

BEHAVIORAL MEDICINE INSTITUTE OF ATLANTA

CLIENT QUESTIONNAIRE

Name: _____

Date: _____

Date of Birth: _____

Age: _____

If you need more room to answer a question, continue on the back of this form or another sheet of paper.

A. FAMILY HISTORY

1. Where were you born (city and state) and where did you live when you were growing up? _____

2. With whom did you live when you were growing up? _____

3. What is your mother's first name? _____ What is her age? _____
If deceased, when did she die and how did she die? _____

4. What is your mother's ethnic/racial heritage? _____

5. What is your father's first name? _____ What is his age? _____
If deceased, when did he die and how did he die? _____

6. What is your father's ethnic/racial heritage? _____

7. My parents: Were Never Married Are Divorced Are Married (or were married until one or both died)
If divorced, when they divorced and why? _____

8. Are they your biological parents? YES NO
If not, describe relationship (e.g., adopted, foster child, other relative) _____

9. What kind of work did your father do most of his life? _____

10. Did your mother work outside the home when you were growing up? YES NO
If so, what kind of work did she do? _____

11. Do you have brothers and/or sisters? YES NO
If yes, what are their names, ages and occupations: (Include any who are deceased)

Sibling Name	Occupation	Age	Married?	Name and age of children

12. Describe your relationship with your brothers and sisters.

13. Do you have any stepparents? YES NO

If yes, what are their names and when did they marry your parent?

14. Do you have stepbrothers and/or stepsisters? YES NO

If yes, what are their names and ages? (Included any who are deceased) Are they married and do they have children?

Stepsibling Name	Age	Married?	Name and age of children

15. Describe your relationship with stepbrothers and stepsisters.

16. How did you get along with your stepparents as a child? Please describe.

17. Who handled the discipline in your home? What type of discipline was used? Was anything used (like paddle, switch, belt, hand, fist?) Do you think either of your parents was abusive in their use of discipline?

18. Please describe your family's financial status. (e.g, Upper class, middle class, lower middle class, etc.)

19. Did your family ever receive food stamps, government assistance, etc? YES NO

If yes, please describe.

20. Did your family own their home? YES NO

21. Were either of your parents disabled? YES NO

If yes, please describe disability and indicate whether they received disability benefits.

22. Was your family religious? YES NO

If yes, what type of church did your family attend?

23. To your knowledge, did you develop normally as a child (physically and mentally)? YES NO

If no, please describe.

24. Did you have any legal problems as a child? YES NO

If yes, please describe. _____

25. Have you ever run away from home? YES NO
(If yes, how old were you, explain why and how often, where you went, and how long you were gone)

26. Did you ever: YES NO
set fires for fun? YES NO
hurt animals for fun? YES NO

B. MEDICAL HISTORY (If yes to any question, describe, and identify how old you were.)

1. Have you ever had a head injury that caused you to be knocked unconscious? YES NO

2. Have you or do you have physical abnormalities? YES NO

3. Did you have a problem with bedwetting? YES NO

4. Have you had a problem with being unable to control your urine or bowels?
(e.g.,going to the bathroom in your pants) YES NO

5. Are you currently taking medications? YES NO

If yes, list each medication and why you are taking it.

6. Are you taking your medications as prescribed? YES NO

7. Do you have any allergies? YES NO

8. Have you had any serious accidents? _____ YES NO

9. Have you had any serious medical illnesses?
_____ YES NO

10. Have you had any operations?
_____ YES NO

11. Have you ever received disability benefits? YES NO

If yes, for what disability? _____

12. Do you have any scars, tattoos, or piercings? YES NO

If yes, describe and identify where they are located. _____

C. PERSONALITY AND PSYCHOLOGICAL PROBLEMS

How would you and others describe your personality make-up? (Circle all that apply)

- | | | | |
|-----------|-----------|--------------|-------------|
| Dramatic | Explosive | Manipulative | Angry |
| Happy | Shy | Outgoing | Depressed |
| Energetic | Afraid | Nervous | Defiant |
| Hopeless | Hateful | Detached | Indifferent |

For each of the following, if yes to any question, identify how old you were and describe the problem

1. Have you ever had so much energy that you did not need to sleep or spent money that you did not have? YES NO
2. Have you ever been so anxious that you could not do anything or so anxious that you could not even leave the house? YES NO
3. Do you often feel that you need to count, check or clean things in a special way? YES NO
4. Do you ever have several minutes of extreme nervousness and fear that seem to come out of nowhere? YES NO
5. Do you ever feel that you cannot control your thoughts or that people can read or control your mind? YES NO
6. Have you ever thought about someone so much that you followed him or her? YES NO
7. Have you ever heard sounds or voices that others did not hear? YES NO
8. Have you ever seen things that others did not see? YES NO
9. Have you ever seen a mental health provider for any reason? (This includes: psychiatrists, psychologists, counselors, etc.) YES NO
If yes, when, why, and how many visits?
10. Have you ever been hospitalized for psychiatric reasons? YES NO
If yes, when, why, and how long?
11. List all psychological and sleep medications you are currently taking, including over-the-counter medications. (include the dosage)
12. Have you ever made a suicide attempt or thought about committing suicide? YES NO
If yes, give details.
13. Have you ever hurt someone else physically or threatened him or her with a weapon? YES NO
If yes, give details.

