The Comprehensive Psycho-Social History Questionnaire

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DEMOGRAPHICS

Name: ____ Today's Date: __________________

Full Address: ____

Date of birth (day/month/year): __________________________________ Age: ______________

Confidential Phone #: ____

Confidential Email: ____

Emergency Contact Person: ____

Relationship to you: ____

Address of Emergency Contact: ____

Phone number(s) of Emergency Contact: ____

ORIGINAL FAMILY HISTORY

Where were you born?

☐ Canada
☐ United States
☐ United Kingdom
☐ Europe
☐ Asia
☐ South East Asia
☐ The Middle East
☐ South America
☐ Africa
☐ The Caribbean
☐ Central America
☐ Australia/New Zealand

If born in Canada, in which city/town, and Province? ____________________________________

If born outside of Canada, in which Country? ____

If born outside of Canada, at what age did you immigrate to Canada? ___________________

What is your first language? ____

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Who were your primarily caregivers during childhood?

☐ Both your natural parents
☐ Natural mother only
☐ Natural father only
☐ A natural parent and a step-parent
☐ Grandparent(s) only
☐ Aunt and/or uncle only
☐ Brother/Sister only
☐ Adoptive parents
☐ Foster Parents
☐ Orphanage
☐ **OTHER**

What was your relationship like with your female primary caregiver(s) while growing up?

____

What was your relationship like with your male primary caregiver(s) while growing up?

____

How many brothers and/or sisters do you have? ____

Where are you in the birth order? ____

Do you and your brothers and/or sisters all have the same biological parents? ☐ Yes ☐ No

While growing up, what kinds of discipline did your primary caregiver(s) use?

☐ Spanking
☐ Yelling/Shouting
☐ Lectures
☐ Withdrawal of privileges
☐ Grounding
☐ Loss of allowance
☐ **OTHER**

Which of the following is currently true about your natural mother?

☐ She is alive & in good health
☐ She is alive but in poor health
☐ She is deceased
☐ Do not know about her whereabouts

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Which of the following is currently true about your natural father?

☐ He is alive & in good health
☐ He is alive but in poor health
☐ He is deceased
☐ Do not know of his whereabouts

RELATIONSHIP HISTORY

What is your current relationship status?

☐ Single
☐ Common Law
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ **OTHER**

If single, are you currently in a committed relationship? ☐ Yes ☐ No

If yes, for how long? ____

If married/common law, for how long? ____

How would you describe your current relationship? ___________________________________

____

How many times have you been married/lived common law? ___________________________

Do you have any children? ☐ Yes ☐ No

If yes to having children, how many do you have, and what are their ages? _______________

____

If yes to having children, do any of them have special needs? ☐ Yes ☐ No

If yes to having children, how many currently live with you? ____________________________

If yes to having children, how would you describe your current relationship with them?

____

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If yes to having children, has Children's Aid ever had to get involved? ☐ Yes ☐ No

If yes, when and for what reasons? ____

____

WORK HISTORY

Are you currently working? ☐ Yes ☐ No

If yes, what kind of work do you do? ____

Are you self-employed, or part of some type of organization? ___________________________

How long have you been at your current job? ______________________________________

How do you feel about your job? ____

If you <u>are not</u> currently working, when was the last time that you did work? ______________

Have you ever been fired from a job? ☐ Yes ☐ No

If yes, how many times, and for what reasons? _____________________________________

Are you currently on any form of disability? ☐ Yes ☐ No

If yes, what form of disability?

☐ Short-Term Disability
☐ Long-Term Disability
☐ Permanent Disability

MEDICAL HISTORY

Do you <u>currently</u> have any the following medical conditions?

☐ Heart disease
☐ High blood pressure
☐ Thyroid problems
☐ Stroke
☐ Transient Ischemic Attacks
☐ Cancer/Leukemia
☐ Diabetes
☐ High Cholesterol

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Do you currently have any the following medical conditions (cont/d)?

