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ADULT QUESTIONNAIRE

In order to gain an understanding of your situation and concerns, I am asking you to complete the following information about yourself. This includes information about your symptoms, your health, your personal and family background, and recent stressors and changes in your life. If you are uncomfortable with any of the questions, leave the question blank. You will have an opportunity to discuss these questions with me. If you need more room, please write on the back of the pages. Please also note that this is a rather standard questionnaire. There may be questions which do not seem relevant to you. There may also be questions which seem as if they should have been on the questionnaire but are not. We can discuss all these matters when we meet.

Name: _____ Gender: _____
Address: _____
Phone(s): _____
Email address: _____
Instructions for leaving messages: _____

Birth Date: _____ Marital Status: _____ Education level: _____

Line of Work (if working): _____

Religious/Philosophical/Cultural: _____

Briefly, what are the concerns which bring you here?

Why now? _____

Medical information:

Do you currently have any medical problems? If yes, please describe: _____

Are you being treated? _____

Personal Physician (and any other current healthcare providers) and their phone numbers:

Are you currently using any medication? If yes, please describe (include over the counter meds):

Please describe any significant past medical problems or treatments: _____

Substance Use:

Are you currently using any illicit substances? If yes, please describe type of substance, frequency, amount, and so on: _____

Have you used recreational or illegal substances at anytime in the past? If yes, please describe in a similar way as above: _____

Do you currently use alcohol at all? If yes, please describe type of alcohol, frequency, amount, and so on: _____

Have you ever been diagnosed with a substance abuse or addiction problem, had other people concerned about your use, had legal or employment problems related to use, or been concerned about your own use? If yes, please describe: _____

Improper use of prescribed or over the counter medications? _____

Legal Involvements:

Do you currently have any legal involvements which would be connected to your psychological status (such as divorce, child custody, traumatization, employment disputes)?

Have you had such legal involvements in the past or are you anticipating these in the future?

Do you have any reason to believe your mental health status would be brought up in any legal matter or other matter in which your therapist may have to testify or provide an assessment of your mental health or fitness? If so, please briefly describe: _____

Family History:

Current living situation (who you live with, permanent or temporary, satisfactory or unsatisfactory, etc.) _____

Spouse or significant other(s)? _____

Divorces, separations, current satisfaction or dissatisfaction? _____

Children (ages, gender, adopted, step children, etc.) _____

Family of Origin? (Parents, brothers, sisters, other relatives or significant persons – those you grew up with or are involved in you life now, not including your own spouse, significant other or children): _____

Any mental, emotional, or substance abuse problems among family members? _____

Previous Counseling

Please briefly describe your general history with counseling. How does this affect the assistance you are seeking now? I will discuss this with you in greater detail in session:

Have you ever been hospitalized or visited an emergency room for psychiatric reasons? If yes, please describe: _____

Have you ever thought about hurting yourself? If yes, please explain: _____

Have you ever thought of suicide? If yes, when was the most recent time? When were other times (if any)? _____

Have you ever attempted suicide? If yes, please describe briefly (how many times, how you tried to do it, what prevented it from happening, etc.) _____

Are you currently thinking about or planning on hurting yourself or committing suicide? If yes, please explain: _____

Have you ever been violent toward others? _____

Any significant criminal history? _____

Are you now, or in the past 6 months, been a victim of violence or threats of violence? _____

Do you currently feel safe from violence or abuse?

Have you, in the past, been a victim (or survivor) of physical or sexual, assault, abuse, threats of these, or any other form of abuse? _____

Current Stresses: Changes, even positive ones, can produce emotional distress. Below is just a partial list of changes people may go through, or stresses they may experience. Please circle any which you have experienced in the **past year**. Please write-in any changes or stresses which are not on the list, or any explanations which may help me to understand your situation and concerns:

death of a spouse		trouble with in-laws
divorce		outstanding personal achievement
marital separation		spouse beginning or stopping work
jail term		beginning or ending school
death of close family member		change in living conditions
personal injury or illness		revision of personal habits
marriage		trouble with boss
fired at work		change in work conditions or hours
marital reconciliation		change in recreation
retirement		change in church activities
change in health of family member		change in social activities
pregnancy		change in sleep habits
sex difficulties		change in eating habits
gain of new family member		change in number of family get-togethers
business readjustment		vacation
change in financial state		Other: Please list other stressors below
death of close friend		
change to different line of work		
change in number of arguments w/spouse		
mortgage or rent problems		
foreclosure of mortgage or loan		
change in responsibilities at work		
change in residence		
son or daughter leaving home		
change in schools		

More information which may help me to understand your current and recent stresses:
