**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.