THE EPISCOPAL CHURCH

The Church Pension Fund

LIFE HISTORY QUESTIONNAIRE

Applicants for Holy Orders receive this questionnaire for self-examination and preparation for the psychiatric/psychological evaluation required by the Canons of the Episcopal Church. This completed, confidential document is conveyed by the applicant directly to the mental health professional(s) conducting the clinical examination in whose custody it remains.

The examiners conclusions following clinical examination are based upon a wide variety of test and interview responses. No individual question in this document determines the outcome of the clinical interview. Rather, the LHQ serves as a comprehensive foundation for the structured clinical interview. The examiner's final impressions, based in part upon this document and the clinical interview, form the basis of the Required Evaluation Report Summary.

Diocese of Central Florida
1017 East Robinson Street
Orlando, Florida 32801

Like other parts of the discernment process, this evaluation addresses the impact of previous and current life issues upon one's readiness for ordained ministry. This document, combined with the clinical interview, provides the applicant with an opportunity to discuss personal life and vocational goals in context with one's life history. This document, once completed, remains a part of the clinician's file and is not delivered to the Diocese of Central Florida.

Completed LIFE HISTORY QUESTIONNAIRE should be returned to
Office of Dr. John Robertson
OR
Office of Dr. Ana Gómez

DIRECTIONS: This questionnaire contains a series of items regarding your background, experiences, and beliefs. Please read each question carefully. For each question, type a response. For some items, you will be asked to type your answer in the space following each question. Other confidential questions will require you to check a response option for your answer.

DO NOT skip items. If a question does not apply to you, type *"Does Not Apply"* or *"N/A."*

If you opt to handwrite this questionnaire, please use an **INK PEN.**

If you need additional space for an answer, please use the blank pages at the end of this questionnaire.

IDENTIFYING INFORMATION

Name (Last, First, MI):

Today's Date:

Current Address:

Birthdate:

City, State, Zip:

Age:

Telephone Number(s):

SSN:

Sponsoring Diocese:

CURRENT LIFE STATUS

Social/Marital Status

1. What is your current marital status? (If separated or divorced, please complete all that apply.)
   - ☐ Single
   - ☐ Married Date:
   - ☐ Remarried Date:
   - ☐ Divorced Date:
   - ☐ Separated Date: _____
   - ☐ Other (describe): _____

2. With whom do you live at present? (Enter the names of all person(s) currently living with you, ages, and relationships.)

Name	**Age**	**Relationship**

3. Do you currently own or rent a home or condominium? ☐ Own ☐ Rent

   Length of time at present address: _____

4. Do you or anyone in your family/household have any learning, medical, or emotional problems? ☐ Yes ☐ No
   If "**YES**," what are your/their needs?

5. Describe your current social support system indicating who the most important people in your life are.

6. Generally speaking, how is your physical health **RIGHT NOW**? Mark your response using the list below:

☐ Failing	☐ Average	☐ Excellent
☐ Very Poor	☐ Above Average	
☐ Poor	☐ Good	
☐ Below Average	☐ Very good	

7. Are you currently under the care of a physician for any medical condition(s)? ☐Yes ☐ No
If "YES," please describe the condition(s) briefly:

8. Generally speaking, how is your mental health **RIGHT NOW**? Mark your response using the list below:

☐ Failing	☐ Average	☐ Excellent
☐ Very Poor	☐ Above Average	
☐ Poor	☐ Good	
☐ Below Average	☐ Very good	

9. Describe any present day life circumstances causing you distress including stressful life events and/or stressful roles.

