

PSYCHOLOGICAL/SOCIAL HISTORY

Instructions: Answer the following questions as they apply to you. On some questions no answers will apply so do not mark anything. Circle the right answers. Some questions will have more than one answer, so circle all that apply. Put a check mark by any answers you want to discuss.

NAME: _____ AGE _____ DATE _____ SEX _____
 OCCUPATION _____

- What is your cultural heritage? (1 answer)
1. Asian
 2. African-American
 3. Caucasian (white)
 5. Hispanic
 6. Native American
 8. Other
1. Who primarily raised you? (1 answer)
 1. Natural Parents
 2. Father Only
 3. Mother Only
 4. Father and Stepmother
 5. Mother and Stepfather
 6. Adoptive Parents
 7. Foster Parents
 8. Institutional Caretakers
 9. Aunt and/or Uncle
 10. Brother and/or Sister
 11. Maternal Grandparent(s)
 12. Paternal Grandparent(s)
 13. Other
 2. How would you characterize your childhood? (Answer all that apply)

1. Happy	5. Hard to Remember
2. Frightening	6. Secure
3. Unhappy	7. Painful
4. Dull	8. Regimented
 3. Which descriptor(s) characterize your mother (maternal caretaker)? (answer all that apply)

1. Warm	8. Domineering
2. Distant	9. Abusive
3. Uncaring	10. Faultfinding
4. Strict	11. Understanding
5. Unpleasant	12. Perfect
6. Rejecting	13. Affectionate
7. Overprotective	
 4. Which (descriptor(s) characterize your father (paternal caretaker)? (answer all that apply)

1. Warm	8. Domineering
2. Distant	9. Abusive
3. Uncaring	10. Faultfinding
4. Strict	11. Understanding
5. Unpleasant	12. Perfect
6. Rejecting	13. Affectionate
7. Overprotective	
 5. How would you describe your parents' (or parent substitutes') relationship? (answer all that apply)

1. Warm	8. Domineering
2. Distant	9. Abusive
3. Uncaring	10. Faultfinding
4. Strict	11. Understanding
5. Unpleasant	12. Perfect
6. Rejecting	13. Affectionate
7. Overprotective	
 6. How many brother and sisters did you have? (1 answer)

1. One	6. Six
2. Two	7. Seven
3. Three	8. More than seven
4. Four	9. None
5. Five	
 7. Which descriptors characterize you as a child (0 to 12 years of age)? (Answer all that apply)

1. Outgoing	8. Emotional
2. Shy	9. Irresponsible
3. Active	10. Nervous
4. Aggressive	11. Rebellious
5. Awkward	12. Serious
6. Happy	13. Stubborn
7. Friendly	
 8. What was your order of birth? (1 answer)

1. Oldest	3. Youngest
2. Middle	4. Only Child
 9. What were problems for you as a child (0 to 12 years of age)? (Answer all that apply)

1. None	10. Academic
2. Getting along with mother	11. Physical/medical problems
3. Getting along with father	12. Nerves
4. Getting along with sibling(s)	13. Felt I was a burden to my parents
5. Getting along with peers	14. Overweight
6. Getting along with teacher	15. Underweight
7. Bed-wetting	16. Having my feelings hurt
8. Nightmares	17. Fear of failure
9. Excessive fears or worries	
 10. What did your parents (parent caretakers) argue about? (Answer all that apply)

1. Money	6. Jealousy
2. Discipline of children	7. Not taking care of the home
3. Relatives interfering	8. Not being a good provider
4. Drinking	9. Never argued
5. Sex	
 11. What was your father's (paternal caretaker's) occupation)? (1 answer)

1. Homemaker	9. Unemployed
2. Professional	10. Disabled
3. Owner of Business	11. Government Service
4. Skilled Craftsman	12. Personal Service (e.g. Hair Stylist, Maid)
5. Office Worker	13. Military Service
6. Salesperson	14. Executive
7. Skilled Laborer	15. Does Not Apply
8. Unskilled Laborer	
 12. What was your mother's (maternal caretaker's) occupation)? (1 answer)

1. Homemaker	9. Unemployed
2. Professional	10. Disabled
3. Owner of Business	11. Government Service
4. Skilled Craftsman	12. Personal Service (e.g. Hair Stylist, Maid)
5. Office Worker	13. Military Service
6. Salesperson	14. Executive
7. Skilled Laborer	15. Does Not Apply
8. Unskilled Laborer	

