

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 has been a problem for you either currently, in the past, or both.

| | 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 | | |
| | Currently | Past |
| Unstable Mood | | |
| Unable to think clearly | | |
| Seeing/hearing things that are not there | | |
| Sexual abuse | | |
| Physical abuse | | |
| Emotional abuse | | |

5. Please give any information you wish about the above issues:

6. In the box below, please indicate any medications that you currently take:

| Medicine | Dose | Reason | Effectiveness |
|----------|------|--------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

| Medicine | Dose | Reason | Effectiveness |
|----------|------|--------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

8. In the box below, please give any other history of previous counseling/psychotherapy:

| Age | Length of Treatment | Reason | Outcome |
|-----|---------------------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

9. Please indicate below any psychiatric hospitalizations.

| Age | Length of Treatment | Reason | Outcome |
|-----|---------------------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

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. For each time period listed, please say a little about how you did in school (grades, attitude to school, friend/peer relationships, activities, problems, accomplishments, etc.).

Elementary:

Middle School/Junior High:

High School:

College:

SUBSTANCE USE

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

| | Present Use | Past Use |
|---------------|-------------|----------|
| Alcohol | | |
| Tobacco | | |
| Marijuana | | |
| Cocaine | | |
| Hallucinogens | | |
| Other | | |

FAMILY INFORMATION

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

| | Please Describe |
|------------------|-----------------|
| Depression | |
| Anxiety | |
| Suicide | |
| Bipolar Disorder | |
| Schizophrenia | |
| Eating Disorder | |

FAMILY INFORMATION (con't.)

| | |
|-------------------|--|
| 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., due to accidents, illnesses, job changes, moves, etc.)?

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?

29. Who lives in your household currently?

30. Are you currently employed?

31. Please describe any military history:

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

Thank you.