Tim Gregory, M.A., LMFT
Counseling services

Psychosocial Questionnaire

This questionnaire will be reviewed during your initial consultation and will provide your counselor with necessary information for assessing your presenting problem(s) and counseling needs. Please answer all questions that apply to you.

Name: _____ Age: _____ Date: _____

Circumstances Prompting Counseling and Presenting Problem

- Briefly describe why you are seeking counseling. _____
  _____
- How long have you been living with your problem? _____
- Please indicate the severity of your presenting problem.
  ☐ upsetting ☐ severe ☐ very severe ☐ unbearable
- What do you hope to gain from counseling? _____
  _____
- Please circle all that apply to you.

recent weight loss poor appetite trouble sleeping withdrawal from normal activities feeling sluggish

low self-esteem negative attitude unpleasant future no close friends decreased need for sleep

easily distracted obsessed with activities over sleeping recent weight gain difficulty making decisions

low energy stress feeling anxious muscle tension irritability feeling panicky inadequate

feeling sad bored excessive heart rate stomach trouble financial problems feeling tense nightmares

misunderstood headaches feel inferior conflict indecisive lonely depressed guilty

poor memory shy loss of pleasure feel worthless anger sense of emptiness incompetent

hopeless naïve morally wrong horrible thoughts hostile agitated helpless sexual problems

difficulty concentrating aggressive restless confused excessive worry

Psychiatric & Behavioral History

- Have you been previously evaluated by a mental health professional? ☐ No ☐ Yes
  If yes, when _____ where _____
  diagnosis _____
- Have you ever been prescribed medication for depression and/or anxiety? ☐ No ☐ Yes
  If yes, briefly describe. _____
- Have you ever been hospitalized for psychiatric reasons? ☐ No ☐ Yes

- Are you presently receiving counseling or other mental health care from another mental health professional, paraprofessional, or agency? ☐ No ☐ Yes
- Are you taking prescription medication for depression or anxiety? ☐ No ☐ Yes
  Medication and dosage. _____
- .Are you taking other prescription medication? ☐ No ☐ Yes
  Medication and dosage. _____
- Have you ever considered committing suicide? ☐ No ☐ Yes
- Have you ever made a suicide attempt? ☐ No ☐ Yes Are you currently suicidal? ☐ No ☐ Yes
  If yes to either, briefly explain. _____
  _____
- Have you experienced ☐ sexual abuse ☐ physical abuse ☐ mental abuse ☐ emotional abuse?
  Briefly explain. _____
  _____
- Have you had a traumatic event occur in your life within the past year? ☐ No ☐ Yes
  If yes, briefly explain. _____
  _____
- Do you have difficulty managing ☐ anger ☐ stress ☐ anxiety
  Briefly explain. _____
  _____
- Rate your self-esteem (average) over the past three months:
  LOW ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 HIGH
  Briefly explain ratings of 5 or below. _____
  _____
- Have you ever been arrested? ☐ No ☐ Yes
  If yes, at what age and for what offense? _____
- Have you spent time in jail? ☐ No ☐ Yes If yes, how many times? _____
  If yes, at what age, for what offense, and for how long (each time)? _____
  _____
  _____
- While on Active duty, did you ever received non-judicial punishment (NJP)? ☐ No ☐ Yes
  If yes, for what offense? _____
- Are you having difficulties meeting financial obligations? ☐ No ☐ Yes
  If yes, briefly describe your financial problems. _____
  _____

- Are money problems a cause of excessive stress? ☐ No ☐ Yes

Chemical Abuse Dependency History

- At what age did first experimented with alcohol? _____
- At what age did you begin drinking alcohol on a "regular" basis? _____
- How much did you consume and how often? _____
- Briefly describe your "heaviest" drinking pattern (age-amount-frequency-how long it lasted). _____

_____

- Do you consume alcoholic beverages until inebriated two times a week or more? ☐ No ☐ Yes
- If you consume alcoholic beverages, has your drinking become a problem for you? ☐ No ☐ Yes
- What has your drinking pattern been over the past six months? _____

_____

- Do you use any illegal drugs once a month or more? ☐ No ☐ Yes
- Do you have a history of drug use or abuse? ☐ No ☐ Yes
- Do you take prescription medication when it has not been prescribed to you? ☐ No ☐ Yes
- Do you take medication in excess of your prescription or recommended dose? ☐ No ☐ Yes
- Have you been arrested for DUI? ☐ No ☐ Yes

  or other alcohol or drug related offenses? ☐ No ☐ Yes
- Have you been treated for drug or alcohol abuse? ☐ No ☐ Yes
- Have you been arrested for an offense that was not alcohol or drug related? ☐ No ☐ Yes
- Do you have a family history of ☐ alcohol ☐ drug abuse? ☐ No ☐ Yes