10. Are you currently under the care of a mental health provider for any reason? ☐Yes ☐No
If "YES," please describe briefly:

11. Review the following list of problems. Mark any problems that may pertain to you in the present, past, or both.

Past	Present		Past	Present	
☐	☐	Nervousness	☐	☐	Depression
☐	☐	Fears	☐	☐	Headaches
☐	☐	Shyness	☐	☐	Tiredness
☐	☐	Finances	☐	☐	Separation
☐	☐	Divorce	☐	☐	Drug Use
☐	☐	Friends	☐	☐	Alcohol Use
☐	☐	Memory	☐	☐	Extreme Fatigue
☐	☐	Anger	☐	☐	Sleep
☐	☐	Unhappiness	☐	☐	Making Decisions
☐	☐	Self-control	☐	☐	Inhibited Sexual Desires
☐	☐	Ambition	☐	☐	Suicidal Thoughts
☐	☐	Inferiority Feelings	☐	☐	Concentration
☐	☐	Bowel Troubles	☐	☐	Stress
☐	☐	Insomnia	☐	☐	Temper
☐	☐	Nightmares	☐	☐	Career Choices
☐	☐	Loneliness	☐	☐	Relaxation
☐	☐	Pregnancy	☐	☐	Health Problems
☐	☐	Contraception	☐	☐	Marriage
☐	☐	Education	☐	☐	School
☐	☐	Parenting	☐	☐	Stomach Trouble
☐	☐	Children	☐	☐	Sadness
☐	☐	Work	☐	☐	Legal Matters
☐	☐	Substance Abuse	☐	☐	My Thoughts
☐	☐	Guilt Feelings	☐	☐	Energy (Increased or Decreased)
☐	☐	Relationships	☐	☐	Appetite (Increased or Decreased)
☐	☐	Crying Episodes	☐	☐	Intrusive or Unwanted Thoughts
☐	☐	Impotence	☐	☐	Dizziness/Fainting
☐	☐	Muscle Aches	☐	☐	Decreased/Increased Sexual Interest
☐	☐	Other	☐	☐	Other

Add comments regarding any problems you may have marked above:

12. What is your personal annual income from all sources?

- ☐ Under $15,000
- ☐ $15,000 -- $24,999
- ☐ $25,000 -- $39,999
- ☐ $40,000 -- $49,999
- ☐ $50,000 -- $59,999
- ☐ $60,000 -- $74,999
- ☐ $75,000 -- $99,999
- ☐ $100,000 -- $150,000
- ☐ Over $150,000 per year

13. What is your current occupational status?

☐ Employed Full-time ☐ Employed Part-time ☐ Unemployed

If "Employed," please complete the following:

Current Employer: _____

Position Title: _____

Date Hired: _____

14. To whom are you responsible in your current position:

Supervisor's Name: _____

Title: _____

15. Have you encountered any problems in this or prior professional relationships? Yes No

If "**YES** " please describe:

16. How have you asked for help within your present job?

17. What kinds of people give you the most difficulty in your current position?

18. Describe the type of work you enjoy the most.

19. Describe the type of work you enjoy the least.

Family/Social/Developmental History

Father:

20. Father's Name: _____

Date of Birth: _____ Age: _____ (If deceased, complete Item 21, otherwise go to Item 22.)
Ethnic Background: _____
Nature of Employment/Profession: _____

21. If your father is not alive, please answer the following questions:

a. Year of his death: _____ c. Your age at his death: _____

b. His age at death: _____ d. Cause of death: _____

22. I consider the following to have been true of my father while I was a child. (Mark all that apply.)

☐ Home very little, absent	☐ Home almost always, present
☐ Powerless, victim, target, helpless	☐ Powerful, capable, independent
☐ Sad, blue, pessimistic	☐ Optimistic, cheerful, hopeful
☐ Poorly read, uninformed	☐ Well-read, informed
☐ Uneducated	☐ Well-educated
☐ Thoughtless, shallow, superficial	☐ Thorough, substantial, thoughtful
☐ Inconsistent, easily upset, unstable	☐ Stable, calm, consistent
☐ Chaotic, unstable, unreliable	☐ Reliable, stable, orderly
☐ Closed, controlling	☐ Trusting, open
☐ Overly critical	☐ Esteem building or enhancing
☐ Rigid rules, restrictive	☐ Permissive, flexible rules
☐ Spanked, beat, hit, slapped, whipped	☐ Rarely disciplined physically
☐ Criticism, guilt, loss of love, shame	☐ Rarely disciplined emotionally
☐ Cold, distant, unavailable	☐ Available, warm, close
☐ Intrusive, disrespectful	☐ Respectful, considerate
☐ Critical, conditional	☐ Supportive, accepting
☐ Dishonest	☐ Especially honest
☐ Difficult for me to confide in	☐ Easy for me to confide in
☐ Difficult for me to respect	☐ Easy for me to respect
☐ Tense, worried, unsure	☐ Sure, secure, confident
☐ Passive, meek, timid	☐ Assertive, bold
☐ Self-centered, self-indulgent	☐ Generous, empathic
☐ In ill health or injured	☐ Always in good health
☐ Mis-used alcohol	☐ Drank none or very little
☐ Mis-used street drugs	☐ Used none or very little street drugs
☐ Mis-used medications	☐ Used medications only as prescribed

