

Adult History and Goals Questionnaire

NAME	DATE OF BIRTH	AGE	TODAY'S DATE
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WHAT BEHAVIORAL, EMOTIONAL, OR INTERPERSONAL PROBLEMS ARE YOU EXPERIENCING?

HOW LONG HAVE THESE PROBLEMS BEEN AFFECTING YOUR LIFE?

HOW ARE THE PROBLEMS INTERFERING WITH WORK OR SCHOOL, FAMILY LIFE, SOCIAL LIFE, RELATIONSHIPS, YOUR ABILITY TO CARRY OUT ACTIVITIES OF DAILY LIVING?

WORK/SCHOOL

FAMILY

SOCIAL LIFE

RELATIONSHIPS

ACTIVITIES OF DAILY LIVING LIKE CHORES AND BATHING

DESCRIBE ANY STRESSFUL CIRCUMSTANCES YOU ARE EXPERIENCING THAT MAY BE CONTRIBUTING TO THE PROBLEM.

WHAT HAVE YOU DONE TO TRY TO SOLVE THE PROBLEMS?

HAVE ANY OF THESE SOLUTIONS BEEN HELPFUL?

PREVIOUS TREATMENT

HAVE YOU RECEIVED PREVIOUS TREATMENT FOR MENTAL HEALTH PROBLEMS? ___NO___YES (DESCRIBE BELOW)

Date	Name of Facility or Professional Who Provided Treatment	Types of Treatment (medication, psychotherapy, hospitalization, etc.)	Response

WHAT DID YOU FIND MOST HELPFUL ABOUT YOUR PREVIOUS TREATMENT?

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Have you ever attempted suicide? No ___ Yes ___ Do you consider yourself as high risk for suicide in the future? No ___ Yes ___

Have you considered yourself or any family member a serious threat of harm or to be harmed by someone? No ___ Yes ___ (describe).

If yes, describe:

SUBSTANCE USE

DESCRIBE YOUR USE OF THE FOLLOWING SUBSTANCES	AGE WHEN FIRST USED	PREVIOUS USE		CURRENT USE	
		Frequency	Quantity	Frequency	Quantity
Caffeine					
Cigarettes/other nicotine					
Alcohol					
Marijuana					
Cocaine					
Methamphetamines					
Other (describe)					

	Yes	No
Do you sometimes use more than you planned of one of the previous substances?		
Do you find yourself frequently thinking about or preoccupied with one of the substances?		
Has a family member or friend ever expressed concern about your drug/alcohol use?		
Have you ever missed work/school because of intoxication of a hangover?		
Have you ever tried to stop using alcohol or drugs without success?		
Have you experienced legal problems (arrests, DUIs) for your behavior while under the influence of alcohol or drugs?		
Have you ever been under treatment for alcohol or substance abuse problems?		

MEDICAL HISTORY

DESCRIBE ANY SERIOUS OR LONGSTANDING ILLNESSES YOU HAVE HAD IN YOUR LIFE. PLEASE INCLUDE ANY ISSUES THE YOU THINK ARE IMPORTANT SUCH AS ACUTE OR CHRONIC PAIN. PLEASE DESCRIBE IN DETAIL.

LIST ANY SURGERIES AND THEIR APPROXIMATE DATES

LIST ANY MEDICATIONS YOU ARE TAKING AT THIS TIME

NAME OF MEDICATION	DOSAGE	HOW OFTEN TAKEN	PRESCRIBING MD

LIST ANY MEDICATIONS THAT HAVE CAUSED YOU TO EXPERIENCE SEVERE SIDE EFFECTS.

LIST ANY MEDICATIONS THAT HAVE CAUSED ALLERGIC REACTIONS.

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DEVELOPMENTAL HISTORY

DESCRIBE ANY DIFFICULTIES YOUR MOTHER MAY HAVE HAD DURING HER PREGNANCY, DELIVERY, OR LABOR WITH YOU.

AS A CHILD OR ADOLESCENT, DID YOU EXPERIENCE ANY OF THE FOLLOWING PROBLEMS?	YES	NO	UN-KNOWN	AS A CHILD OR ADOLESCENT, DID YOU EXPERIENCE ANY OF THE FOLLOWING? (IF YES, DESCRIBE.
Delayed speech				Physical abuse ___ No ___ Yes
Delayed motor development				
Excessive shyness				
Excessive aggression				Sexual abuse ___ No ___ Yes
Hyperactivity				
Learning problems				
Poor peer relationships				Loss of a parent ___ No ___ Yes
Drug abuse				
Excessive alcohol consumption				
School failure/dropout				Other trauma ___ No ___ Yes
Runaway behavior				
Illegal behavior				

Do you think any of these past experiences are influencing the problems that bring you to treatment? No ___ Yes ___ (describe)

FAMILY HISTORY

WHAT WAS IT LIKE TO GROW UP IN YOUR FAMILY? DESCRIBE ANY SIGNIFICANT EVENTS THAT YOU THINK MIGHT BE IMPORTANT IN UNDERSTANDING OR SOLVING THE PROBLEMS THAT BRING YOU TO TREATMENT.