  If yes, who _____

Medical Condition and History

- Do you have any significant past or present medical problems? ☐ No ☐ Yes

  If yes, briefly explain _____

  Have you recovered? ☐ No ☐ Yes When? _____
- Have you ever had a head injury? ☐ No ☐ Yes Within the past year? ☐ No ☐ Yes

Family Relationships and Current Living Arrangements

- Are you married? ☐ No ☐ Yes Married how many times? _____
- How many years have you been married to your current spouse? _____
- Do you have children? ☐ No ☐ Yes If yes, how many children? _____
- Briefly describe your relationship with your spouse. _____

_____

- Briefly describe your relationship with your children. _____

  _____
- Do you live in a ☐ house ☐ apartment ☐ mobile home? That you ☐ are buying ☐ rent
- Are you satisfied with your living condition? ☐ No ☐ Yes Intend to move soon? ☐ No ☐ Yes
- How long have you lived in your current arrangement? _____
- With whom do you reside? _____
- Briefly explain your relationships with those whom you resided. _____

  _____
- Do you consider your home to be a safe place to live? ☐ No ☐ Yes
- Do you consider your family members to be supportive and loving? ☐ No ☐ Yes
- Who raised you during childhood and adolescence? _____
- Have your parents ☐ separated ☐ divorced? If yes, at what age were you? _____
- How many siblings do you have? _____
- Briefly describe your relationships with family member. _____

  _____
- Who in your family are you the closest to _____
- Who in your family are you the least close to _____
- Has a family member recently (past two years) passed away? ☐ No ☐ Yes

  If yes, who? _____ When? _____

Education and Work

- Did you graduate from high school? ☐ No ☐ Yes

  If no, what was your last year of school? _____ Did you earn a GED? ☐ No ☐ Yes
- Were you active in high school activities? ☐ No ☐ Yes Were you often truant? ☐ No ☐ Yes
- Did you experience difficulty ☐ reading ☐ writing? ☐ No ☐ Yes
- How did you perform academically in school? (i.e. good, fair, poor) _____
- Have you ☐ taken college courses ☐ graduated from college? ☐ No ☐ Yes

  If a college graduate, what degree level? ☐ Bachelor ☐ Masters ☐ Doctorate
- Are you ☐ employed ☐ unemployed?

  If unemployed, how long have you been out of work? _____
- Where are you currently employed? _____

  If on active duty, what is your pay grade? _____

  Are you pending military ☐ separation ☐ retirement ☐ EAOS? ☐ No ☐ Yes
- What is your vocation position? _____
- How long have you been working at your current job? _____

- Do you enjoy your job? ☐ No ☐ Yes Do you consider work to be important to you? ☐ No ☐ Yes

Sociability and Recreational Activities Social History

- Do you have problems forming or maintaining relationships? ☐ No ☐ Yes
- How many close friends do you have? _____
- Have your friends primarily consisted of people with whom you ☐ drank alcohol ☐ used drugs? ☐ No ☐ Yes
- Over the past six months, have activities with social friends and/or other acquaintances included ☐ excessive alcohol consumption ☐ drug use? ☐ No ☐ Yes
- Do you isolate from others? ☐ No ☐ Yes
  If yes, briefly explain. _____
- Have you lost someone close to you (death or moved away) within the past year? ☐ No ☐ Yes
- Are you experiencing difficulty forming or maintaining personal relationships? ☐ No ☐ Yes
- Do you make friends easily? ☐ No ☐ Yes
- Is having close friends something that you consider important to you? ☐ No ☐ Yes
- Do you considered yourself to be acculturated into society? ☐ No ☐ Yes
  If no, briefly explain. _____
- Recreational activities that you enjoy are: _____
- How often do you participate in recreation? _____

Spirituality and Religion

- Do you believe in God? ☐ No ☐ Yes
- Do you consider spirituality or religion to be a positive influence in your life? ☐ No ☐ Yes
- Do you attend church? ☐ No ☐ Yes How often? _____
- Do you consider church attendance to be an essential part of your spiritual growth? ☐ No ☐ Yes
- Do you pray? ☐ No ☐ Yes How often? _____
- Do you believe that your behavior is in conflict with your religious beliefs? ☐ No ☐ Yes

Please use the space below to explain any additional information that you want your counselor to know about you or your circumstances for seeking counseling. _____

_____

_____

_____

_____

_____

_____