☐ Alzheimer's disease
☐ Parkinson's disease
☐ HIV/AIDS
☐ Multiple Sclerosis
☐ Cystic Fibrosis
☐ Kidney disease
☐ Cirrhosis
☐ Glaucoma
☐ Crohn's Disease
☐ Ulcerative Colitis
☐ Seizures
☐ Hepatitis C
☐ Asthma
☐ Pancreatitis
☐ Obstructive Sleep Apnea
☐ **NONE APPLY**

Are you currently being treated for any medical condition(s)? ☐ Yes ☐ No

If yes, which medical condition(s)? ____

When was your last physical examination? ____

Have you ever been hospitalized for any medical problems? ☐ Yes ☐ No

If yes, what kind of medical problems? ____

Have you ever undergone surgery? ☐ Yes ☐ No

If yes, what type(s) of surgery? ____

Do you have any allergies? ☐ Yes ☐ No

If yes, what kind(s) of allergies? ____

Are you currently being prescribed any medication at this time? ☐ Yes ☐ No

If yes, which medication, what dosage, and for what purposes? ____________________________

____

____

____

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Have you ever sustained a concussion, or any head injury? ☐ Yes ☐ No

If yes, what happened? ____

If yes, did you lose consciousness at that time? ☐ Yes ☐ No If yes, for how long? __________

If yes, did you receive medical attention at the time? ☐ Yes ☐ No

If yes, did this include hospitalization? ☐ Yes ☐ No If yes, for how long? __________________

If yes, did any long term consequences result from the concussion or head injury?

☐ Difficulty with attention and concentration
☐ Memory problems
☐ Difficulty learning new material
☐ Increased moodiness/irritability/anger outbursts

FOR FEMALES ONLY:

Do you have any history of post-partum depression or psychosis? ☐ Yes ☐ No

Do you have any history of stillbirths? ☐ Yes ☐ No

Do you have any history of miscarriages? ☐ Yes ☐ No

Do you have any history of non-spontaneous abortions? ☐ Yes ☐ No

Are you currently peri-menopausal? ☐ Yes ☐ No

Are you currently menopausal? ☐ Yes ☐ No

LEGAL HISTORY

Have you ever been in trouble with the law? ☐ Yes ☐ No

If yes, when, and what kind(s) of trouble? ____

Have you ever served any jail time? ☐ Yes ☐ No

If yes, how long did you serve? ____

If yes, are you currently on Probation or Parole at this time? ☐ Yes ☐ No

Do you have any upcoming court dates? ☐ Yes ☐ No

If yes, for what? ____

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Have you ever been court-ordered to undergo a psychological assessment? ☐ Yes ☐ No

Are you currently involved in lawsuit? ☐ Yes ☐ No

Have you ever been sued? ☐ Yes ☐ No

Have you ever declared bankruptcy? ☐ Yes ☐ No

If yes, how many times? ____

DEVELOPMENTAL HISTORY

While pregnant with you, did your birth mother.....................?

☐ Smoke cigarettes
☐ Drink alcohol
☐ Use any illicit street drugs
☐ Do not know
☐ **NONE**

Were you born prematurely? ☐ Yes ☐ No

If yes, how early? ____

Did you have any birth complications? ☐ Yes ☐ No

If yes, what kinds of birth complications?

☐ Fetal distress
☐ Low birth weight (less than 5 lbs)
☐ Breech birth with forceps delivery
☐ Staying in hospital longer than expected
☐ Lack of oxygen (blue baby)
☐ Umbilical cord around your neck
☐ Other complications

During childhood, did you have any problems making friends? ☐ Yes ☐ No

During childhood, did you have any problems keeping friends? ☐ Yes ☐ No

During childhood, were you often teased or ridiculed by other children? ☐ Yes ☐ No

If yes, about what? ____

During childhood, were you often bullied by other children? ☐ Yes ☐ No

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During childhood, did you ever have any fears? ☐ Yes ☐ No

If yes, about what? ____

After age 6, did you often refuse to go to school, for fear of being separated from your primary caregiver? ☐ Yes ☐ No

After age 5, did you often wet your bed? ☐ Yes ☐ No

After age 5, did you often wet your clothes? ☐ Yes ☐ No

During childhood, did you experience any physical abuse? ☐ Yes ☐ No

During childhood, did you experience any sexual abuse? ☐ Yes ☐ No

During childhood, did you experience any verbal abuse? ☐ Yes ☐ No

During childhood, did you experience the death of a loved one? ☐ Yes ☐ No

During childhood, did you experience any violence in the family? ☐ Yes ☐ No

During childhood, did you ever have any serious medical illness? ☐ Yes ☐ No

If yes, what type(s) of serious medical illness? ____

During childhood, were you ever diagnosed with any psychological, emotional, or behavioural disorder(s)? ☐ Yes ☐ No

If yes, what was the diagnosis? ____

____

Which of the following described you during Childhood?

