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Client Questionnaire

On the next several pages, you are requested to provide an extensive amount of current and historical information about yourself. The more data you provide, the more focused and useful the assessment process will be.

I believe it will take a considerable amount of time and effort to complete this task, and I appreciate your willingness to complete this form quickly. The information requested in this Questionnaire is broad and may include items that might not appear to apply to you. However, as an expert in psychological assessment, I must collect all types of information for all individuals. Please do not omit any sections, rather, include all information known to the best of your ability. Thank you for being thorough.

Following are a series of questions that ask you to provide responses in pen on ruled paper or by use of a word processor (*preferred*). Items and questions are numbered consecutively; please number your responses likewise, corresponding to the item or question. In addition, begin each response with the same **Key Word** as is printed in bold print at the beginning of each question. While I recognize that I am requesting a lot of thought and writing, I hope to ultimately save time and more efficiently provide you with the highest quality service.

Client _____

Date _____

Person financially responsible
for account _____

Please send personal information and responses to questionnaires to Dr. Newton using secure technology and not as a routine email attachment. A link to an easy-to-use encryption service is available on the PlusFour Solutions website, for just this purpose. You do not have to register; you simply attach the document(s) to an email message and hit "send."

Use separate pages for responses, do not write here

Reason for Evaluation

1. Briefly describe the problems or concerns that prompted the decision for this evaluation.
2. For how long has there been a history of these concerns?

Family History and Dynamics

3. **Living Arrangements:** Please describe your current living arrangements.
4. Language
 - a) What is your primary language?
 - b) What other language(s) do you know and use? Please note whether you are fluent to read/speak/write for each language.
 - c) What language(s) were used in your home growing up?
 - d) Do you have any current difficulty with reading/writing/speaking English? Explain
5. **Family of Origin**
 - a) List the members of your family of origin, including siblings. Give the name, current age, area of residence and career or area of employment for each. Note year of death if applicable.
 - b) List the members in your current household. Please include your significant other and children.
 - c) List your ethnic background, place of birth, and cities/states/countries of residence while growing up.
 - d) Discuss your relationship with your parents and siblings and include time spent together, nature of the bond with each parent, etc.
 - e) How well do you get along with your parents and siblings? Are you alienated from any family members? Who acted as your primary care giver? What is the nature of the bond between you and each parent? What were your mother and father's good and bad qualities as parents?
 - f) Have there been nannies or au pairs involved in your life?
6. **Personal History**
 - a) Provide a chronological listing, with month and year when possible, of major family events during your childhood and adult years. This list should include moves, births, deaths, major illnesses, major financial shifts, persons coming to live in the home and any other event that has been traumatic or significant.
 - b) Discuss past marriages and long-term relationships. Do you maintain relationships with ex-spouses or ex-significant others? If so, please describe. Please be specific with dates of past marriages and divorces (if applicable).
 - c) What do you consider to be the five most important events of your life?

Skip section 7 if you are also completing a Family Questionnaire

7. **Marriage and Family**
 - a) Discuss your relationship with your spouse and the health of your marriage.
 - b) Discuss your relationships with your children, if applicable. Who is the primary parent in the household?
 - c) Describe the parenting roles of each adult in the household.
 - d) To what extent do you participate in family activities with your spouse and children (i.e., meals, activities, holidays, birthdays)?

Social History

8. Relationships

- a) How well do you relate to other people? Are you satisfied with your social life?
- b) Are you able to establish and maintain relationships with other individuals without difficulty?
- c) How well do you meet new people?
- d) How well do you handle novel social situations?
- e) Would you describe yourself as more introverted or extroverted? Explain.

9. Hobbies and Interests

- a) How do you prefer to spend leisure time? Describe any hobbies and other interests.
- b) Describe any sports involvement.
- c) Comment on time spent with television, books, video games and the Internet. *When commenting on time spent on the Internet, do not include any time spent online due to work.*
- d) To what extent are matters of faith and church a part of your life? Discuss the role religion plays in your life. Do you believe in a higher power? Are you a spiritual person? How do these same questions apply to your childhood and adolescence?