13. How would you describe your mother's method of discipline? (1 answer)
1. Strict
 2. Fairly Strict
 3. Fair
 4. Lenient
 5. Inconsistent
13. How would you describe your father's method of discipline? (1 answer)
1. Strict
 2. Fairly Strict
 3. Fair
 4. Lenient
 5. Inconsistent
14. What fears did you have as a child (0 to 12 years of age)? (Answer all that apply)
1. No significant fears
 2. Death
 3. Might Fail
 4. Might be seriously injured or become ill
 5. Strangers
 6. Might be laughed at
 7. Might be abandoned - lose my parents
 8. Animals
 9. Other children
15. How far did you go in school? (1 answer)
1. Completed less than 6 grades
 2. Completed elementary school
 3. Completed junior high (9th grade)
 4. Attended high school but did not receive a diploma
 5. Received a G.E.D.
 6. Graduated from high school
 7. Vocational or Business school training beyond high school
 8. Attended college but did not graduate
 9. Graduated from college - four year degree
 10. Completed college course work at the graduate level
 11. Earned a Master's Degree
 12. Earned a Doctoral Degree
16. How would you rate your intellectual ability? (1 answer)
1. Below average
 2. Average
 3. Above average
 4. Superior/gifted
17. Were you ever held back in school? (1 answer)
1. No
 2. Yes
19. In general, what grades did you make in school? (1 answer)
1. Many D's and F's
 2. Mostly C's
 3. Mostly A's and B's
 4. Mostly A's
20. Did you ever get in trouble while in school? (1 answer)
1. No
 2. Occasionally
 3. Often
21. Did you have any problems learning to read? (1 answer)
1. No
 2. Yes
22. Did you have any problems learning math? (1 answer)
1. No
 2. Yes
23. Did your peers ridicule, tease or make fun of you more than other kids? (1 answer)
1. No
 2. Yes
24. Rate your family's economic status during childhood and adolescence: (1 answer)
1. Poverty level (received welfare)
 2. Working Class
 3. Middle Class
 4. Upper Middle Class
 5. Wealthy
25. Who provided the main source of income for your family? (1 answer)
1. Mother
 2. Father
 3. A Relative
 4. Social Service (Welfare, Unemployment, Disability)
 5. A Friend of the Family
 6. Other
26. Did your parents agree on how money should be spent? (1 answer)
1. Agreed most of the time
 2. Disagreed
 3. Disagreed frequently
27. Did your family experience any financial problems? (1 answer)
1. No
 2. Occasionally
 3. Often
28. Currently, how much money does the household earn that you now live in? (1 answer)
1. Less than \$8,000
 2. \$8,000 - \$20,000
 3. \$20,000 - \$40,000
 4. \$40,000 - \$75,000
 5. \$75,000 - \$125,000
 6. \$125,000 - \$200,000
 7. More than \$200,000
29. Have you had any major changes in income during the last 2 years? (1 answer)
1. No
 2. Decreased significantly
 3. Increased significantly
30. What is your family's primary source of income? (1 answer)
1. My Earnings
 2. My Partner's Earnings
 3. Relatives
 4. Disability Payments
 5. Unemployment
 6. Welfare
 7. Investments
 8. Other
31. Is providing enough income for your family a big stress in your life? (1 answer)
1. No
 2. Yes
32. Are you presently employed? (1 answer)
1. No
 2. Yes
33. How long have you been working at this job? (1 answer)
1. Less than 6 months
 2. 6 months to one year
 3. 1 to 3 years
 4. 3 to 5 years
 5. 5 to 10 years
 6. 10 to 15 years
 7. 15 to 20 years
 8. More than 20 years
 9. Does not apply
34. How many hours per week do you work? (1 answer)
1. Less than 10
 2. 10 to 20
 3. 20 to 30
 4. 30 to 45
 5. More than 45
 6. Does not apply
35. In general, how do you enjoy your work? (1 answer)
1. Enjoyable
 2. Neutral
 3. Unenjoyable
 4. Does not apply
36. Have you ever been fired? (1 answer)
1. No
 2. Yes
37. Have you ever been laid off? (1 answer)
1. No
 2. Yes
38. What is the longest period of time you held one job? (1 answer)
1. Less than 1 year
 2. 1 to 3 years
 3. 3 to 5 years
 4. 5 to 10 years
 5. More than 10 years
39. Since starting full-time work, what is your longest non-work period? (1 answer)
1. Less than 1 month
 2. 1 to 6 months
 3. 6 months to 1 years
 4. 1 to 3 years
 5. 3 to 5 years
 6. 5 to 10 years
 7. More than 10 years

