

Psych Services of Roane County, Inc.

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Licensed Psychologist

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ADULT QUESTIONNAIRE

Name: _____ Date of Birth: _____ Age: _____

Social Security #: _____ Who referred you here? _____

In your own words, please tell me what difficulties you are experiencing and how these problems affect your ability to function:

When did your problems start? _____

PSYCHO-SOCIAL HISTORY:

Where were you born? _____ Where were you raised? _____

Were your parents married when you were born? Y/N Did they remain together? Y/N If divorced/deceased how old were you?

Did you have a step-parent? _____ How old were you when your parent remarried?

How many brothers and sisters do you have? (Older) _____ (Younger) _____

Did your family get along with each other? _____ If they did not, were you abused or did you see someone else being abused? (Explain) _____

Are you married? Y/N If yes, how old were you when you got married? _____ Did you have children with this person? Y/N

If yes, how many and what are their current ages? _____

Did you divorce? Y/N If yes, when? _____ Did you remarry? Y/N Did you have children with this person? Give ages, etc. _____

Tell me about other marriages or long term relationships, if you had children with the person, etc. _____

Where do you live now? _____ Who lives with you? _____

Do you have any income? Y/N If yes, where does it come from and how much per month? _____

MENTAL HEATH HISTORY:

Have you ever had therapy/counseling before? Y/N If yes, where? _____

Why were you being seen? _____

Were you prescribed medication? Y/N If so, by whom? _____

What medications were you prescribed? _____

Did it help? Y/N How much or how little? _____

Have you ever been hospitalized for your mental health? Y/N If yes, where and why? _____

MEDICAL HISTORY:

Were you sick often as a child? Y/N If yes, why and how were you treated? _____

Tell me about your medical history, such as have you had any surgeries/ hospitalizations? _____

What are you being treated for now? _____

Who is your current doctor? (Give name and location please) _____

Current Medications: _____

VOCATIONAL HISTORY:

Tell me about your work history including: where you worked, when, how long, and job duties: _____

SUBSTANCE ABUSE HISTORY:

Have you ever drank alcohol or used/abused drugs? Tell me what age you first drank or used drugs, how often, and if you were ever a heavy user: _____

LEGAL HISTORY:

Have you ever been arrested? Y/N On probation? Y/N Parole? Y/N

If yes, tell me the circumstances around the arrest: _____

What was your sentence? _____

Did you spend any time in jail/prison? Y/N Explain: _____

PRESENT DAILY ROUTINE:

What time do you get up in the morning? _____ What do you do during the day? _____

Do you go to church or belong to any social or civic organizations? Y/N What do you do? _____

Do you go out with friends, visit with others, or does anyone visit you? Y/N Explain: _____

Do you shop alone or with others? _____ How often do you shop? _____

Is there anything that prevents you from shopping? _____

DEMOGRAPHICS:

How tall are you? _____ How much do you weigh? _____ Do you use any assistive devices? Y/N

Do you have to wear glasses, hearing aids? If yes, when did you get them? _____

What color is your hair? _____ What color are your eyes? _____

Do you have any tattoos, scars, piercings, etc? _____

Explain _____

Do you have any speech problems or problems communicating? Y/N Explain _____

Do you have any problems with memory? Y/N Explain _____