



## Social History Questionnaire

**Patient's 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Described 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Social History Questionnaire**

**Patient's Name** \_\_\_\_\_

List any step-parents and their relationship to you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_.

Were you abused growing up? \_\_\_\_\_

Sexually \_\_\_\_ Physically \_\_\_\_ Emotionally \_\_\_\_ Medically \_\_\_\_\_

If yes, by whom \_\_\_\_\_

Was your family of origin subject to Death \_\_\_\_ Separation \_\_\_\_ Divorce \_\_\_\_ Other trauma \_\_\_\_\_

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 was discipline handled in your home as a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were you impacted by your family of origin? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient's Name** \_\_\_\_\_

**INTERPERSONAL HISTORY**

Please list your partners/spouses and your age when you were in the relationship(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall, how would you describe your relationship with your current partner/spouse:

\_\_\_\_\_  
\_\_\_\_\_

Partner/Spouse's place of employment: \_\_\_\_\_

List any children from oldest to youngest. Include their ages.

Oldest \_\_\_\_\_ 5th \_\_\_\_\_

2nd \_\_\_\_\_ 6th \_\_\_\_\_

3rd \_\_\_\_\_ 7th \_\_\_\_\_

4th \_\_\_\_\_ 8th \_\_\_\_\_

List any additional children on the back and check here to note that listing \_\_\_\_\_

**EDUCATIONAL HISTORY**

Last grade completed: \_\_\_\_\_

Where did you attend school: \_\_\_\_\_

What were your normal grades in school: \_\_\_\_\_

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

If you attended college, what did you major in? \_\_\_\_\_

Did you do well academically? \_\_\_\_\_

If you did not attend college, what did you do after high school? \_\_\_\_\_

\_\_\_\_\_

**OCCUPATIONAL AND/OR MILITARY HISTORY**

When did you begin working and what type of jobs have you held?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient's Name** \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

How long have you worked at your present job? \_\_\_\_\_

Are you satisfied with your present job? \_\_\_\_\_

If not, what is the cause of your dissatisfaction? \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ If so, what branch of service \_\_\_\_\_

Date of discharge \_\_\_\_\_ Were you involved in combat? \_\_\_\_\_

**SOCIO-CULTURAL HISTORY**

How would you rate the financial status of your childhood home? \_\_\_\_\_

Were you raised in an urban \_\_\_ suburban \_\_\_ or rural \_\_\_ area?

Did you have a strong support group of friends when you were growing up? \_\_\_\_\_

How would you describe your current financial status? \_\_\_\_\_

Is your present home urban \_\_\_ suburban \_\_\_ or rural \_\_\_?

What role did religion play in your family of origin? \_\_\_\_\_

What is your religious preference? \_\_\_\_\_

Are you active in your religion? \_\_\_\_\_

To which racial or ethnic group do you primarily identify? \_\_\_\_\_

**MEDICAL HISTORY**

What major illnesses have you had or do you have at the present time?

**LEGAL HISTORY**

Have you ever been convicted of any criminal offense? \_\_\_\_\_

If yes, of what offense and when? \_\_\_\_\_

Are you currently involved with any legal issue? \_\_\_\_\_

If yes, what? \_\_\_\_\_

**Patient's Name** \_\_\_\_\_

**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**

Have you ever engaged in sexual intercourse? \_\_\_\_\_

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

How satisfied are you with the quality of your current sexual activity? \_\_\_\_\_

\_\_\_\_\_

What is your sexual orientation? \_\_\_\_\_

**PERSONAL AND THERAPEUTIC GOALS**

Immediate Goals

\_\_\_\_\_

Intermediate Goals (3 – 6 months)

\_\_\_\_\_

Long Term Goals (1 – 5 years)

---

---

---

---

Values

---

---

---

---

Beliefs

---

---

---

---

Fears

---

---

---

---

Support System

---

---

---

---