1. Have you ever (Circle all that apply)

Been held back a grade? Skipped school?

Been diagnosed with a learning disorder?

Had special education classes?

Flunked out of school?

Been suspended from school?

Had any disciplinary problems in school?

Please explain:

2. Did you participate in any extracurricular activities?

YES NO

If yes, please list.

G. WORK HISTORY

Please list the jobs you have held since age 16. (If you need more room, continue on the back of this page)		
Date or age began	Company and position	Why did you leave?

1. Which was your favorite job and why?

2. Have you ever had a problem sustaining employment?

YES NO

3. Have you ever had problems with fellow employees?

YES NO

4. Have you ever had problems with supervisors?

YES NO

5. Have you ever declared bankruptcy?

YES NO

If yes, when?

6. How do you currently support yourself and your family?

7. Have you ever served in the military?

YES NO

If yes, what branch and when?

8. Did you have any disciplinary action taken while in the military? YES NO

If yes, please describe.

9. Did you serve in combat? YES NO

If yes, were you injured? YES NO

Please describe.

10. What was your highest rank and what type of discharge did you have?

11. Have you experienced or have been told that you have Post-traumatic Stress Disorder? YES NO

If yes, please describe.

H. CRIMINAL HISTORY

NON-SEXUAL CRIMES		
List all <u>non-sexual</u> crimes in which you have been involved, arrested, or charged (include DUIs and speeding tickets).		
Dates Involved/Arrested	Non-Sexual Criminal Charge	Eventual Legal Consequences

I. YOUR INTERPERSONAL RELATIONSHIPS

Include relationships where you lived with a partner						
Spouse's Name	And/or your Partners' Names	Length of Relationship	Partner/Spouse's Age at time relationship began	Your Age at time relationship began	Why relationship ended	Children's names and ages

Are you currently involved in an ongoing relationship? YES NO

How old is your partner? _____

How long have you been together? _____

What does your partner do for a living? _____

With whom do you currently live? _____

J. MISUSE BY OTHERS OR THE CRIMINAL JUSTICE SYSTEM

1. What do you think are the major ways that other people or the criminal justice system have misused you or mistreated you?

K. SUBSTANCE ABUSE

1. Which of the following substances have you used? (Circle all that apply)

Substance	Age first used	Frequency of use At that time	Amount Used	Route (Oral, Snort, IV)	Current Frequency of Use	Current Amount Used
Alcohol						
Cocaine						
Methamphetamines, crank, speed, ice, etc.)						
Opiates						
Benzodiazepines						
Inhalants						
Marijuana						
Hallucinogens (heroin, mushrooms, LSD, etc.)						
Other						

2. What treatment have you had for substance abuse? (Please explain)

3. Does anyone in your family have a problem with substance abuse?

If yes, identify who and what kind of substance.

4. Has anyone in your family been treated for substance abuse?

If yes, identify who and when.

N. INAPPROPRIATE SEXUAL BEHAVIOR

1. With what inappropriate sexual behaviors have you been involved?
2. How did you select the individual with whom you were sexually inappropriate?
3. How did you convince them to get involved with you sexually?
4. Did you use threats, bribes, or physical force before or after your inappropriate sexual behavior? YES NO

List all victims of your inappropriate sexual behavior, using their first names (if necessary, use back of page)		
Age of victim	Male/Female	Frequency and duration of behavior

5. What unusual sexual interests do you have?
6. With which have you been involved? (Circle all that apply to you and your age at the time of involvement)

Pornography	Prostitutes	Sexual Addiction	Swinging
Internet Pornography	Strip Clubs	Massage Parlors	Phone Sex (900 #'s or other paid phone sex)
Internet Sexual Chat Rooms	Multiple affairs		

Please mail, fax, or bring with you to:

 Behavioral Medicine Institute of Atlanta
 1401 Peachtree Street, NE
 Suite 140
 Atlanta, GA 30309
 Phone: 404-872-7929
 Fax: 404-872-2588