☐ Legal problems: _____

☐ Employment problems: _____

☐ Financial problems: _____

☐ Fidelity problems: _____

☐ Sexual problems: _____

☐ Marital problems: _____

☐ Other problems: _____

23. What kind of person was your father?

24. Describe your relationship with your father:

25. Describe your earliest memory of your father:

26. Please describe any substitute paternal influences throughout childhood/adolescence (e.g., stepfather, adopted father, "surrogate" father).

Mother:

27. Mother's Name: _____

Date of Birth: _____ Age: _____ (If deceased, complete Item 28, otherwise go to Item 29.)
Ethnic Background: _____

Nature of Employment/Profession: _____

28. If your mother is not alive, please answer the following questions:

a. Year of her death: _____ c. Your age at her death: _____
b. Her age at death: _____ d. Cause of death: _____

29. I consider the following to have been true of my mother while I was a child. (Mark all that apply.)

☐ Home very little, absent	☐ Home almost always, present
☐ Powerless, victim, target, helpless	☐ Powerful, capable, independent
☐ Sad, blue, pessimistic	☐ Optimistic, cheerful, hopeful
☐ Poorly read, uninformed	☐ Well-read, informed
☐ Uneducated	☐ Well-educated
☐ Thoughtless, shallow, superficial	☐ Thorough, substantial, thoughtful
☐ Inconsistent, easily upset, unstable	☐ Stable, calm, consistent
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☐ Spanked, beat, hit, slapped, whipped	☐ Rarely disciplined physically
☐ Criticism, guilt, loss of love, shame	☐ Rarely disciplined emotionally
☐ Cold, distant, unavailable	☐ Available, warm, close
☐ Intrusive, disrespectful	☐ Respectful, considerate
☐ Critical, conditional	☐ Supportive, accepting
☐ Dishonest	☐ Especially honest
☐ Difficult for me to confide in	☐ Easy for me to confide in
☐ Difficult for me to respect	☐ Easy for me to respect
☐ Tense, worried, unsure	☐ Sure, secure, confident
☐ Passive, meek, timid	☐ Assertive, bold
☐ Self-centered, self-indulgent	☐ Generous, empathic
☐ In ill health or injured	☐ Always in good health
☐ Mis-used alcohol	☐ Drank none or very little
☐ Mis-used street drugs	☐ Used none or very little street drugs
☐ Mis-used medications	☐ Used medications only as prescribed
☐ Legal problems: _____	
☐ Employment problems: _____	
☐ Financial problems: _____	
☐ Fidelity problems: _____	
☐ Sexual problems: _____	
☐ Marital problems: _____	
☐ Other problems: _____	

30. What kind of person was your mother?

31. Describe your relationship with your mother:

32. Describe your earliest memory of your mother:

33. Please describe any substitute maternal influences throughout childhood/adolescence (e.g., stepmother, adopted mother, "surrogate" mother).

Marital Status of your Parents:

34. Are your parents married, separated, divorced, or widowed? If they are separated or divorced, please describe the circumstances, including when they were divorced or how long any separation(s) have been.

35. Describe the *current* nature of your parents' relationship to each other.

36. Describe your parents' relationship to each other *while you were growing up*.

37. Were you raised by your parents? ☐Yes ☐No
If not, by whom were you raised?

Siblings

38. List all siblings from eldest to youngest (including any who may have died).

Sibling Name	Age/ Deceased	Current Location of Residence	Marital Status	Employment Status
a.				
b.				
c.				
d.				
e.				
f.				
g.				