Educational History

10. List where you went to grade school, junior high and high school and any education beyond high school.
11. Describe your academic history and discuss any learning disabilities.
12. Did you like school and were you a good student?
13. Have you ever been evaluated for any learning problems or for any advanced learning programs?
14. Do you have a family history of learning disabilities (parents, siblings, cousins, etc.)?

Employment History

15. Describe your current job or position. Do you like what you do?
16. Do you travel extensively for your current position?
17. List the jobs you have held with approximate lengths of employment. If the job title is ambiguous, please describe the job.
18. Have you had special training? Do you plan to move on to another position or type of job?
19. If you have been unemployed, on disability, or have chosen not to work for a period of time, please describe that here.

Medical History

20. General Health History

- a) Describe your health. Address hearing, vision, motor coordination, speech, stamina and strength. Are there dental or orthodontic problems? When was your last physical examination?
- b) Discuss your physical health history; include major illnesses, hospitalizations, surgeries, handicaps, and your family history, *i.e. mother had cancer and died early at age 63.*
- c) Describe any chronic health problems such as asthma, diabetes or a heart condition.

- d) Describe all medical hospitalizations, major illnesses and history of seizures or convulsions. Please list any head trauma and indicate associated concussion and/or loss of consciousness and address any poisonings or episodes of coma.
- e) Discuss your social or recreational use of alcohol, cigarettes, marijuana or any other substances.
- f) List your current medications and for what condition each is prescribed. Do any of your medications cause dizziness, headache, disorientation or problems with concentration?

21. Sleep

- a) How well do you settle down to sleep? Are you a restless sleeper? Do you sleep through the night?
- b) How many hours of sleep do you typically get each night?
- c) Do you take anything to help you sleep? Do you wake-up rested?
- d) Have there been any recent changes in your sleep patterns?
- e) Do you experience nightmares, night terrors, sleep walking, or sleep talking?
- f) Are there any routines or rituals associated with bedtime and/or sleep?
- g) Have you ever experienced an inverted sleep routine (up late at night, sleep all day)?
- h) Have you ever been treated for a sleep disorder?

Mental Health Background

- 22. Mental Health History** Describe your mental health history and include any diagnoses or symptoms of depression, anxiety, eating disorder, obsessive-compulsive disorder, etc.
- 23. Inpatient Treatment** Please provide dates, duration, treating physicians and location of any inpatient psychiatric hospitalizations.
- 24. Outpatient Treatment** List in chronological order, with dates and duration, all counseling and therapy in which you have been involved. Please provide names of therapists and contact information.
- 25. Medicine** List all medications you are taking for psychiatric reasons. Please include a history of past psychiatric medications including your response to the medication and the reason for stopping; include ages and dates.
- 26. Evaluations** If you have been evaluated previously and there are prior psychological or psychiatric assessments that included testing or reports, please list the dates and type of testing and provide copies of the test reports.
- 27. Self-Harm**
 - a) Have you ever threatened suicide? Have you ever attempted suicide?
 - b) Have you ever cut or burned yourself deliberately *without* the intent of dying?
 - c) Have you ever known anyone who attempted or committed suicide? Is there a family history of self-harm or suicide?
- 28. Abuse** Describe any episodes of physical, emotional or sexual abuse or trauma that you have experienced.
- 29. Substance Abuse** If you have current substance abuse issues, or if you have a history of substance abuse (alcohol, marijuana, cocaine, etc.), please describe the extent of your use and treatment received, if any. When possible, give appropriate dates of initial use. To what extent is your substance use out in the open versus hidden and secretive?
- 30. Family Mental Health History** Include your family history of mental illness or substance abuse (*i.e. father has a history of anxiety; brother is alcoholic and attends AA*).

Legal History

31. Discuss your legal history as a juvenile and an adult, if applicable. Include citations, court appearances, jail time, probation and court-required treatment. If applicable, provide dates of incarceration (length of stay) and reason.
32. Is there a history of legal problems for anyone else in your family? Is there a family history of violence?
33. Does anyone in the family own a gun? Do you have access to a gun or other weapons?
34. Have you ever been involved in activities that were illegal but did not get caught? Please explain.

Whimsical

35. Name something that you are very interested in or passionate about and say why.
36. What do you wish would come true?
37. Who/what influenced you the most in life?
38. State a basic truth you believe in.