _____

Grade: _____ Gender: Male Female Race: Caucasian Hispanic African-American Other

FAMILY RELATIONSHIPS

Marital status of your parents: Married Divorced Separated Never Married

If divorced or separated, how old were you: _____
Please describe your parent's relationship with each other. _____

Please describe your relationship with your biological father. _____

Please describe your relationship with your biological mother. _____

If applicable, describe your relationship with your stepfather. _____

If applicable, describe your relationship with your stepmother. _____

Please describe your relationship with your siblings and/or others living in your household. _____

Is there a history of family violence? Yes No If so, please describe below:

PHYSICAL HEALTH

Rate your overall health: Excellent Good Fair Poor

Please list any major illnesses or injuries you may have had: _____

Please describe any physical health concerns you are currently experiencing: _____

List any medications you are currently taking: _____

EDUCATION

Current School: _____ Grade: _____

Circle all that describe school:

Easy Difficult Boring Fun Challenging Worthless Rewarding

Other: _____

Circle all that describe your attitude towards school:

Don't care Don't go Try hard Don't try Hate it Enjoy it Plan to graduate Rather drop out

Other: _____

Typical grades: As Bs Cs Ds Fs

Have your grades recently dropped? Yes No If so, when: _____

Have you ever had a problem with truancy? Yes No

Have you ever repeated a grade: Yes No If so, which grades: _____

Have you ever been suspended or expelled from school? Yes No

If so, when and for what: _____

Favorite subject in school: _____

Least favorite subject in school: _____

SOCIAL HISTORY

How many close friends do you have: 1 2 3 4 or more

Do you have friends other than those you consider "close": Yes No

Are your friends generally: Older Younger Same Age

Has your circle of friends changed recently: Yes No

Do you belong to a gang: Yes No

Do you currently date: Yes No If so, at what age did you begin: _____

Circle all that describe you socially:

Friendly Outgoing Loner Avoidant Mean Demanding Abusive Rejected

Teased Abused Trustworthy Left Out Other: _____

Have you ever been the victim of emotional abuse: Yes No

Have you ever been the victim of physical abuse: Yes No

Have you ever been the victim of sexual abuse: Yes No

If yes to any type of abuse, please describe below: _____

SUBSTANCE ABUSE

How often do you use tobacco? Never Once Yearly Monthly Weekly Daily

About how often do you drink alcohol? Never Once Yearly Monthly Weekly Daily

About how often do you use other drugs? Never Once Yearly Monthly Weekly Daily

What kind of Illegal drugs have you used? _____

How old were you when you started using tobacco? _____ Alcohol? _____ Other drugs? _____

Do you feel you have a problem as a result of using any of these substances? Yes No

Have you ever received any treatment for a substance abuse problem? Yes No

Have you ever taken education or awareness classes on substance abuse? Yes No

EMOTIONAL AND BEHVAIORAL FUNCTIONING

Identify the following emotions and behaviors that you currently experience or have experienced:

Depression
Suicidal thoughts
Honest
Eating problems
Sleep disturbance
Hard working
Hopelessness
Lack of interest
Happy
Thoughts of hurting others

Anger
Lose temper
Physical violence
Thoughtful of others
Lonely
Stealing
Lying
Hopeful
Difficulty concentrating
Act without thinking

Irritable
Hear voices
Strange thoughts
Cooperative
Suspicious of others
Anxiety
Fear
Argue with others
Helpful
Run Away

What do you like most about yourself? _____

What do you like least about yourself? _____

Circle all that describe your attitude towards suicide:

Thought about it Previously attempted Couldn't do it Never thought about it Plan to do it

If you were to commit suicide how would you do it? _____

COUNSELING HISTORY

Have you ever been in counseling? Yes No

How many different therapists have you seen? 1 2 3 4 or more

What medications for emotional problems are you currently taking? _____

What medications for emotional problems have you taken in the past? _____

Has counseling been helpful? Yes No

Would further counseling be helpful? Yes No

LEGAL HISTORY

Are you currently facing any legal charges? Yes No If so, what are they? _____

Please list any of the charges that have been brought against you in the past: _____

Describe the incidents or issues that have prompted this evaluation: _____

How was this offense reported? _____

How do you feel about it now? _____

What effect did your offense(s) have on your victim(s)? _____