40. Do you have any problems at work? (1 answer)
1. No
 2. Yes
41. What kinds of work have you performed in the past? (Answer all that apply)
- | | |
|-------------------------|--|
| 1. A Homemaker | 8. An Unskilled Laborer |
| 2. A Professional | 9. Have Never Worked |
| 3. An Owner of Business | 10. In Government Service |
| 4. A Skilled Craftsman | 11. Personal Service (e.g. Hair Stylist, Maid) |
| 5. An Office Worker | 12. An Executive |
| 6. A Salesperson | 13. Other |
| 7. A Skilled Laborer | |
42. Have you ever served in the military? (1 answer)
1. No
 2. Yes
43. Which branch did you serve in? (1 answer)
- | | |
|-------------------|----------------|
| 1. Does not apply | 4. Navy |
| 2. Air Force | 5. Marines |
| 3. Army | 6. Coast Guard |
44. How long did you serve? (1 answer)
- | | |
|-----------------------|-----------------------|
| 1. Does not apply | 6. 4 to 6 years |
| 2. Less than 3 months | 7. 6 to 10 years |
| 3. Less than 1 year | 8. 10 to 15 years |
| 4. 1 to 2 years | 9. More than 15 years |
| 5. 2 to 4 years | |
45. What kinds of problems did you experience while in the military? (Answer all that apply)
1. Getting used to following rules and regulations
 2. Taking orders
 3. Nerves
 4. Began using drugs
 5. Began using alcohol to excess
 6. Was reprimanded by my superiors for my conduct
 7. Had to perform special duty because of my conduct (K.P., Latrine, etc)
 8. Did time in the stockade/brig
 9. Was court marshaled
 10. Went AWOL
 11. Other
 12. Does not apply/none
46. Were you stationed in a combat zone? (1 answer)
- | | |
|--------------------------------|---------------------------------|
| 1. Does not apply | 6. Yes, for 1 to 2 years |
| 2. No | 7. Yes, for 2 to 3 years |
| 3. Yes, for less than 3 months | 8. Yes, for 3 to 4 years |
| 4. Yes, for 3 to 6 months | 9. Yes, for longer than 4 years |
| 5. Yes, for 6 months to 1 year | |
47. What was the highest rank you attained? (1 answer)
1. Does not apply
 2. Enlisted person
 3. Noncommissioned Officer
 4. Officer
48. What were the terms of your discharge? (1 answer)
1. Does not apply
 2. Still on active duty
 3. Honorably discharged due to mental problems
 4. Honorably discharged due to physical problems
 5. Honorable discharge
 6. Dishonorably discharged
49. Did you ever see a psychologist or psychiatrist while in the military? (1 answer)
1. Does not apply
 2. No
 3. Was hospitalized for mental problems
 4. For evaluation and treatment (outpatient)
 5. For evaluation only
50. Do you have a service-connected disability? (1 answer)
- | | |
|-------------------|------------------------|
| 1. Does not apply | 4. Mental |
| 2. No | 5. Physical and Mental |
| 3. Physical | |
51. Which of the following have you used? (Answer all that apply)
- | | |
|--------------------|--|
| 1. None | 8. Heroin |
| 2. Cocaine | 9. Marijuana |
| 3. Barbiturates | 10. Tranquilizers without prescription |
| 4. Amphetamines | 11. Pain pills without prescription |
| 5. Hallucinogenics | 12. PCP |
| 6. Opium | |
| 7. Qualludes | |
52. Have you ever felt there was a time you drank too much alcohol? (1 answer)
1. No
 2. Yes, on one occasion
 3. Yes, on several occasions
 4. Yes, on more than several occasions
53. On the average, how often do you drink alcohol? (1 answer)
- | | |
|-------------------------|-------------------------|
| 1. Never | 4. Once a week |
| 2. Once or twice a year | 5. Several times a week |
| 3. Once a month | 6. Daily |
54. How would you describe your illegal drug usage? (1 answer)
- | | |
|--------------------------|----------------------------|
| 1. Never used drugs | 4. Once a week |
| 2. Once or twice a year | 5. A couple of time a week |
| 3. Once or twice a month | 6. Daily |
55. Have you ever been involved in an alcoholism or drug treatment program? (1 answer)
1. No
 2. Yes
56. Did your parents have a problem with alcohol when you were a child? (1 answer)
- | | |
|----------------|---------------------------------|
| 1. No | 4. Both parents did |
| 2. Mother only | 5. The person who raised me did |
| 3. Father only | |
57. Do you smoke cigarettes? (1 answer)
1. No, never have
 2. No, I quit smoking
 3. Yes, a pack a week or less
 4. Yes, approximately one-half pack a day
 5. Yes, a pack a day
 6. Yes, more than a pack a day
58. Have any family members ever experienced mental illness? (Answer all that apply)
- | | |
|-----------|---|
| 1. No | 5. Sibling(s) [brother(s) and sister(s)] |
| 2. I have | 6. Grandparents |
| 3. Mother | 7. Outside the immediate family (uncle, aunt, etc.) |
| 4. Father | |
59. Did you have any bad illnesses as a child (e.g., hospitalizations)? (1 answer)
1. No
 2. Yes
60. Have you had any significant accidents in the past 3 years? (1 answer)
1. No
 2. Yes
61. Have you had any major illnesses or hospitalizations in the past 3 years? (1 answer)
1. No
 2. Yes
62. Rate your general level of health. (1 answer)
- | | |
|--------------|-------------------|
| 1. Excellent | 4. Poor |
| 2. Good | 5. Extremely Poor |
| 3. Fair | |
63. Are you currently under the care of a physician? (1 answer)
1. No
 2. Yes