☐ **Often** lost temper easily

☐ **Often** argued with adults

☐ **Often** actively defied or refused to comply with adults' requests or rules

☐ **Often** did things to deliberately annoy other people

☐ **Often** blamed others for own mistakes, or for own misbehaviour

☐ **Often** touchy, or easily annoyed by others

☐ **Often** easily angered, or resentful

☐ **Often** tried to get even when made angry by someone

☐ **NONE APPLY**

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Which of the following described you during Childhood **or** ***before age 16?***

☐ **Often** failed to give close attention to details, or made careless mistakes in school work (e.g., overlooked or missed details, work was inaccurate)

☐ **Often** fidgeted with my hands or feet, or squirmed in my seat

☐ **Often** had difficulty remaining focused during tasks or play activities (e.g., had difficulty remaining focused during class, conversations, or lengthy reading)

☐ **Often** left my seat in classroom or in other situations in which seating was expected

☐ **Often** did not listen when spoken to directly (e.g., mind seemed elsewhere even when not obviously distracted)

☐ **Often** ran around a lot or felt restless

☐ **Often** did not follow through on instructions and failed to finish school work, or chores (e.g., started tasks but quickly lost focus and was easily sidetracked)

☐ **Often** had difficulty engaging in leisure activities, or doing fun things quietly (e.g., was loud or noisy)

☐ **Often** had difficulty organizing tasks and activities (e.g., difficulty doing things in their proper order, messy, disorganized, poor time management)

☐ **Often** felt "on the go" or as if "driven by a motor" (e.g., unable/uncomfortable being still for an extended time)

☐ **Often** disliked, avoided, or reluctant to do school work or homework that required sustained mental effort

☐ **Often** talked too much (e.g., a "chatterbox")

☐ **Often** lost things necessary for tasks or activities (e.g., school materials, pencils, books)

☐ **Often** blurted out answers before questions had been completed, or jumped the gun

☐ **Often** easily distracted by the smallest things around me, or by unrelated thoughts

☐ **Often** had difficulty awaiting my turn (e.g., waiting in a line)

☐ **Often** forgetful in daily activities (e.g., doing chores)

☐ **Often** interrupted or intruded on others (e.g., butted into conversations, games, or activities, or tried to take over what others were doing, or used other people's things without asking or receiving permission)

☐ **NONE APPLY**

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Which of the following described you <u>before</u> age 15?

☐ **Often** bullied the other kids

☐ **Often** started physical fights

☐ **Often** used a weapon that could have caused serious physical harm to others

☐ Physically cruel to people

☐ Deliberately destroyed other people's property

☐ Physically cruel to animals

☐ Stole from another person (e.g., mugging, purse snatching, extortion, armed robbery)

☐ Forced someone into sexual activity

☐ Deliberately set fires with the intention of causing serious damage

☐ Broke into someone else's house, building or car

☐ **Often** lied or conned others

☐ Stole items without confronting a victim (e.g., shoplifting, forgery)

☐ Before age 13, **often** skipped school

☐ Before age 13, **often** stayed out at night despite my parents prohibiting me

☐ **None apply**

EDUCATION HISTORY

What is your highest level of formal education?

☐ Graduate University Degree
☐ Undergraduate University Degree
☐ College Diploma/Certificate
☐ Currently in University
☐ Currently in College
☐ Some University, but did not complete
☐ Some College, but did not complete
☐ High School
☐ Elementary School
☐ Other

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On average, how were your grades on your school reports?

☐ Below Average
☐ Lower end of Average
☐ Average
☐ Higher end of Average
☐ Above Average
☐ Superior

Did you ever have to repeat any grade(s)? ☐ Yes ☐ No

If yes, which grade(s)? ____

Were you ever considered a discipline or behaviour problem in school? ☐ Yes ☐ No

Did you ever have problems getting along with other kids in school? ☐ Yes ☐ No

Were you ever suspended from school? ☐ Yes ☐ No

Were you ever expelled from school? ☐ Yes ☐ No

Did you ever have any learning difficulties? ☐ Yes ☐ No

If yes, in which areas?

☐ Reading
☐ Writing
☐ Spelling
☐ Math

Were you ever placed in any special education/resource classes in school? ☐ Yes ☐ No

Were you ever placed in an Enriched or Gifted Program in school? ☐ Yes ☐ No

Were you **often** told in school that he/she was not working to his/her potential? ☐ Yes ☐ No

Did you ever have any psycho-educational testing done with the School Psychologist?
☐ Yes ☐ No

If yes, were you diagnosed with any form of learning disability? ☐ Yes ☐ No

If yes, what type of learning disability? ____

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On your **School Report Cards,** did different teachers repeatedly make similar comments, and if so, what were those comments?

____

____

____

____

____

____

____

TREATMENT HISTORY

Have you ever seen any of the following treatment professionals for any psychiatric or emotional problems?