39. Briefly describe each sibling and your relationship with him/her:

a.
b.
c.
d.
e.
f.
g.

Answer the following questions based on your knowledge of your childhood:

40.	Was your mother's pregnancy and/or delivery of you difficult?	☐ Yes	☐ No
41.	Did you have any unusual childhood illnesses?	☐ Yes	☐ No
42.	Were you ever hospitalized as a child?	☐ Yes	☐ No
43.	Did you have any serious or recurrent accidents as a child?	☐ Yes	☐ No
44.	Any history of childhood or adult seizure disorder?	☐ Yes	☐ No
45.	Any delays in learning how to walk, talk, or be toilet trained?	☐ Yes	☐ No
46.	Did you ever have problems with bedwetting?	☐ Yes	☐ No
47.	Any problems with your speech or language development? Stuttering?	☐ Yes	☐ No
48.	Any serious difficulties with concentration or with sitting still?	☐ Yes	☐ No
49.	Were you involved in fighting as a child?	☐ Yes	☐ No
50.	Were you involved in truancy (skipping school)?	☐ Yes	☐ No
51.	Did you experience the death of a sibling?	☐ Yes	☐ No

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response.

52. Briefly describe your childhood, including what it was like growing up in your family, going to school, and other important events and activities.

53. What was the best part about your childhood?

54. What was the worst part about your childhood?

55. What ways were you disciplined by your **father** as a child? (Mark all that apply).

- ☐ Severe physical punishment, including beatings, hitting, etc.
- ☐ Mild physical punishment, such as spanking.
- ☐ Severe verbal punishment, such as yelling and screaming.
- ☐ Mild verbal punishment.
- ☐ Emotional withdrawal or isolation (for example, your father would emotionally withdraw from you, not talk to you, avoid you, etc.).
- ☐ Public or private humiliation.
- ☐ Gentle, but firm discipline (describe): _____
- ☐ Little or no discipline was provided by my father.
- ☐ Other (describe): _____

56. What ways were you disciplined by your **mother** as a child? (Mark all that apply.)

- ☐ Severe physical punishment, including beatings, hitting, etc.
- ☐ Mild physical punishment, such as spanking.
- ☐ Severe verbal punishment, such as yelling and screaming.
- ☐ Mild verbal punishment.
- ☐ Emotional withdrawal or isolation (for example, your mother would emotionally withdraw from you, not talk to you, avoid you, etc.).
- ☐ Public or private humiliation.
- ☐ Gentle, but firm discipline (describe): _____
- ☐ Little or no discipline was provided by my mother.
- ☐ Other (describe): _____

57. How did you feel about the discipline you received?

58. Was there any physical, sexual, or emotional abuse in your family? Any parental neglect? If yes, was it of mild, moderate, or severe intensity? Who was or may have been involved? Please describe separately:

- ☐ Physical abuse:
- ☐ Sexual abuse:
- ☐ Emotional abuse: _____
- ☐ Parental neglect: _____

59. To what extent do you have any significant gaps in your memories of childhood and adolescence?

60. To what extent have childhood fears or phobias caused you serious distress or interfered with your family life or school performance? Use the list that follows as a guide. Indicate one or more categories that may have applied to you.

- ☐ Fear of the dark
- ☐ Fear of bugs, spiders, snakes
- ☐ Fear of being left alone
- ☐ Fear of going to school
- ☐ Fear of other animals
- ☐ Other fears (please specify): _____

Description of fear(s) or phobia(s) and the effect on you:

61. How often did you lie to your teachers or parents? (Select category.)

- ☐ Rarely, if ever
- ☐ Occasionally
- ☐ Regularly
- ☐ Often
- ☐ Almost every day

62. How often did you steal or shoplift things as a child or adolescent? (Select category.)
- ☐ Rarely, if ever
- ☐ Occasionally
- ☐ Regularly
- ☐ Often
- ☐ Almost every day

63. As a child or adolescent, did you have a best friend? Please describe:

64. Describe your peer group as a pre-adolescent. Mark all categories that apply.
- ☐ Large
- ☐ Small
- ☐ Popular
- ☐ Unpopular
- ☐ Based on sports
- ☐ Based on academics or other school experiences
- ☐ Mainly girls
- ☐ Mainly boys
- ☐ Mixed, boys and girls