64. What medications are you currently taking? (Answer all that apply)
1. None
 2. Pain pills
 3. Antibiotics
 4. Anti-inflammatory pills
 5. Anticonvulsant pills
 6. Hear pills
 7. High blood pressure pills
 8. Tranquilizers
 9. Antidepressants
 10. Vitamins
 11. Insulin
 12. Allergy Pills
 13. Stomach pills
 14. Other
65. What is your marital status? (1 answer)
1. Single, but involved in an intimate relationship
 2. Single
 3. Divorced
 4. Separated
 5. Married
 6. Widowed
66. Have you ever been divorced? (1 answer)
1. No
 2. Yes
67. How long have you been with your current partner? (1 answer)
1. Not involved in an intimate relationship at this time
 2. Less than 1 year
 3. 1 year
 4. 2 years
 5. 3 years
 6. 4 years
 7. 5 years
 8. More than 5 years
 9. More than 10 years
 10. More than 15 years
 11. More than 20 years
 12. More than 25 years
 13. More than 30 years
68. How many children do you have? (1 answer)
1. 1
 2. 2
 3. 3
 4. 4
 5. 5
 6. 6
 7. 7
 8. More than 7
 9. None
69. How would you describe your partner? (Answer all that apply)
1. Warm
 2. Unhappy
 3. Distant
 4. Uncaring
 5. Happy
 6. Unpleasant
 7. Enjoyable
 8. Abusive
 9. Faultfinding
 10. Understanding
 11. Perfect
 12. Indifferent
 13. Argumentative
 14. Boring
 15. Stimulating
 16. Unforgiving
 17. Tense
 18. Affectionate
 19. Does not apply
70. Are you having problems with your child(ren)'s behavior? (1 answer)
1. No
 2. Yes
 3. Does not apply
71. Is the frequency of sex a problem? (1 answer)
1. No
 2. Yes
72. What are your living arrangements? (1 answer)
1. Living with relatives in their home
 2. Living with friends in their home
 3. Renting a home
 4. Renting an apartment
 5. Buying a home
 6. Own my own home
 7. Boarder
 8. Living in a dorm
 9. Other
73. How often do you and your partner argue? (1 answer)
1. Never
 2. Rarely
 3. Once a month
 4. Once a week
 5. Several times a week
 6. Daily
 7. Several times a day
 8. Does not apply
74. Has your relationship ever been threatened by an affair? (1 answer)
1. No
 2. Yes, my affair
 3. Yes, my partner's affair
 4. Does not apply
75. What interests do you and your partner share? (Answer all that apply)
1. None
 2. Children
 3. Work-related
 4. Sports
 5. Hobbies or crafts
 6. Movies
 7. Theater
 8. Music
 9. Politics
 10. Socializing with friends
 11. Television
 12. Religious activities
 13. Club activities
 14. Talking
 15. Games
 16. Camping
 17. Hunting/fishing
 18. Other
 19. Does not apply
76. How well do you feel your partner fulfills his/her role with you? (1 answer)
1. Very well
 2. Fairly Well
 3. Poorly
 4. Very poorly
 5. Does not apply
77. Do you eat a balanced diet? (1 answer)
1. No
 2. Yes
78. Do you participate in a regular exercise program? (1 answer)
1. No
 2. Yes
79. How would you characterize your size? (1 answer)
1. Very thin
 2. Thin
 3. About average
 4. A little heavy
 5. Heavy
 6. Very heavy
80. Which of the following have you experienced in the past two years? (Answer all that apply)
1. Marital reconciliation
 2. Jail term
 3. Retirement
 4. Fired at work
 5. Change in health of family member
 6. Marital separation
 7. Divorce
 8. Death of spouse/ partner
 9. Pregnancy
 10. More or less arguments with partner
 11. None
81. Which of the following have you experienced in the past two years? (Answer all that apply)
1. Death of a close friend
 2. Marriage
 3. Death of a close family member
 4. Change in financial state
 5. Personal injury or illness
 6. Change to different line of work
 7. Business readjustment
 8. Gain a new family member
 9. Sexual worries
82. How would you rate your ability to cope with life? (1 answer)
1. Very good
 2. Good
 3. Fair
 4. Poor
83. How would you describe yourself? (Answer all that apply)
1. Quiet
 2. Outgoing
 3. Talkative
 4. Shy
 5. Active
 6. Aggressive
 7. Temperamental
 8. Self-confident
 9. Wild
 10. Carefree
 11. Stubborn
 12. Easygoing
 13. Friendly
 14. Smart
 15. Impatient
 16. Responsible
 17. Rebellious
 18. Unassertive

