

Adolescent Psychological/Social History

Instructions: Answer the following questions as they apply to you. Circle the right answers. Some answers may not apply, therefore do not mark anything. 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: _____ Date: _____ Age: _____

1. What is your race?
 1. African American/Black
 2. Asian
 3. Caucasian/White
 4. Latin
 5. Mexican American
 6. Mixed Race
 7. Native American
 8. Other
2. Who primarily raised you?
 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(s) and/or Sister(s)
 11. Maternal Grandparent(s)
 12. Paternal Grandparent(s)
 13. Other
3. How would you characterize your childhood? (answer all that apply)
 1. Happy
 2. Frightening
 3. Unhappy
 4. Dull
 5. Hard to remember
 6. Secure
 7. Painful
 8. Regimented
4. Which descriptor(s) characterize your mother/maternal caretaker? (answer all that apply)
 1. Warm
 2. Distant
 3. Uncaring
 4. Strict
 5. Unpleasant
 6. Rejecting
 7. Overprotective
 8. Domineering
 9. Abusive
 10. Faultfinding
 11. Understanding
 12. Perfect
 13. Affectionate
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 11. Understanding
 12. Perfect
 13. Affectionate
6. How would you describe your parents'/parent substitutes' relationship with each other? (answer all that apply)
 1. Close
 2. Cold
 3. Ideal
 4. Violent
 5. Indifferent
 6. Full of conflict
 7. Hot and cold
 8. Reserved
 9. Distant
 10. Happy
 11. Domineering/submissive
 12. Loving
 13. Hostile
7. How many brothers and sisters do you have?
 1. One
 2. Two
 3. Three
 4. Four
 5. Five
 6. More than 5
 7. None
8. Which descriptor(s) characterize you as a child (to age 12)? (answer all that apply)

1. Outgoing	10. Nervous
2. Shy	11. Rebellious
3. Active	12. Serious
4. Aggressive	13. Stubborn
5. Awkward	14. Unhappy
6. Happy	15. Calm
7. Friendly	16. Temperamental
8. Emotional	17. Self-confident
9. Irresponsible	

9. What was your order of birth?
1. First
 2. Second
 3. Third
 4. Fourth
 5. Fifth
10. What were problems for you as a child (to age 12)? (answer all that apply)
1. None
 2. Getting along with my mother
 3. Getting along with my father
 4. Getting along with my sibling(s)
 5. Getting along with peers
 6. Getting along with teachers
 7. Bed-wetting
 8. Nightmares
 9. Excessive worry or fear
 10. Academics
 11. Physical/medical problems
 12. Nerves
 13. Felt I was a burden to my parents
 14. Overweight
 15. Underweight
 16. Having my feelings hurt
 17. Fear of failure
11. What did your parents/parent caretakers argue about? (answer all that apply)
1. Money
 2. Discipline of children
 3. Relative(s) interfering
 4. Drinking
 5. Sex
 6. Jealousy
 7. Not taking care of the house
 8. Not being a good provider
 9. Never argued
 10. Other
12. What was your father/paternal caretaker's occupation?
1. Homemaker
 2. Professional
 3. Owner of business
 4. Skilled craftsman
 5. Office worker
 6. Salesperson
 7. Skilled laborer
 8. Unskilled laborer
 9. Unemployed
 10. Disabled
 11. Government service
 12. Personal service(e.g. hair stylist)
 13. Military service
 14. Executive
 15. Does not apply
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 2. Professional
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 11. Government service
 12. Personal service(e.g. hair stylist)
 13. Military service
 14. Executive
 15. Does not apply
14. How would you describe your mother/maternal caretaker's method of discipline?
1. Strict
 2. Fairly strict
 3. Fair
 4. Lenient
 5. Inconsistent
15. How would you describe your father/paternal caretaker's method of discipline?
1. Strict
 2. Fairly strict
 3. Fair
 4. Lenient
 5. Inconsistent
16. What fears did you have as a child? (answer all that apply)
1. No significant fears
 2. Death
 3. Might fall
 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
17. How would you characterize your sexual experiences?
1. Does not apply
 2. Pleasant
 3. Neutral
 4. Unpleasant
18. How would you rate your intellectual ability?
1. Below average
 2. Average
 3. Above average
 4. Superior/gifted
19. Were you ever held back in school?
1. No
 2. Yes
20. In general, what grades do you make in school?
1. Mostly A's
 2. Mostly B's and A's
 3. Mostly C's
 4. Many D's and F's
21. Did you ever get in trouble while in school?
1. No
 2. Yes
22. Did you have any problems learning to read?
1. No
 2. Yes
23. Did you have any problems learning math?
1. No
 2. Yes