65. Describe your peer group as an adolescent. Mark all categories that apply.
- ☐ Large
- ☐ Small Popular
- ☐ Unpopular
- ☐ Based on sports
- ☐ Based on academics or other school experiences
- ☐ Mainly girls
- ☐ Mainly boys
- ☐ Mixed, boys and girls
- ☐

66. How old were you when you first reached puberty?

67. How old were you when you had your first romantic relationship?

68. To what extent is your present sexual life satisfactory to you? If it is not, please describe:

69. To what extent did you discuss sexual topics with your parents? Please describe:

70. As a child or teenager, were you ever raped, molested, or subjected to what you or others considered inappropriate sexual behavior by someone? ‰ Yes ‰ No
If "YES", please describe:

71. As a child or teenager, were you ever involved, sexually or romantically, with someone more than four years older than yourself? ‰ Yes ‰ No
If 'YES", please explain:

72. Has your sexual behavior ever caused you or anyone else any problems? ‰ Yes ‰ No
If 'YES', please explain:

73. I consider the following to have been true of me while I was a child. (Mark all that apply.)

- ☐ Parent at home very little, absent
- ☐ Adult-like, overly serious
- ☐ Powerless, victim, target, helpless
- ☐ Vain, arrogant, pretentious
- ☐ Sad, blue, pessimistic
- ☐ Poorly read, uninformed
- ☐ Uneducated, undereducated
- ☐ Thoughtless, shallow, superficial
- ☐ Impulsive, inconsistent, distractible
- ☐ Chaotic, unstable, unreliable
- ☐ Closed, controlling
- ☐ Cold, distant, unavailable
- ☐ Intrusive, disrespectful
- ☐ Critical, conditional
- ☐ Dishonest
- ☐ Bully, angry, violent
- ☐ Tense, worried, unsure
- ☐ Passive, meek, timid, frightened
- ☐ Self-centered, self-indulgent
- ☐ In ill health or injured
- ☐ Mis-used alcohol
- ☐ Mis-used street drugs
- ☐ Mis-used medications
- ☐ Legal problems: _____
- ☐ Employment problems: _____
- ☐ Financial problems: _____
- ☐ Sexual problems: _____
- ☐ Other problems: _____

- ☐ Parents at home almost always, present
- ☐ Playful, child-like, immature
- ☐ Powerful, capable, independent
- ☐ Humble, polite, simple
- ☐ Optimistic, cheerful, hopeful
- ☐ Well-read, informed
- ☐ Well educated, overeducated
- ☐ Thorough, substantial, thoughtful
- ☐ Ordered, consistent, planned
- ☐ Reliable, stable, orderly
- ☐ Trusting, open
- ☐ Available, warm, close
- ☐ Respectful, considerate
- ☐ Supportive, accepting
- ☐ Especially honest
- ☐ Victim, scapegoat, target
- ☐ Sure, secure, stable, calm
- ☐ Confident, assertive, bold
- ☐ Generous, empathic
- ☐ Always in good health
- ☐ Drank none or very little
- ☐ Used none or very little
- ☐ Used medications only as prescribed

Relationship/Marital History

74. List all marriages, cohabitations, divorces, and/or separations you have had. Include if you have been widowed. Note: In the table below, "Spouse / Partner Age," refers to age at the beginning of the relationship.

Nature of Relationship	Date (From/To)	Reason for Separation/Divorce	Spouse/Partner Age	Spouse/Partner Occupation
	/			
	/			
	/			
	/			
	/			
	/			
	/			

75. Do you have any children? ☐ Yes ☐ No
If "Yes," complete the following chart; if "No," skip to the next item.

Child's Name	**Relationship**	**Age**	**Residence**	**If not with you, indicate City and State of child's residence.**
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	
	☐ Biological ☐ Adopted ☐ Step child ☐ Foster child ☐ Other (explain):		☐ With me ☐ With former spouse ☐ Other (explain):	

76. If you are presently involved with a spouse/partner, please describe two major problem areas you experience.

77. Do you have any birth children that were given up for adoption? ☐ Yes ☐ No

78. Have your parental rights ever been terminated or restricted? ☐ Yes ☐ No

79. Has any child of yours ever been placed in foster care? ☐ Yes ☐ No

If you checked "YES" to any of the previous 3 questions, please provide a description of the circumstances or a more detailed response.