84. How would you describe your mental state? (Answer all that apply)
- | | |
|-------------------|-----------------------|
| 1. Tense | 10. Disappointed |
| 2. Depressed | 11. Regretful |
| 3. Forgetful | 12. Irritable |
| 4. Sad | 13. Calm |
| 5. Worried | 14. Scared |
| 6. Fearful | 15. Hyperactive |
| 7. Angry | 16. Nervous |
| 8. Unenthusiastic | 17. Happy |
| 9. Confused | 18. None of the above |
85. Have you ever had legal problems? (Answer all that apply)
- | | |
|--------------------------|--------------|
| 1. No | 3. Arrested |
| 2. Civil (e.g., Divorce) | 4. Convicted |
86. What is the primary problem bothering you? (1 answer)
- | | |
|------------------------|-------------------------|
| 1. Marriage | 8. Physical (ill/tired) |
| 2. Family | 9. Alcohol |
| 3. Loneliness | 10. Drugs |
| 4. Moodiness | 11. Sex |
| 5. Depression | 12. Memory |
| 6. Anxiety | 13. Work |
| 7. Low self-confidence | 14. Other |
87. How long ago did you begin to be troubled by this problem?
(1 answer)
- | | |
|----------------------------|---------------------------|
| 1. Within the past month | 6. Between 5 and 10 years |
| 2. Between 1 and 6 months | 7. Over 10 years |
| 3. Between 6 and 12 months | 8. All my life |
| 4. Between 1 and 2 years | 9. Does not apply |
| 5. Between 2 and 5 years | |
88. Rate the degree to which this problem has affected your life.
(1 answer)
- | | |
|------------------|-------------------|
| 1. Very little | 4. A good deal |
| 2. A little | 5. A great deal |
| 3. A fair amount | 6. Does not apply |
89. How often do you experience this problem? (1 answer)
- | | |
|-------------------------|--------------------------|
| 1. Many times a day | 6. Several times a month |
| 2. Several times a day | 7. Monthly |
| 3. Daily | 8. Several times a year |
| 4. Several times a week | 9. Less than once a year |
| 5. Once a week | 10. Does not apply |
90. What other kinds of problems are bothering you? (Answer all that apply)
- | | |
|-------------------------|--------------------|
| 1. Marriage | 9. Alcohol |
| 2. Family | 10. Drugs |
| 3. Loneliness | 11. Sex |
| 4. Moodiness | 12. Memory |
| 5. Depression | 13. Work |
| 6. Anxiety | 14. Other |
| 7. Low self-confidence | 15. Does not apply |
| 8. Physical (ill/tired) | |