

Adult Biographical and Life Stress Questionnaire

My Hobbies and Interests

My strengths (personality, outlook on life, talents etc.)

Social Support: I see my friends or extended family

___ 1-3 times/week ___ every week or few weeks ___ monthly ___ rarely ___ never

I currently live with: list (name(s), age(s) and relationship status):

My current family or family growing up currently provides support for me in these ways:

Gender Identity: _____

Sexual Orientation: _____

Ethnic/Racial Identity: _____

Current Romantic Relationship Status (please describe): _____

Are you satisfied with your romantic life? ___ Are you satisfied with your relationship in general? _____

Prior Psychotherapist(s)

Prior Support Groups or 12-Step Programs: _____

What were these experiences like?

Religious or Spiritual Practice (if any)

Primary Care Provider (with clinic/city)

Ob/Gyn or Midwife, if applicable (please include clinic/city)

Current Prescribed Medications

#1: _____ dosage _____ for _____

#2: _____ dosage _____ for _____

#3: _____ dosage _____ for _____

#4: _____ dosage _____ for _____

Over the counter or other supplements including vitamins, fish oil, naturopathic remedies etc.

#1: _____ dosage _____ for _____

#2: _____ dosage _____ for _____

#3: _____ dosage _____ for _____

#4: _____ dosage _____ for _____

Please place a check mark in front of all questions that apply to you, and answer other questions according to the directions.

_____ I don't have enough free time or _____ I have too much free time.

_____ I am in a new relationship or a new marriage in the past six months.

_____ I am in a blended family.

_____ I did not grow up with my biological mother or father.

_____ I am separated (in my marriage).

_____ I was divorced this past year.

_____ I have had a recent marriage reconciliation (within six months).

_____ I have suffered the loss of a spouse or important loved one(s) within the past year.

_____ I have moved from another part of the state, country or world in the past year.

_____ I have gone back to school in the past year.

_____ I started a new job this past year.

_____ My work or home environment does not feel safe. (Please circle which one.)

_____ I feel that I need a change in my job/career.

_____ I retired this past year.

_____ I am having a spiritual crisis.

_____ I am currently unemployed and I would like to be working.

_____ I have had a falling out with someone important to me in the past year.

_____ I became an adoptive, biological, foster or step parent within the past year.

I do not have _____ a best friend or _____ a group of friends that I can confide in or who support me in hard times.

_____ (If applicable) I have unsatisfactory sibling relationship(s).

_____ (If applicable) I have unsatisfactory relationship(s) with my parent(s).

_____ The family I grew up with has a history of depression.

Type of depression: _____ Family member(s): _____

_____ The family I grew up with has a general history of anxiety or OCD, hoarding, panic attacks etc.

Type of anxiety: _____ Family member(s): _____

_____ The family I grew up with (or my grandparent's generation) has a history of sexual or physical abuse or other trauma.

_____ The family I grew up with has a history of bi-polar (manic-depression), schizophrenia or other serious mental health issues.

Type of Mental Health Issue: _____ Family member(s): _____

_____ I am the parent of a baby or toddler.

_____ I am the parent of a teenager

_____ I have child(ren) with special needs.

_____ I could use some help/support with my parenting.

_____ I have an aging parent (s) or in-laws that need my help.

_____ My current economic situation feels insecure or unsafe.

_____ I do not have any control or say in my own finances.

_____ I have a serious illness or someone important to me has a serious illness.

_____ I am very concerned about a medical condition that I have. Medical condition: _____

_____ I have had a serious injury in the past year. Injury: _____

_____ My current living arrangement does not feel safe.

How much do you exercise?:

None Monthly Weekly 2-3 times/week 4-5 times/week ` Daily

Do you eat a healthy diet with fruits, vegetables and whole grains:

Never Sometimes Often Regularly All of the time

_____ I struggle with food issues and/or sometimes feel out of control with my eating.

_____ I have a history or currently use prescription drugs for recreational or social purposes.

Prescription Drug: _____

_____ Do you drink alcohol? Please circle amount:

None/Abstinent Weekly 1 drink/day 2-3 drinks/day More than 2-3

_____ I am a binge drinker and experience blackouts.

_____ Do you drink caffeinated beverages? Please circle amount:

None/Abstinent Weekly 1 drink/day 2-3 drinks/day More than 2-3 drinks

_____ Tobacco Use

None/Former Social Smoker ½ pack/day 1 pack/day`` More than 1 pack/day

_____ I am currently frequently taking over-the-counter drugs with ephedrine (like Claritin D or Sudafed) or other O-T-C drugs (including 5-hour energy pills) that have a stimulant effect.

_____ I am currently frequently taking over-the-counter drugs that have a sedative effect (like cough syrup).

_____ I need help with an addictive behavior(s) that does not involve alcohol or illegal substances:
Behavior(s): _____

I use illegal drugs:

Abstinent/recovering monthly weekly daily multiple times/day

_____ I have experienced these traumas in my life: _____

_____ I have flashbacks and/or avoid certain situations or places that trigger me emotionally.

- _____ I sometimes lose hours of my day.
- _____ I sometimes hallucinate or hear voices.
- _____ I have out-of-body experiences.
- _____ I have repetitive behaviors like hand washing or checking the stove that I can't control.
- _____ I have looping thoughts that I can't get out of my head.
- _____ I frequently get some combination of a racing heart, trouble breathing, nausea, sweating, clammy
- _____ I have a history of cutting myself.
- _____ I am currently cutting myself.
- _____ I have a history of suicide attempts.
- _____ I sometimes think about killing myself.
- _____ I am currently suicidal.
- _____ I am afraid that I might harm someone.

For Women:

- _____ I am pregnant.
- _____ I am trying to get pregnant and having difficulty.
- _____ I am pregnant or with a small child and I am very anxious/depressed or feel like I am "losing it".
- _____ I am pregnant or with small child(ren). I am having passive thoughts of my child being harmed that I would never act on. (Checking this will not result in loss of confidentiality.)
- _____ I am pregnant, peri-menopausal or menopausal and feel like I am "losing it". I am having symptoms like hot flashes, sleep disturbance, memory issues, mood swings etc.
- _____ My periods have become irregular in either length or frequency which is a change for me.
- _____ I've always struggled with painful or irregular periods.
- _____ I struggle with my mood the week (or two) before my period.
- _____ I have thoughts of harming my child that I might follow through on.
- _____ I have had a miscarriage or abortion that I am struggling with.

_____ I have suffered from postpartum bi-polar or manic-depressive disorder or psychosis in a past pregnancy.

_____ I have recently discontinued my mood stabilizers or anti-depressants. (please circle which)

_____ I have been on fertility drugs.

_____ I have had preeclampsia and take magnesium sulfate.

_____ I have a history of or current low iron.

_____ I have a history of or current thyroid issues.

_____ I have been unusually creative or productive lately.