Educational History

80. Please list **all** of the schools you have attended:

School Attended	Location	Dates of Attendance	Graduation Status	Degree(s) Received

81. Please describe your grades and academic performance in grade school, junior high, and high school.
Grade School:

Junior High School:

High School:

82. Did any of the following happen to you? Mark all that apply. If "**YES**," please explain.

- ☐ Expelled from school
- ☐ Suspended from school
- ☐ Held back for a year in school
- ☐ Advanced a grade
- ☐ Placed in a special class

Explanation of any of the above:

83. Do you have any learning disabilities? If "**YES**," please describe:

84. Indicate with a checkmark any special academic interests:

- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

85. Indicate the single academic area in which you are *most* competent. Make only **ONE** selection.

- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

86. Indicate the single academic area in which you are *least* competent. Mark only one selection.

- ☐ Math and science
- ☐ Fine arts
- ☐ History
- ☐ Literature
- ☐ Philosophy
- ☐ Other (please specify): _____

Occupational History

87. List all jobs which you have held, both paid and unpaid/voluntary, since you were 18 years old. Begin with your most recent position.

Position Title or Nature of Work	Location	Dates (From/To)	Reason for Leaving	Supervisor's Name
		/		
		/		
		/		
		/		
		/		
		/		
		/		
		/		

88. Have you ever been fired from a position? ☐ Yes ☐ No

89. Have you ever prematurely/abruptly resigned from a position? ☐ Yes ☐ No

90. Have you ever been asked to resign from a position? ☐ Yes ☐ No

91. If you have ever supervised others as part of a position, have there been any difficulties? ☐ Yes ☐ No

92. Has tension or anger in a domestic relationship ever flowed into your workplace, affecting your relationships with supervisors or coworkers? ☐ Yes ☐ No

If you checked "YES" to any of the previous 5 questions, please provide a description of the circumstances or a more detailed response.

93.	Describe the worst problem you have experienced at a position and how you handled it.
94.	Describe, as specifically as possible, the characteristics of an ideal "supervisor" that would optimally motivate you?
95.	Describe at least two or three features of a satisfying ministry or work project you have concentrated on recently or in the past (e.g., working with others who are responsive to my ideas, seeing a particular project completed that I began).
96.	Describe the most important feature of a very satisfying work day for yourself.
97.	What personality traits or behaviors in others do you find difficult to accept or like?
98.	What personality traits in yourself do you think may sometimes be a problem for others?
99.	List the important ingredients of a successful career in the ministry.

Medical History

100.	Have you ever had any major medical problems?	☐ Yes	☐ No
101.	Have you ever been hospitalized for medical problems?	☐ Yes	☐ No
102.	Have you ever had problems with your heart, lungs, liver, or kidneys?	☐ Yes	☐ No
103.	Do you have any allergies to any medications?	☐ Yes	☐ No
104.	Have you ever had any surgery?	☐ Yes	☐ No
105.	Have you ever had a problem with your weight?	☐ Yes	☐ No
106.	Have you ever had major concerns about your weight, body size or shape?	☐ Yes	☐ No

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response. (If you need more space, please use the pages provided at the end of this questionnaire.)

107. Do you currently take prescription medication for any medical problems? ☐ Yes ☐ No
If "YES," please list each medication, dose, duration of use, and reason for use.

	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.					
b.					
c.					

108. Do you currently take any non-prescription medication of any kind? ☐ Yes ☐ No
(e.g., laxatives, vitamins, food supplements, herbal preparations, over-the-counter sleeping pills)
If "**YES**," please list each medication, duration of use, and reason for use.

	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.					
b.					
c.					

109. Have you ever received alternative medical care (e.g., homeopathy, faith healing, etc.)? ☐ Yes ☐ No
If "YES," please describe:

110. Have you ever used any prescription medications in the past for more than two weeks? ☐ Yes ☐ No
If "YES," please list each medication, dose, duration of use, and reason for use.

