

CRG
9106 N. Meridian St., Suite 100
Indianapolis, IN 46260
TEL: (317) 575-9111 FAX: (317) 571-4470

Adult Questionnaire

Name: _____ Age: _____ Date of Birth: _____

Today's Date: _____ Who referred you here? _____

HOW DID YOU HEAR ABOUT CRG:

- Family Dr. (Dr.'s name: _____)
- Therapist (Therapist's name: _____)
- School (School name: _____)
- Family member
- Friend/Coworker
- CRG Website
- Other (_____)

PRESENTING PROBLEM AND HISTORY OF TREATMENT

1. In the space below, please state why you are coming in today:

2. When did this become a problem?

3. Have you had any type of treatment for this problem? If so, please describe:

HISTORY OF EMOTIONAL OR BEHAVIORAL PROBLEMS

4. For each item below, please indicate if you feel this is or has been a problem for you.

	Currently	Past
Depression		
Anxiety (general)		
Anxiety around people		
Attention		
Concentration		
Memory		
Anger		
Suicidal Thoughts		
Cutting or other self harming behavior		
Eating Problems		
Body image concerns		
Aggressive behavior		
Unstable Mood		
Unable to think clearly		
Seeing/hearing things that are not there		
Sexually abused		
Physically abused		
Emotionally abused		

5. Please provide any further information you wish to about the above issues:

6. In the box below, please indicate all prescription medications you currently take:

Medicine	Dose	Reason	Effectiveness	Prescribed by

7. Please list any other psychiatric medicines you have taken in the past:

Medicine	Dose	Reason	Effectiveness	Prescribed by

8. In the box below, please identify any counseling/psychotherapy you have received:

Age	Length of Treatment	Reason	Provider's Name

9. Please indicate below any psychiatric hospitalizations you have experienced.

Age	Length of Treatment	Reason	Location

SOCIAL HISTORY

10. Religious/spiritual orientation:

11. Cultural/ethnic identification:

12. Sexual orientation:

13. What do you consider to be your best qualities?

EDUCATIONAL HISTORY

14. What is the highest grade or level of training you have achieved?

15. Beginning with Elementary School, please fill in the table below with the name of each school you attended, grades completed, if you struggled academically, and if you received accommodations.

Name of School	Grades Attended	Did You Struggle Academically? (Y/N)	Did You Receive Accommodations? (Y/N)

Please describe your attitude to school, friend/peer relationships, activities, problems, accomplishments, or any other important information about your educational history you would like to share.

SUBSTANCE USE

16. Please describe below your use of any of the following substances:

	Present Use (Yes/No; frequency)	Past Use (Yes/No; frequency)
Alcohol		
Tobacco		
Marijuana		
Cocaine		
Hallucinogens		
Other		

FAMILY INFORMATION

17. To the best of your knowledge, has any biological relative or anyone you lived with experienced the following:

	Please Describe
Depression	
Anxiety	

	FAMILY INFORMATION (con't)
Suicide	
Bipolar Disorder	
Schizophrenia	
Eating Disorder	
Attention	
Learning Problems	
Anger	
Aggression	
Substance Abuse	
Illegal Behavior	
Other:	

18. Parents: together divorced separated never married deceased: M F

19. Who did you grow up with (who was in the household in which you lived)?

20. Please list any siblings, including step-siblings and half-siblings, and their approximate ages:

21. Please describe your relationship with your mother as you were growing up:

22. Please describe your relationship with your father as you were growing up:

23. Please describe your relationship with any adoptive or step-parents as you were growing up:

24. How did you get along with your siblings?

25. Did you/your family experience any significant losses or major changes (e.g., accidents, deaths, illnesses, job changes, moves, etc.) as you were growing up?

PERSONAL INFORMATION

26. Single Married With Partner Separated Divorced Widowed

27. Please describe your marital history or history of significant relationships (e.g., number of marriages, length of time, your age when married, reason for break-up, etc.).

28. Do you have any children? If so, please list their names and ages.

29. Who lives in your household currently?

30. Describe your recent employment history.

31. Please describe any military history, including whether you experienced any physical or emotional trauma while in the service:

32. Please use the space below to tell us anything else you want us to know about you.

CURRENT STATUS

Have you noticed the following over the last two weeks:	Never	Rarely	Some -times	Often	Very Often
I feel unhappy, sad or down.					
I can't maintain focus or concentrate.					
Nothing gives me much pleasure anymore.					
I have no energy and am tired.					
I have thoughts of suicide.					
I have trouble sleeping.					
I am sleeping more than is normal for me.					
My appetite is lower than usual.					
I eat more than is normal for me.					
I feel tense and anxious, like I can't sit still.					
I am worried/fearful.					
I have panic/anxiety attacks.					
I worry about losing control or dying.					
Social situations make me feel nervous and shaky.					
I experience flashbacks or nightmares.					
I startle easily and am jumpy.					
If a place reminds me of a bad experience, I avoid going there.					
I feel numb and dull, like I am detached.					
I keep having specific thoughts that I can't get out of my mind.					
I must repeat certain rituals/acts and/or check/recheck things.					
I make careless mistakes when I have to work on a boring or difficult project.					
I have difficulty maintaining attention when I am doing boring/repetitive work.					
I have trouble concentrating on what people say, even when they speak to me directly.					
I have trouble wrapping up the final details of projects once the challenging parts are complete.					
I have difficulty getting things in order when my task requires organization.					
If a task requires a lot of thought, I often avoid it/delay getting started.					
I misplace or have trouble finding things at home/work.					
I am distracted by activity and noise around me.					
I have problems remembering appointments and obligations.					
I fidget/squirm with my hands and feet when I have to sit for long periods.					
I leave my seat during meetings or other situations where I should stay seated.					
I feel restless and/or fidgety.					
I have trouble unwinding and relaxing when I have time to myself.					
I feel overly active and compelled to do things, as if I am driven by a motor.					
I talk too much in social situations.					
I finish other people's sentences before they finish them during conversations.					
I have trouble waiting for my turn in situations where turns are required.					
I interrupt others when they are busy.					
I have had periods of time where I have had more energy than is normal for me.					
I have gone through phases where I have felt unusually irritable and angry.					
I have had periods of time where I have felt unusually exited/revved up or high.					
I have had periods of time where I have needed less sleep than is normal for me.					
The above symptoms have affected my performance at work or school.					
The above symptoms have impacted my relationships with friends and family.					
The above symptoms have led me to alcohol/drug use to cope.					

Thank you for completing this form.