

## COLLEGE STUDENT LIFE HISTORY QUESTIONNAIRE

Purpose of this questionnaire:

The purpose of the questionnaire is to help us understand you and your concerns. Please complete these questions as fully and accurately as you can. It will take approximately two hours to complete.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. Case records are strictly confidential. No outsider is permitted to see your case record without your permission.

If you do not desire to answer any questions, merely write, "Do not care to answer."

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Date: \_\_\_\_\_

### **1. General Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: (Day) \_\_\_\_\_ (Evenings) \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian names:

Who referred you to our practice? \_\_\_\_\_

Who are you living with now? \_\_\_\_\_  
\_\_\_\_\_

Do you live in a house, hotel, room, apartment, etc.? \_\_\_\_\_

Marital Status: (circle answer)

Single   Engaged   Married   Remarried   Separated   Divorced   Widowed

If married, spouse's name, age and occupation? \_\_\_\_\_  
\_\_\_\_\_

## **2. Clinical**

a) State in your own words the nature of your main problems and their duration: \_\_\_\_\_

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b) Give a brief account of the history and development of your complaints (from onset to present): \_\_\_\_\_

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c) Have you ever seen a psychologist or psychiatrist and if so, what was the outcome?

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d) On the scale below, please estimate the severity of your problem(s):

\_\_\_\_\_ Mildly upsetting

\_\_\_\_\_ Moderately severe

\_\_\_\_\_ Very severe

\_\_\_\_\_ Extremely severe

\_\_\_\_\_ Totally incapacitating

e) Whom have you previously consulted about your present problem(s)? \_\_\_\_\_

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g) Do you use recreational drugs? \_\_\_\_\_ If so, what kind and how much?

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h) How much alcohol do you consume in a week?

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i) Do you smoke cigarettes? If so, how much?

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## **2. Clinical**

**Client: Please check off symptoms that you believe were present at ages 5-12 and are present now.**

<b><u>ADHD Symptoms Present</u></b>	<b><u>Ages 5-12</u></b>	<b><u>Present</u></b>
1. Fidgetness or physical restlessness.	_____	_____
2. Difficulty remaining seated for long periods.	_____	_____
3. Being easily distracted.	_____	_____
4. Difficulty awaiting your turn/impatient.	_____	_____
5. Do you often blurt out answers to questions they have been completed.	_____	_____
6. Difficulty sustaining attention in tasks/work.	_____	_____
7. Difficulty following through on instructions from others.	_____	_____
8. Often shifts from one uncompleted task to another.	_____	_____
9. Difficulty playing/working quietly; noisy during leisure activities.	_____	_____
10. Often talks excessively.	_____	_____
11. Often interrupts or intrudes on others.	_____	_____
12. Often does not listen to what is being said.	_____	_____
13. Often loses important things necessary for tasks at home or work.	_____	_____
14. Often engages in potentially dangerous activities without considering possible consequences.	_____	_____

### 3. Personal Data

a) Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

b) Mother's condition during pregnancy (as far as you know): \_\_\_\_\_  
\_\_\_\_\_

c) Underline any of the following that applied during childhood:

Night terrors

Bedwetting

Sleepwalking

Thumb sucking

Nail biting

Stammering

Fears

Happy childhood

Unhappy childhood

Any others?

d) Health during childhood and adolescence? \_\_\_\_\_  
\_\_\_\_\_

List illnesses: \_\_\_\_\_  
\_\_\_\_\_

e) Health now? \_\_\_\_\_  
List your illnesses: \_\_\_\_\_  
\_\_\_\_\_

f) What is your height? \_\_\_\_\_ Your weight? \_\_\_\_\_

g) Any surgical operations? (Please list them and give age at the time). \_\_\_\_\_  
\_\_\_\_\_

h) Any accidents? \_\_\_\_\_  
\_\_\_\_\_

i) Any trouble with the law? \_\_\_\_\_  
\_\_\_\_\_

j) List your five main fears:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

k) Underline any of the following that apply to you:

Headaches	Dizziness	Fainting spells
Palpitations	Stomach trouble	No appetite
Bowel disturbances	Fatigue	Anxiety
Anger	Take sedatives	Insomnia
Nightmares	Feel panicky	Alcoholism
Feel tense	Conflict	Tremors
Depressed	Suicidal ideas	Take drugs
Unable to relax	Sexual problems	Allergies
Don't like weekends	Over-ambitious	Shy with people
Don't like vacations	Inferiority feelings	Can't solve problems
Can't make friends	Memory problems	Home conditions bad
Can't keep a job	Lonely	Unable to have a good time
Financial problems	Often use aspirin	Concentration difficulties
Excessive sweating	Often use painkillers	