	Medication	Dosage & Route	Medical Condition	Date Started	Date D/C
a.					
b.					
c.					

111. Have you ever had a major head injury? ☐ Yes ☐ No
If "yes," please describe each such occurrence, date of the injury, and whether you lost consciousness (and for how long you lost consciousness).

112. When was the last time you saw a physician? _____
For what reason?

113. How many times have you seen a physician in the last five years?

How many times have you seen a physician in the last year?

114. Have you ever disregarded a physician's or other health provider's advice? ☐ Yes ☐ No
If "YES," please explain.

115. Do you smoke cigarettes or use other tobacco products? ☐ Yes ☐ No
If "YES,"

☐ How much do you smoke/use daily? _____

☐ How long have you been smoking or using other tobacco products? _____

Describe any attempts to quit.

Psychiatric History

116. Have you ever sought professional help or a self-help program for emotional problems? ☐Yes ☐No
If "YES," complete the chart below.

Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treament (psychotherapy, medication)	Your Response to Treatment
Outpatient				
Partial/Day Hospital				
Inpatient/ Residential				

117. Have you ever been or are you currently treated with medication for an emotional problem? ☐Yes ☐No
If "**YES**," complete the chart below.

Medication	**Dosage**	**Condition Being Treated**	**Date Started**	**Date Stopped**
a.				
b.				
c.				

118. Have you ever seriously thought about taking your own life? ☐Yes ☐No
119. Have you ever attempted to kill yourself? ☐Yes ☐No
120. Have emotional problems ever significantly interfered with your work and/or academic performance? ☐Yes ☐No
121. Have you ever been a party to sexual abuse, child abuse, physical abuse, or sexual exploitation? ☐Yes ☐No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

122. Have you ever engaged in, or been told that you have a diagnosis of any of the following? ☐ Yes ☐ No

If "YES," please mark that item and **describe** the circumstances.

- ☐ Exhibitionism (exposure of one's genitals to a stranger)
- ☐ Fetishism (use of non-living objects for sexual gratification)
- ☐ Frotteurism (rubbing a non-consenting person)
- ☐ Pedophilia (adult's sexual activity with a prepubescent child or adolescent)
- ☐ Sexual masochism (obtaining sexual gratification from being humiliated, beaten, bound, or otherwise made to suffer)
- ☐ Sexual sadism (inflicting psychological or physical suffering on someone else to obtain sexual satisfaction)
- ☐ Voyeurism (observing unsuspecting people, usually strangers, who are naked, disrobing, or engaging in sexual activity)

Circumstances:

123. To your knowledge, has any blood relative (grandparents, parents, aunts, uncles, nephews, cousins, siblings, or children) ever:

☐	received or sought out professional help for any emotional problem?	☐ Yes ☐ No
☐	been treated with medication for any emotional problem?	☐ Yes ☐ No
☐	received or sought out professional help for a drug or alcohol problem?	☐ Yes ☐ No
☐	had a history of untreated emotional and/or drug or alcohol problem?	☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

124. In the past year, on average:
How many alcoholic drinks did you have each week? _____
How many drinks have you had in the past year?_____

125. Have you ever used/consumed alcohol on a daily basis? ☐ Yes ☐ No
How much did you use daily? _____
Over what period of time?

126. Have you ever drank so much that you could not remember what happened by the next morning? ☐ Yes ☐ No
If "Yes," describe the circumstances.

127. Have you ever tried to cut down on the amount you drink? ☐ Yes ☐ No

128. Have you ever become annoyed with others when they discuss your drinking? ☐ Yes ☐ No

129. Have others ever raised concerns about your drinking patterns or behavior while drinking? ☐ Yes ☐ No

130. Do you ever feel guilty about your drinking? ☐ Yes ☐ No

131. Have you ever taken a drink in the morning? ☐ Yes ☐ No

132. Has your drinking ever caused you problems at work, school, or at home with your family? ☐ Yes ☐ No

133. Have you ever been charged with or convicted for driving while intoxicated or driving under the influence of alcohol? ☐ Yes ☐ No

134. Is it ever hard for you to stop drinking after only one drink? ☐ Yes ☐ No

If you checked "YES" to any of the questions above, please provide a description of the circumstances or a more detailed response.

