



Child and Adolescent Social History Questionnaire

Patient Name _____ **Date** _____

FAMILY HISTORY

Date of Birth _____ Place of Birth _____

Primary city (or cities) of residence during childhood and adolescence

Natural Father's Name _____ Is he living? _____

His Place of Employment _____

Please describe your father _____

Describe your relationship with your father _____

Natural Mother's Name _____ Is she living? _____

Her Place of Employment _____

Please describe your mother _____

Describe your relationship with your mother _____

Please list everybody that lives with you

If there are step-parents please list them:

Step-father: _____ Place of Employment _____

Description of step-father _____

Step-mother _____ Place of Employment _____

Description of step-mother _____

List your brothers, sisters and yourself, from oldest to youngest (include ages):

| | |
|--------------|-----------|
| Oldest _____ | 5th _____ |
| 2nd _____ | 6th _____ |
| 3rd _____ | 7th _____ |
| 4th _____ | 8th _____ |

List additional siblings on the back and check here to note that listing ____.

Have you experienced:

Death of a significant other? _____

Parent's separation? _____

Parent's divorce? _____

Any other traumatic event? _____ If yes, what? _____

If you answered yes to one of the above, please explain the circumstances and your age when these events occurred.

Use the back of the page if you need additional writing space.

How is discipline handled in your home?

EDUCATIONAL HISTORY

Present grade in school: _____

Where do you attend school: _____

What are your normal grades in school: _____

Have your grades declined recently? _____

Have you ever been suspended from school? _____ If yes, please explain

Have you ever been truant from school? _____ If yes, please explain

Did you have: Many friends ____ Few Friends ____ 1 or 2 friends ____ No friends ____

OCCUPATIONAL HISTORY

Please list all jobs you have held, if any, including your present place of employment

SOCIO-CULTURAL HISTORY

How would you rate the financial status of your home? _____

Do you have a strong support group of friends? _____

What role does religion play in your family? _____

What is your religious preference? _____

Are you active in your religion? _____

To which racial or ethnic group do you primarily identify? _____

MEDICAL HISTORY

Please list any major illnesses, hospitalization, and head injuries – past and present.

LEGAL HISTORY

Have you ever experienced any legal problems? _____

If yes, what? _____

Are you currently involved with any legal issue? _____

If yes, what? _____

SUBSTANCE ABUSE HISTORY

Have any of your family members had problems with alcohol and/or drug abuse? _____

Please describe who, their relationship to you, and the substances they abused. _____

Please describe your alcohol and/or drug use, ***past and present***. Specify frequency and type of substance used.

Have you ever received treatment for substance abuse? _____ If so, when and where was this treatment given? _____

SEXUAL HISTORY (For Adolescents)

Have you ever engaged in sexual intercourse? _____

If yes, at what age did you first engage in sexual intercourse? _____

What is your sexual orientation? _____

PERSONAL AND THERAPEUTIC GOALS

Immediate Goals

Intermediate Goals (3 – 6 months)

Long Term Goals (1 – 5 years)

Beliefs

Fears
