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ADULT QUESTIONNAIRE

Name: _____ Date: _____ SSN: _____
Sex: M F Date of Birth: _____ Age: _____
Marital Status: Single Married Divorced Widowed Separated
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____ Work Phone: () _____
Emergency Contact: _____ Phone: () _____

Describe your home and neighborhood: _____

Please list the names of all persons living in your home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spouse's Name: _____ Occupation: _____
Place of Employment: _____

Name of your attorney in this matter (if applicable): _____
Address: _____ Phone Number: () _____
City: _____ State: _____ Zip Code: _____

Are there any other specialists or significant sources of information who you feel should be contacted in this evaluation? YES NO
If yes, give the name, address, and type of information each could provide: _____

FAMILY PAST & PRESENT

Where were you born and raised? _____

When did you move out of your parent's home? _____

State the name, age, education, and occupation of your parents:

Father: _____

Mother: _____

Were your parents ever separated? Yes No If yes, how old were you? _____

Were your parents ever divorced? Yes No If yes, how old were you? _____

Were you parents ever remarried? Yes No If yes, how old were you? _____

If either or both of your parents are deceased, how old were you at the time of death?

Mother: _____ Father: _____

State the name, ages, and residence of each of your siblings (place an S, M, or D next to each to indicate if the sibling is single, married or divorced):

Describe your relationship with your own family (e.g. parents, siblings): _____

How do you get along with your parents now? _____

Has anyone in your family (parents or siblings) abused drugs or alcohol now or in the past? YES NO

If yes, please explain: _____

Has anyone in your family been in psychotherapy or been hospitalized or received medication for mental or emotional difficulties? YES NO

If yes, please explain: _____

Has anyone in your family been arrested or convicted of any crime? YES NO

If yes, please explain: _____

EDUCATION

Highest level of education: _____ Year: _____

High School/University attended: _____

Describe your school experience academically and socially (e.g., What did you do best in? What did you like least in school?): _____

Have you ever received special education services? YES NO
If yes, please explain: _____

Did you leave any educational program prior to completion? YES NO
If yes, please explain: _____

MILITARY SERVICE

Have you ever served in the military? YES NO
If yes, where did you serve? _____

Type of discharge: _____

RELATIONSHIP PAST & PRESENT

Are you currently married? YES NO
If yes, provide date of marriage: _____

Do you have children together? YES NO
If yes, please provide names and ages: _____

Have you been previously married? YES NO
If yes, provide the following information about your previous marriage(s):
Date Married Date Divorced Reason(s) for Divorce

Any children? YES NO

If so, what were their ages at the time of the divorce? _____

Who received custody? _____

Are you in contact with any of these children now? YES NO

If your child or children are currently living with you, how often does the other parent visit? For how long? How are these visits arranged? _____

If your child or children are not currently living with you, how often do you visit? For how long? How are these visits arranged? _____

HEALTH

List any current medical problems: _____

Are you currently taking any prescribed medication? YES NO

If yes, please provide the name, dosage, reason prescribed, and prescribing physician: _____

List dates and reasons for any hospitalizations you have had: _____

Do you use any drugs or medications other than as prescribed? YES NO

If yes, please explain: _____

Family Physician: _____ Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Do you drink alcohol at all? YES NO
If yes, describe use (include type of alcohol, amount, frequency, and age at which you first began to drink alcohol): _____

Have you ever been treated for alcohol or other drug abuse? YES NO
If yes, when and where: _____

Have you ever been prescribed medication for emotional difficulties? YES NO
If yes, please provide details: _____

Have you ever been in psychotherapy or counseling, including marital or family?
 YES NO
If yes, please state when and the name(s) of the therapist(s): _____

If you are currently in therapy, what are your goals?: _____

EMPLOYMENT:

Place of Employment: _____ Occupation: _____
How long have you been employed in this type of work? _____
How long have you been with your current employer? _____

Describe your current job: _____

Is your work satisfying? YES NO
If no, what would you like to change about it? _____

What are your career plans? What would you like to be doing in five years? _____

For all your jobs prior to and including your current employer (beginning with your current position, provide the following:

Job Title	Place of Work	Salary	Hours	Dates of Employment
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Have you ever been fired or laid off from any job? YES NO
If yes, please explain: _____

PERSONAL PAST & PRESENT

While you were growing up, did you have any problems with any of the following (please circle and explain all that apply)?

Learning to Walk	Learning to Talk	Toilet Training	Bed-wetting
Recurrent Dreams	Sleep Disturbance	Fears	Nail Biting
Unusual Illnesses	Friends	School	Other

What kinds of things as a young child or teenager did your parents have to discipline you for? _____

What types of discipline did your parents use (please circle all that apply)?

Verbal Reprimands	Time out (isolation)	Rewards
Removal of Privileges	Physical Punishment	Acquiescence to child
Avoidance of child	Other (please explain below)	

Have you ever been physically or sexually abused? YES NO
If yes, please explain: _____

Have you ever been under investigation or supervision in any way by any of the following?
Department of Human Services YES NO
Child Protective Services YES NO
Probation YES NO
Police YES NO
Court YES NO
If yes to any of the above, please provide dates and circumstances of each: _____

Describe your social life. What friends do you see? _____

Are you presently dating anyone? YES NO
If yes, please describe your relationship: _____

List any organizations that you are involved with: _____

List your hobbies, skills, and interests: _____

Your religious affiliation: _____

Whom do you confide in if you have a personal problem? _____

What are the major causes of stress in your life at this time? _____

Has a close friend or family member died in the past 2 years? YES NO
If yes, please explain: _____

LEGAL ISSUES (if applicable)

What is your understanding of any current legal issues in this matter (e.g. what legal motions have been filed)? _____

Have you ever had a different attorney in this matter? YES NO
If yes, provide name of attorney: _____

Have you ever been arrested or in trouble with the law? YES NO
If yes, please provide the dates, place, and circumstances: _____

Have you ever been convicted of any crime? YES NO
If yes, provide dates, jurisdiction, circumstances, and disposition: _____

Has anyone in your family been investigated for physical or sexual child abuse?

YES NO

If yes, please explain: _____