136. Place a checkmark beside any of the following drugs that you now use or have ever used:

- ☐ Marijuana or hashish
- ☐ Heroin or other narcotics
- ☐ Amphetamines
- ☐ Barbiturates or downers
- ☐ Tranquilizers of any kind*
- ☐ Hallucinogens (for example, mescaline, psilocybin)
- ☐ Cocaine
- ☐ Crack
- ☐ LSD
- ☐ Diet pills*
- ☐ Sleeping pills*
- ☐ PCP (angel dust)
- ☐ Laxatives and/or diuretics

☐ Other drug (specify): _____

☐ Other drug (specify): _____

* If you used these drugs while under the care of a physician and used them according to the physician's prescription/order, you do not need to complete the next section.

137. If you marked a substance above, list when you used the drug, over what period of time, and average daily and weekly amount of the drug used. Also state your longest period of abstinence from the drug.

Name of Drug	Date Usage Began	Date Stopped	Average Daily/ Weekly Amount Used	Longest Period Of Abstinence

138. Have you ever been treated for or sought professional help for a drug, alcohol or eating problem? ☐Yes ☐No

139. Have you ever attended Alcoholics Anonymous, Narcotics Anonymous, Narcotics Anonymous or any of the other 12-step programs? ☐Yes ☐No

If you checked "Yes" to either of the two questions above, complete the chart below:

Type of Care	Dates of Care or Duration	Reason for Visit/ Admission	Nature of Treament (psychotherapy, medication)	Your Response to Treatment
Outpatient/ Self-help				
Partial/Day Hospital				
Inpatient/ Residential				

Legal History

140.	Have you ever been charged with a crime of any kind?	☐ Yes ☐ No
141.	Have you ever been convicted of any crime?	☐ Yes ☐ No
142.	Have you ever been placed on probation?	☐ Yes ☐ No
143.	Have you ever been charged with traffic violations, including vehicular homicide or driving while intoxicated?	☐ Yes ☐ No
144.	Has your drivers license ever been suspended or revoked?	☐ Yes ☐ No
145.	Have you ever been incarcerated?	☐ Yes ☐ No
146.	If you have been divorced, have you ever fallen behind on court-ordered child support or alimony payments?	☐ Yes ☐ No
147.	Have you ever initiated a lawsuit?	☐ Yes ☐ No
148.	Have you ever been a defendant in a lawsuit?	☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

Financial History

149. Select the category which most closely approximates your family's annual income bracket during your childhood and adolescence:

- ☐ Under $15,000
- ☐ $15,000 -- $24,999
- ☐ $25,000 -- $39,999
- ☐ $40,000 -- $49,999
- ☐ $50,000 -- $59,999
- ☐ $60,000 -- $74,999
- ☐ $75,000 -- $99,999
- ☐ $100,000 -- $150,000
- ☐ Over $150,000 per year

150. Select the category which most closely approximates the highest annual income you have ever received:

- ☐ Under $15,000
- ☐ $15,000 -- $24,999
- ☐ $25,000 -- $39,999
- ☐ $40,000 -- $49,999
- ☐ $50,000 -- $59,999
- ☐ $60,000 -- $74,999
- ☐ $75,000 -- $99,999
- ☐ $100,000 -- $150,000
- ☐ Over $150,000 per year

What year did you reach this income level:

151.	Has your family ever experienced any significant financial changes?	☐ Yes ☐ No
152.	Are you currently or have you ever experienced serious financial difficulties?	☐ Yes ☐ No
153.	Have you ever declared bankruptcy?	☐ Yes ☐ No
154.	Do you have any ongoing problems with personal/family financial management? (e.g. credit card debt, foreclosures, problems with debt collectors, compulsive gambling)	☐ Yes ☐ No

If you checked "Yes" to any of the questions above, please provide a description of the circumstances or a more detailed response.

The following additional space is to be used to complete your answer to any questions. Please write the question number and your answer.

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