☐ Family Doctor
☐ Pediatrician
☐ Psychiatrist
☐ Psychologist
☐ Social Worker
☐ Psychotherapist
☐ Counselor
☐ **NONE APPLY**

Have you ever been diagnosed with any psychiatric or emotional disorders? ☐ Yes ☐ No

If yes, which psychiatric or emotional disorders? ____________________________________

Are you currently under the care of any treatment professionals for any psychiatric or emotional problems? ☐ Yes ☐ No

If yes, what type of treatment professional? ____

Have you ever had any visits to a Hospital Emergency Room for <u>any mental health reasons</u> in the past? ☐ Yes ☐ No

If yes, when, and for what reason(s)? ____

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Have you ever been hospitalized for any mental health reasons in the past? ☐ Yes ☐ No

If yes, when, and for what reason(s)? ____

Is there any positive family history of mental health problems? ☐ Yes ☐ No

If yes, which family members, and what type of problems? ______________________________

____

Have you ever been in treatment for any alcohol and/or drug problems? ☐ Yes ☐ No

If yes, what type(s) of substance use treatment?

☐ Residential Facility
☐ Outpatient Addictions Facility
☐ Addiction Physician - Private Office
☐ Psychiatrist - Private Office
☐ Family Physician - Private Office
☐ Psychologist - Private Office
☐ Methadone Maintenance Program
☐ Therapeutic Community
☐ Other

If yes, have you been prescribed any of these medication as part of the treatment?

☐ Suboxone
☐ Revia
☐ Antabuse
☐ Methadone
☐ Marinol
☐ Cesamet
☐ Modafinil
☐ Other

Have you ever participated in any Mutual Support Groups for your substance use problems?
☐ Yes ☐ No

If yes, which ones?

☐ Alcoholic's Anonymous
☐ Narcotic's Anonymous
☐ Cocaine Anonymous
☐ Methadone Anonymous
☐ Other

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Have you ever had any visits to a Hospital Emergency Room for any alcohol or drug related reasons in the past? ☐ Yes ☐ No

If yes, when, and for what reason(s)? ____

____

Is there any positive family history of alcohol and/or drug problems? ☐ Yes ☐ No

If yes, which family members, and what type of problems? ______________________________

____

____

SUICIDAL HISTORY

Is there any positive family history of suicide? ☐ Yes ☐ No

Do you have any positive history of suicidal thoughts? ☐ Yes ☐ No

Do you currently have any suicidal thoughts? ☐ Yes ☐ No

If yes to current suicidal thoughts, are those active or passive thoughts? ___________________

Do you currently have a suicidal plan? ☐ Yes ☐ No

If yes, what are your reasons for wanting to die at this time? ____________________________

____

If yes, what method(s) do you intend to use to suicide? _________________________________

Do you have any positive history of making suicide threats? ☐ Yes ☐ No

Do you have any positive history of making suicide attempts? ☐ Yes ☐ No

If yes, how many times have you attempted suicide? __________________________________

If yes, what method(s) did you use? ____

If yes, was this alcohol/drug related? ☐ Yes ☐ No

Do you own a weapon? ☐ Yes ☐ No

Do you have easy access to any medications that could be potentially lethal, taken in large amounts? ☐ Yes ☐ No

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Do you have any positive history of self-mutilation? ☐ Yes ☐ No

If yes, what forms of self-mutilation? ____

VIOLENCE HISTORY

Do you have you any positive history of violent behaviour ? ☐ Yes ☐ No

If yes, what type(s) of violent behavior have you engaged in? ______________________________

____

If yes, were you intoxicated during the time(s) that you were violent? ☐ Yes ☐ No

If yes, were you mentally ill during the time(s) that you were violent? ☐ Yes ☐ No

If yes, were weapons involved during the time(s) that you were violent? ☐ Yes ☐ No

Have you ever been arrested for any type of violent behaviour? ☐ Yes ☐ No

Have you ever been classified by the Courts as a Violent or Dangerous Offender? ☐ Yes ☐ No

HOMICIDAL HISTORY

Do you have any positive history of homicidal thoughts? ☐ Yes ☐ No

Do you have any positive history of a homicidal plan? ☐ Yes ☐ No

Do you currently have any homicidal thoughts? ☐ Yes ☐ No

If yes to current homicidal thoughts, are those active or passive thoughts? ____________________