24. Did your peers ridicule, tease or make fun of you more than other kids?
1. No
 2. Yes
25. Rate your family's economic status during childhood and adolescence.
1. Poverty level
 2. Working class
 3. Middle class
 4. Upper middle class
 5. Wealthy
26. Who provided the main source of income for your family?
1. Mother
 2. Father
 3. Relative
 4. Social Services (welfare, unemployment etc.)
 5. A friend of the family
 6. Other
27. Did your parents/parent caretakers agree on how money should be spent?
1. Agreed most of the time
 2. Disagreed
 3. Disagreed frequently
28. Did your family experience any financial problems?
1. No
 2. Occasionally
 3. Often
29. Currently, how much money does the household that you live in earn?
1. Less than \$25,000
 2. \$25,000 to \$35,000
 3. \$35,000 to \$45,000
 4. \$45,000 to \$60,000
 5. \$60,000 to \$75,000
 6. \$75,000 to \$100,000
 7. \$100,000 to \$200,000
 8. \$200,000 to \$300,000
 9. More than \$300,000
30. Has your family had any major changes in income in the last two years?
1. No change
 2. Decreased significantly
 3. Increased significantly
31. What is your family's current primary source of income?
1. My earnings
 2. My parent's earnings
 3. Relatives
 4. Disability payments
 5. Unemployment
 6. Welfare
 7. Investments
 8. Other
32. Do you have a job?
1. No
 2. Yes
33. How long have you been working at this job?
1. Less than 6 months
 2. 6 to 12 months
 3. 1 to 3 years
 4. 3 to 5 years
 5. Does not apply
34. How many hours per week do you work?
1. 1 to 5
 2. 5 to 10
 3. More than 10
 4. Does not apply
35. In general, how do you enjoy your job?
1. Enjoyable
 2. Neutral
 3. Unenjoyable
 4. Does not apply
36. Have you ever been fired?
1. No
 2. Yes
37. What is the longest period of time you held one job?
1. Less than 1 month
 2. 1 to 6 months
 3. 6 to 12 months
 4. 1 to 3 years
 5. 3 to 5 years
 6. More than 5 years
 7. Does not apply
38. Do you have any problems at work?
1. No
 2. Yes
 3. Does not apply
39. What kinds of work have you performed in the past? (answer all that apply)
1. Office worker
 2. Salesperson
 3. Skilled labor
 4. Unskilled labor
 5. Personal service (e.g. childcare)
 6. Service industry (e.g. waitstaff)
 7. Other
 8. Does not apply
40. Which of the following substances have you used? (answer all that apply)
1. None
 2. Cocaine/Crack
 3. Hallucinogens (e.g. LSD, mushrooms)
 4. Opium/heroin
 5. Tranquilizers without prescription (e.g. Xanax)
 6. Pain killers without prescription (e.g. Lortab, Codeine)
 7. Amphetamines without prescription (e.g. Ritalin)
 8. Methamphetamines (e.g. Crystal Meth, Ice)
 9. Marijuana
 10. Other
41. How would you describe your illegal drug use?
1. Never used drugs
 2. Once or twice a year
 3. Once or twice a month
 4. Once a week
 5. A couple of times a week
 6. Daily
 7. Used in the past
42. Have you ever felt there was a time when you drank too much alcohol?
1. No
 2. Yes, on one occasion
 3. Yes, on several occasions
 4. Yes, on more than several occasions
43. On the average, how often do you drink alcohol?
1. Never
 2. Once or twice a year
 3. Once a month
 4. Once a week
 5. Several times a week
 6. Daily