Others: Please list additional problems or difficulties here. \_\_\_\_\_

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l) Underline any of the following words which apply to you:

worthless, useless, a "nobody," "life is empty," inadequate, stupid, incompetent, naive, "can't do anything right," guilty, evil, morally wrong, horrible thoughts, hostile, full of hate, anxious, agitated, cowardly, unassertive, panicky, aggressive, ugly, deformed, unattractive, repulsive, depressed, lonely, unloved, misunderstood, bored, restless, confused, unconfident, in conflict, full of regrets, worth-while, sympathetic, intelligent, attractive, confident, considerate.

Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

m) Present interests, hobbies, and activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

n) How is most of your free time occupied? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

o) Were you ever bullied or severely teased? \_\_\_\_\_

p) Do you make friends easily? \_\_\_\_\_

Do you keep them? \_\_\_\_\_

Religion and Activity:

a) In childhood \_\_\_\_\_

b) As an adult \_\_\_\_\_

**4. Educational History**

a) What is the last grade of school that you completed? \_\_\_\_\_

b) Scholastic abilities; strengths and weaknesses: \_\_\_\_\_

c) Did you ever receive special services in school? \_\_\_\_\_

d) What is your current overall GPA? \_\_\_\_\_

e) Have you ever failed a foreign language class? (If yes, explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f) What were your SAT scores? Verbal      Math      Written

Overall \_\_\_\_\_

g) Where do you attend school? \_\_\_\_\_

h) What is your major? \_\_\_\_\_

i) Describe your study habits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j) What do you hope to do when you finish college? \_\_\_\_\_

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## 5. Occupational Data

a) What sort of work are you doing now? \_\_\_\_\_

b) Kinds of jobs held in the past? \_\_\_\_\_

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c) Does your present work satisfy you? (If not, in what ways are you dissatisfied?) \_\_\_\_\_

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d) Ambitions?

Past: \_\_\_\_\_

Present: \_\_\_\_\_

## 6. Family Data

a) Father's name: \_\_\_\_\_ living\_\_\_\_\_ or deceased\_\_\_\_\_

If deceased, your age at the time of his death? \_\_\_\_\_

Cause of death? \_\_\_\_\_

If alive, father's present age? \_\_\_\_\_

Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

b) Mother's name: \_\_\_\_\_ living\_\_\_\_\_ deceased\_\_\_\_\_

If deceased, your age at the time of her death? \_\_\_\_\_

Cause of death? \_\_\_\_\_

If alive, mother's present age? \_\_\_\_\_

Occupation: \_\_\_\_\_

Health: \_\_\_\_\_

c) Siblings:

Number of brothers \_\_\_\_\_ Names & Ages \_\_\_\_\_

Number of sisters \_\_\_\_\_ Names & Ages \_\_\_\_\_

d) Relationship with brothers and sisters:

1) Past \_\_\_\_\_

2) Present \_\_\_\_\_

e) Give a description of your father's personality and his attitude toward you (past and present) \_\_\_\_\_

f) Give a description of your mother's personality and her attitude toward you (past and present) \_\_\_\_\_

g) In what ways were you punished by your parents as a child? \_\_\_\_\_

h) Give an impression of your home atmosphere (i.e., the home in which you grew up. Mention state of compatibility between parents and between parents and children). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i) Were you able to confide in your parents? \_\_\_\_\_

j) Did your parents understand you? \_\_\_\_\_

k) Basically, did you feel loved and respected by your parents? \_\_\_\_\_

If you have a step-parent, give your age when parent remarried. \_\_\_\_\_

l) Give an outline of your religious training. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

m) If you were not brought up by your parents, who did bring you up, and between what years? \_\_\_\_\_

n) Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

o) Who are the most important people in your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

p) Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a "mental disorder?" \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

q) Does anyone in your family have a Learning Disability or Attention-Deficit Hyperactivity Disorder? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

r) Are there any other members of the family about whom information regarding illness, etc., is relevant? \_\_\_\_\_

s) Recount any fearful or distressing experience not previously mentioned. \_\_\_\_\_

t) Have you ever lost control (e.g., temper, crying or aggression)? If so, please describe.

u) Has anyone suggested to you that you might have Obsessive-Compulsive Disorder?

v) Please add any information not tapped by this questionnaire that may aid in understanding and helping you. \_\_\_\_\_