Do you currently have a homicidal plan? ☐ Yes ☐ No

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ALCOHOL/DRUG USE HISTORY

Ever Used?	First Use?	Last Use?	How Much?	How Often?	Ever been a Problem?
Alcohol:					
☐ Beer					☐ Yes ☐ No
☐ Wine					☐ Yes ☐ No
☐ Hard Liquor					☐ Yes ☐ No
☐ Liqueurs					☐ Yes ☐ No
☐ Coolers					☐ Yes ☐ No
Street Drugs:					
☐ Marijuana					☐ Yes ☐ No
☐ Hashish					☐ Yes ☐ No
☐ LSD					☐ Yes ☐ No
☐ Cocaine					☐ Yes ☐ No
☐ Crack					☐ Yes ☐ No
☐ Heroin					☐ Yes ☐ No
☐ PCP					☐ Yes ☐ No
☐ Mescaline					☐ Yes ☐ No
☐ Speed					☐ Yes ☐ No
☐ Mushrooms					☐ Yes ☐ No
☐ Opium					☐ Yes ☐ No
☐ Crystal Meth					☐ Yes ☐ No
☐ "Bath Salts"					☐ Yes ☐ No
☐ Quaaludes					☐ Yes ☐ No
Inhalants:					
☐ Solvents					☐ Yes ☐ No
☐ Gases					☐ Yes ☐ No
☐ Amyl Nitrate					☐ Yes ☐ No
☐ Aerosols					☐ Yes ☐ No
☐ Gasoline					☐ Yes ☐ No
☐ Glue					☐ Yes ☐ No
Club Drugs:					
☐ MDMA					☐ Yes ☐ No
☐ Rohypnol					☐ Yes ☐ No
☐ GHB					☐ Yes ☐ No
☐ Ketamine					☐ Yes ☐ No

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Ever Used?	First Use?	Last Use?	How Much?	How Often?	Ever been a Problem?
Prescription Medications:					
☐ Fiorinal-C					☐ Yes ☐ No
☐ Fentanyl					☐ Yes ☐ No
☐ Percocet					☐ Yes ☐ No
☐ Methadone					☐ Yes ☐ No
☐ Oxycontin					☐ Yes ☐ No
☐ Morphine					☐ Yes ☐ No
☐ Dilaudid					☐ Yes ☐ No
☐ Darvon					☐ Yes ☐ No
☐ Tylenol 1-4					☐ Yes ☐ No
☐ Demerol					☐ Yes ☐ No
☐ Tramadol					☐ Yes ☐ No
☐ Valium					☐ Yes ☐ No
☐ Rivotril					☐ Yes ☐ No
☐ Xanax					☐ Yes ☐ No
☐ Ativan					☐ Yes ☐ No
☐ Imovane					☐ Yes ☐ No
☐ Halcion					☐ Yes ☐ No
☐ Serax					☐ Yes ☐ No
☐ Restoril					☐ Yes ☐ No
☐ Tuinal					☐ Yes ☐ No
☐ Phenobarb					☐ Yes ☐ No
☐ Ritalin					☐ Yes ☐ No
☐ Concerta					☐ Yes ☐ No
☐ Adderall					☐ Yes ☐ No
☐ Biphentin					☐ Yes ☐ No
☐ Vyvanse					☐ Yes ☐ No
☐ Modafinil					☐ Yes ☐ No
☐ Dexedrine					☐ Yes ☐ No
☐ Marinol					☐ Yes ☐ No
☐ Cesamet					☐ Yes ☐ No

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Ever Used?	First Use?	Last Use?	How Much?	How Often?	Ever been a Problem?
Over-the-Counter Medications:					
☐ Gravol					☐ Yes ☐ No
☐ Benadryl					☐ Yes ☐ No
☐ Robitussin					☐ Yes ☐ No
☐ Sudafed					☐ Yes ☐ No
☐ Sleep-Eze					☐ Yes ☐ No
☐ Nytol					☐ Yes ☐ No
☐ Unisom					☐ Yes ☐ No
☐ Tylenol PM					☐ Yes ☐ No
☐ Phenergan					☐ Yes ☐ No
Other:					
☐ Steroids					☐ Yes ☐ No
☐ Salvia					☐ Yes ☐ No

How many **caffeinated coffees, teas, or colas** do you drink on average, per day? ______________

How many **"energy" drinks** (e.g., Red Bull, Monster) do you drink on average, per day? ________

How many **cigarettes** do you smoke on average, per day? _________________________________

FEMALES ONLY:

During the last 12 months, how many times have you had more than 3 drinks a day?

____

During the last 12 months, how many times have you had more than 7 drinks per week?

____

MALES ONLY:

During the last 12 months, how many times have you had more than 4 drinks a day?

____

During the last 12 months, how many times have you had more than 14 drinks per week?

____