

5. Describe your relationship with each sibling a child:

6. Describe your relationship with each sibling as an adult. How often do you see and talk with each sibling?

7. What parent(s) and/or caregiver(s) raised you (include timeframes):

8. What role(s) did your parent(s) and/or caregiver(s) have in the family (i.e. provider, homemaker):

Parent A: _____

Parent B: _____

9. Describe your parent(s) and/or caregiver(s) personality:

Parent A: _____

Parent B: _____

10. Describe your parent(s) and/or caregiver(s) expectations of their child(ren):

Parent A: _____

Parent B: _____

11. Describe your parent(s) and/or caregiver(s) level of parenting involvement:

Parent A: _____

Parent B: _____

12. Describe your parent(s) and/or caregiver(s) parenting style:

Parent A: _____

Parent B: _____

13. Describe your parent(s) and/or caregiver(s) values:

Parent A: _____

Parent B: _____

14. Describe your parent(s) and/or caregiver(s) methods of discipline:

Parent A: _____

Parent B: _____

15. Describe your relationship with your parent(s) and/or caregiver(s) as a child and also as an adult:

Parent A: _____

Parent B: _____

16. Describe your parents or caregivers substance use (alcohol, cigarettes, marijuana, cocaine, heroin, etc.) when you were growing up. This includes being a social drinker/smoker.

Parent A: _____

Parent B: _____

17. Did your parents or caregivers have a substance use problem? Yes or No

Parent A: _____

Parent B: _____

18. If applicable, how did your parents or caregivers use of substances affect the family?

19. Is there any lasting impact from your parents or caregivers use of substances on yourself or the family?

20. Do your parents or caregivers continue to use substances currently or did they stop? *Yes or No*

21. If your parents or caregivers stopped using substances, please explain why did they stop and how did they stop using drugs:

22. What significant losses did your family experience?

23. How did your family deal with them?

24. Describe family celebrations(holidays/birthdays) growing up and family celebrations as an adult:

25. Describe any past or present abuse(physical/sexual/emotional/verbal) or victimization issues in the family (*including yourself*):

26. How was this abuse dealt with or currently being dealt with?

27. What was the lasting impact on the family from the abuse?

Describe your caregivers' current substance use. (i. e. use of alcohol, cigarettes, etc.)

28.

Describe the role of religion in the family growing up; also note what religion was practiced growing up in the family if any.

29. Describe any other family members who had a significant role in your family (i.e. grandmother, uncle) how did they influence you growing up?

30. Describe if there were any out of home placements for your siblings or yourself:

31. List your educational history starting with high school. If you didn't graduated high school, state what grade you were in when you dropped out and the reason why you were unable to complete high school. If you didn't graduate college, state what your major was and explain reason why you were unable to finish.

School Name:	Location:	Graduation Date:	Degree:	Concentration:

32. List places and dates of all adult employment, explaining any significant gaps of time, why?

Company Name	Job Title	Date of Employment	If over 1 year, describe time gap

33. Describe your relationship history. List past significant relationships prior to current one.

Name (First, Last)	Dates	Children from this relationship	Reason Ended

34. Describe current relationship with parent of children if separated. How often do you talk/see them?

35. List the dates of any previous marriages/separations/divorces:

Name (First, Last)	Date of marriage/separation (Year-Year)	Date of Divorce

36. Means of transportation:

Year	Make	Model	Color	Public Transportation Available

Do you own a car seat? If so, please list types. (Backward facing, forward facing, booster)

1. _____
2. _____
3. _____

37. List your strengths:

38. List your weaknesses:

39. List your hobbies and personal interests:

40. What are your personal goals:

41. Describe your personality:

42. List any special skills with regards to employment and education

43. Describe your work schedule:

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							

44. Any monthly appointments? (doctor appointments, therapy etc.)

45. Any history of domestic violence? If so, who, when, how was it dealt with?

Health

46. Describe your past and current physical health (list any major operations and illnesses) (*Please include childhood, adolescent, and adult history*).

47. List all *prescribed* medications taken by household members and for how long they have been on these prescribed medications

Name (First, Last)	Medications	Reason for taking it	Date started/stopped	Side Effects

48. Does anyone in the household have a history of a mental health diagnosis or have a current mental health diagnosis? (*Please include childhood, adolescent, and adult history*) Yes or No

49. If, so when were they diagnosed? Does this person require special care, if so what type of special care?

50. Describe your past and present emotional health. List any involvement with therapy or hospitalizations. *(Please include childhood, adolescent, and adult history)*

51. Describe any past or present use of drugs for yourself, siblings, children (alcohol, cigarettes, marijuana, cocaine, heroin, etc.) including being a social drinker/smoker. *(Please include childhood, adolescent, and adult history)*

52. If there was past/present use and/or problems of drugs for anybody in your family (yourself, siblings, children) please explain in detail if the drug abuse was resolved also how and when it was resolved (i.e. treatment)