List any family members who have been treated for mental disorders such as schizophrenia, depression, manic depression, alcohol/drug addiction, attention deficit disorder, or severe anxiety disorder and indicate the type of treatment they received.

FAMILY MEMBER	DISORDER	TYPE OF TREATMENT

RELATIONSHIPS

DESCRIBE YOUR CURRENT FAMILY SITUATION

WHO LIVES IN YOUR HOME?	MARITAL STATUS

WHAT ARE THE NAMES AND AGES OF YOUR CHILDREN	WHO HAS LEGAL CUSTODY?

HOW MANY CLOSE FRIENDS DO YOU HAVE?

DESCRIBE PROBLEMS, IF ANY, YOU THINK YOU HAVE IN DEVELOPING AND KEEPING FRIENDS.

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DESCRIBE ANY PROBLEMS YOU HAVE IN DEVELOPING AND KEEPING INTIMATE RELATIONSHIPS.

Has there been any violence in your current family/significant relationship (including pushing, shoving, restraining, hitting, threatening or intimidating gestures)? No ___ Yes ___

Have you experienced violence in past relationships? No ___ Yes ___

EDUCATION AND EMPLOYMENT

LIST ANY RECENT CHANGES

INDICATE YOUR HIGHEST LEVEL OF EDUCATION: ___ HIGH SCHOOL ___ TECHNICAL/BUSINESS TRAINING
___ COLLEGE ___ GRADUATE TRAINING

OCCUPATION:	LENGTH OF TIME WITH CURRENT EMPLOYER: ___ MO ___ YRS
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MILITARY SERVICE? ___ NO ___ YES	HIGHEST RANK:	TYPE OF DISCHARGE:
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MEANING AND SPIRITUALITY

WHAT GIVES YOUR LIFE MEANING?

IS SPIRITUALITY OR RELIGION A SIGNIFICANT PART OF YOUR LIFE? ___ NO ___ YES

DO YOU PARTICIPATE IN A PLACE OF WORSHIP? ___ NO ___ YES

HOW ACTIVE ARE YOU IN YOUR CHURCH COMMUNITY?

HOW CAN YOUR BELIEFS, VALUES, OR PRACTICES HELP YOU OVERCOME THE PROBLEMS THAT BRING YOU TO TREATMENT?

OTHER IMPORTANT INFORMATION

IF APPLICABLE, DESCRIBE ANY FINANCIAL DIFFICULTIES YOU ARE HAVING.

IF APPLICABLE, DESCRIBE ANY PAST OR CURRENT LEGAL PROBLEMS.

LIST WHAT YOU DO FOR FUN OR RECREATION (HOBBIES, CLUBS, SPECIAL INTEREST GROUPS)

WHAT ARE YOUR STRENGTHS? LIST SKILLS AND TALENTS THAT IT TAKES TO BE GOOD AT THE ACTIVITIES, HOBBIES, AND OTHER AREAS OF YOUR LIFE YOU JUST LISTED (FOR EXAMPLE: PATIENCE, PERSISTENCE, ATTENTION TO DETAIL, CREATIVITY)

WHAT AREAS OF YOUR LIFE ARE MOST SATISFYING TO YOU (E.G. PARENTING, CAREER, FRIENDSHIPS)

GOALS AND EXPECTATIONS

WHAT TYPE OF TREATMENT DO YOU HOPE TO RECEIVE?

___ ASSESSEMENT AND CONSULTATION	___ MARITAL OR FAMILY PSYCHOTHERAPY	
___ INDIVIDUAL PSYCHOTHERAPY	___ MEDICATION	___ BIOFEEDBACK TRAINING

DESCRIBE YOUR GOALS FOR TREATMENT

DURING THE COMING WEEKS, WHAT SUPPORT SYSTEMS (FRIENDS, FAMILY, NEIGHBORS, CHURCH, ETC.) WILL BE AVAILABLE TO HELP YOU DEAL WITH THESE PROBLEMS?