

# BACKGROUND QUESTIONNAIRE

STUDENT COUNSELING SERVICES  
CONNECTICUT COLLEGE

We take your treatment as seriously as you do. Please take some time and fill in this questionnaire carefully. Wherever space provided seems inadequate, please continue on the back page. The information you provide will greatly assist us in the initial planning of your treatment.

Thank you

CONNECTICUT COLLEGE  
STUDENT COUNSELING SERVICES

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Briefly Describe Your Present Concerns \_\_\_\_\_

Family History

Father: \_\_\_\_\_

Living or Deceased? \_\_\_\_\_

Occupation: \_\_\_\_\_

Current age or age at death: \_\_\_\_\_

Other relationships/marriages: \_\_\_\_\_

Describe your father and your relationship with him: \_\_\_\_\_

Mother: \_\_\_\_\_

Living or Deceased? \_\_\_\_\_

Occupation: \_\_\_\_\_

Current age or age at death: \_\_\_\_\_

Other relationships/marriages: \_\_\_\_\_

Describe your mother and your relationship with her: \_\_\_\_\_

Describe your parents' relationship: \_\_\_\_\_

Parents' relationship: Married:  Divorced:  Separated:  Never Married:

Were you adopted? Yes:  No:  Were you ever in Foster Care? Yes:  No:

Names, ages, and whereabouts of siblings: \_\_\_\_\_

Do any of your family members have or have a history of emotional problems or substance abuse problems? Yes:  No:

Not Sure: . If yes, please describe: \_\_\_\_\_

What is your sexual orientation: \_\_\_\_\_

Have you ever personally experienced and / or witnessed the following:

Physical Abuse: Yes:  No:  Not Sure:

Sexual Abuse: Yes:  No:  Not Sure:

Emotional / Verbal Abuse: Yes:  No:  Not Sure:

**Physical Health**

How is your physical health at present?      Good:       Fair:       Poor:

Date of last physical exam: \_\_\_\_\_

List any illnesses (past or present): \_\_\_\_\_

Hospitalizations (include dates and purpose): \_\_\_\_\_

Home physician: \_\_\_\_\_      Phone: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

List all medications you are currently taking: \_\_\_\_\_

**Emotional Health**

How is your overall emotional health at present?      Good:       Fair:       Poor:

Have you ever had counseling or psychotherapy?      Yes:       No:

If you answered "yes," please give the name(s) of your previous therapist(s). \_\_\_\_\_

When and how long were you in treatment? \_\_\_\_\_

What was the reason for your treatment? \_\_\_\_\_

Was it helpful? Why or why not? \_\_\_\_\_

Have you ever been prescribed medications to help you with your emotional problems?      Yes:       No:

If you answered "yes," what medications and did they help you? \_\_\_\_\_

Have you ever been hospitalized for emotional or psychiatric reasons?      Yes:       No:

If you answered "yes," where and when? (include the reason for hospitalization) \_\_\_\_\_

How long were you in the hospital and was it helpful? \_\_\_\_\_

**Alcohol / Drug Use**

Do you use alcohol? Yes:  No:

If you answered "yes," what do you drink? How frequently? How many drinks per episode? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use drugs? Yes:  No:

If you answered "yes," what drugs do you use? How frequently? How much? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has alcohol or other drug use ever interfered with your functioning at home, at school or at work? (Explain) \_\_\_\_\_  
\_\_\_\_\_

Has anyone ever expressed concerns about your alcohol or drug use? (Explain) \_\_\_\_\_  
\_\_\_\_\_

Have you ever sought or received treatment for an alcohol or drug problem? (If "yes," where? when? for how long?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever tried to harm yourself?** Yes  No  Not Sure . If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever tried to harm others?** Yes  No  Not Sure . If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spirituality**

What religion are you affiliated with, if any? \_\_\_\_\_  
How important is your religious or spiritual life to you? \_\_\_\_\_  
How might your religious or spiritual beliefs be relevant to your care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Comments or Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_