44. Have you ever been involved in an alcohol and/or drug treatment program?

1. No
2. Yes

45. Do either of your parents have a problem with drug and/or alcohol use?

1. No
2. Mother only
3. Father only
4. Both parents
5. The person(s) who raised me

46. Do you smoke cigarettes?

1. No, never have
2. No, I quit smoking
3. Yes, a pack a week or less
4. Yes, approximately one half a pack a day
5. Yes, a pack a day
6. Yes, more than a pack a day

47. Have any family members experienced mental illness? (answer all that apply)

1. No
2. I have
3. Mother
4. Father
5. Sibling(s)
6. Grandparent(s)
7. Outside the immediate family (aunt/uncle/cousin)

48. Did you have any bad illnesses as a child (e.g.hospitalizations)?

1. No
2. Yes

49. Have you had any significant accidents in the last three years?

1. No
2. Yes

50. Have you had any major illnesses or hospitalizations in the last three years?

1. No
2. Yes

51. Rate your general level of health.

1. Excellent
2. Good
3. Fair
4. Poor
5. Extremely poor

52. What are your living arrangements?

1. Living with parents/relatives in their home
2. Living with friends in their home
3. Renting a home
4. Renting an apartment
5. Boarder
6. Living in a dorm
7. Other

53. Do you eat a balanced diet?

1. No
2. Yes

54. Do you participate in a regular exercise program?

1. No
2. Yes

55. How would you characterize your size?

1. Very thin
2. Thin
3. About average
4. A little overweight
5. Overweight
6. Very overweight

56. Which of the following have you experienced in the past two years? (answer all that apply)

1. Arrests
2. Change in health of family member
3. Marital separation of parents
4. Divorce of parents
5. Pregnancy
6. Death of a close friend
7. Death of a close family member
8. Either parent's remarriage
9. Change in financial status
10. Personal injury or illness
11. Gain of a new family member
12. Sex difficulties

57. How would you rate your ability to cope with life?

1. Very good
2. Good
3. Fair
4. Poor

58. 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. Serious
19. Unassertive

59. How would you describe your emotional state? (answer all that apply)

1. Tense
2. Depressed
3. Forgetful
4. Sad
5. Worried
6. Fearful
7. Angry
8. Unenthusiastic
9. Confused
10. Disappointed
11. Regretful
12. Irritable
13. Calm
14. Scared
15. Hyperactive
16. Nervous
17. Happy
18. Distrustful
19. None of the above

60. Have you ever had legal problems?

1. No
2. Arrested
3. Convicted

61. What is the primary problem bothering you?
1. Eating Disorder
 2. Family
 3. Loneliness
 4. Moodiness
 5. Depression
 6. Anxiety
 7. Self-confidence
 8. Physical (ill/tired)
 9. Alcohol
 10. Drugs
 11. Sex
 12. Memory
 13. Work
 14. Other
62. How long ago did you begin to be troubled by this problem?
1. Within the past month
 2. Between 1 and 6 months
 3. Between 6 and 12 months
 4. Between 1 and 2 years
 5. Between 2 and 5 years
 6. Between 5 and 10 years
 7. More than 10 years
 8. All my life
 9. Does not apply
63. Rate the degree to which this problem has affected your life.
1. Very little
 2. A little
 3. A fair amount
 4. A good deal
 5. A great deal
 6. Does not apply
64. How often do you experience this problem?
1. Many times a day
 2. Several times a day
 3. Daily
 4. Several times a week
 5. Once a week
 6. Several times a month
 7. Monthly
 8. Several times a year
 9. Less than once a year
 10. Does not apply
65. What other kinds of problems are bothering you? (answer all that apply)
1. Eating Disorder
 2. Family
 3. Loneliness
 4. Depression
 5. Anxiety
 6. Self-confidence
 7. Physical (tired/ill)
 8. Moodiness
 9. Alcohol
 10. Drugs
 11. Sex
 12. Memory
 13. Work
 14. Other

Thank You.

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