

# Kranz Psychological Services, PLLC

## ADULT QUESTIONNAIRE

Dear Client:

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

It is the desire of our staff to have the most complete picture possible of you in order to better understand your difficulties. This questionnaire will help you give us the information we need to help you. Please inform office staff if you are unsure of how to answer a question.

### IDENTIFICATION and DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

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

Marital Status (circle one):    Single    Married    Divorced    Separated    Widowed

With whom do you live? (Circle all that apply.)

Partner:                    MARRIED                    UNMARRIED                    OTHER

Children:                    BIOLOGICAL (#:\_\_\_\_)                    ADOPTIVE (#:\_\_\_\_)                    STEP (#:\_\_\_\_)

### CHILDHOOD EXPERIENCES/FAMILY HISTORY

Have you been sexually abused?                    YES                    NO  
If yes, who was the perpetrator and when did the abuse occur? \_\_\_\_\_

Have you been physically abused?                    YES                    NO  
If yes, who was the perpetrator and when did the abuse occur? \_\_\_\_\_

Have you been neglected (emotionally or physically)?                    YES                    NO  
If yes, who was the perpetrator and when did the abuse occur? \_\_\_\_\_

### EDUCATIONAL AND WORK HISTORY

What is the highest grade you completed in school? \_\_\_\_\_

What type of classes did you attend?                    REGULAR    SPECIAL ED.    ADVANCED

If you received special education services, in what classes did you receive accommodations? \_\_\_\_\_

# Kranz Psychological Services, PLLC

Have you had further education / training? YES NO  
If so, what type? \_\_\_\_\_

When was your last date of employment? \_\_\_\_\_

How many jobs have you had in the last 10 years? \_\_\_\_\_

What is the longest time you have held one job? \_\_\_\_\_

What is your current monthly income? \_\_\_\_\_

## MEDICAL HISTORY

Have you ever been admitted to a medical hospital? YES NO  
If so, when and why? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been admitted to a psychiatric hospital? YES NO  
If so, when and why? \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns with vision? GLASSES OTHER NONE  
If other, please describe: \_\_\_\_\_

Do you have any concerns with hearing? AIDS OTHER NONE  
If other, please describe: \_\_\_\_\_

Are you under the care of a medical doctor? YES NO

Are you under the care of a counselor? YES NO

Are you currently taking any prescription medications? YES NO  
If yes, please list the medication and the reason for taking it:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LEGAL HISTORY

Have you ever . . .? (Circle all that apply.)

Been Arrested: FELONY (#:\_\_\_\_) MISDEMEANOR (#:\_\_\_\_) NONE

Served Time: PRISON JAIL PROBATION NONE

# Kranz Psychological Services, PLLC

## TYPICAL DAILY ACTIVITIES

Have you noticed . . . ? (Circle all that apply.)

Appetite Changes:                      INCREASE                      DECREASE                      NONE

Sleep Difficulties:                      FALLING ASLEEP                      STAYING ASLEEP                      NONE

How many hours of sleep do you usually get each night? \_\_\_\_\_

What games, recreation, or hobbies do you enjoy? \_\_\_\_\_

\_\_\_\_\_

## EMOTIONAL FUNCTIONING

Do you have any previous mental health diagnoses?                      YES                      NO

If so, what? \_\_\_\_\_

\_\_\_\_\_

## INTERPERSONAL FUNCTIONING

How many serious romantic relationships have you had? \_\_\_\_\_

In a romantic relationship, have you ever experienced abuse . . . ? (Circle all that apply.)

PHYSICAL (#:\_\_\_\_)    SEXUAL (#:\_\_\_\_)    EMOTIONAL (#:\_\_\_\_)    FINANCIAL (#:\_\_\_\_)

## SUBSTANCE USE HISTORY

Have you ever used . . . ? (Circle all that apply.)

Illegal Substances?                      PAST                      PRESENT                      NEVER

If present use, please list each substance and frequency/quantity of use: \_\_\_\_\_

\_\_\_\_\_

If past use, please list last date of use for each substance: \_\_\_\_\_

\_\_\_\_\_

\*Please include marijuana if you have used in a state in which it was considered illegal.

Alcohol?                      PAST                      PRESENT                      NEVER

If present use, please list frequency/quantity of use: \_\_\_\_\_

\_\_\_\_\_

If past use, please list last date of use: \_\_\_\_\_

\_\_\_\_\_

# Kranz Psychological Services, PLLC

Have you ever been arrested for DUI or DWI?	YES	NO
Have you ever attended a substance use treatment program?	YES	NO
If yes, how many times and when? _____		
_____		

## OVERALL VIEW OF PROBLEMS / STRENGTHS

Briefly describe what you believe are your 3 main problems:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Briefly describe what you believe are your 3 best strengths:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Briefly describe any additional information about you that would be helpful.

---

---

---

---

---

---

---

---

---

---