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ADULT PERSONAL HISTORY QUESTIONNAIRE

*Please answer all questions completely. Use additional 8 1/2 x 11 paper as needed.
You are responsible for providing updates if any information changes*

Your Name _____
Last First Middle maiden/other names by which you are known

Present Address: _____
Street Apt.# City State Zip

Telephone numbers: _____
Home Work Cell Fax

Age: _____ Date of Birth: _____ Place of Birth _____

Driver's license _____ Social Security # _____
Number/State

RESIDENTIAL HISTORY

Type of residence: House ___ Apartment ___ Mobile Home ___ Condo ___ Town Home ___

Do you: Own ___ Rent ___ # of bedrooms _____ # of bathrooms _____

Monthly payment _____ Current Value _____

Swimming pool? y ___ n ___ Hot tub y ___ n ___

Any weapons in the home? (this includes all guns, hunting bows/tips, hunting knives, artillery, ammunition, explosives) y ___ n ___ **If yes, please list a complete description of each weapon on the back of this page**

Please list addresses lived at, totaling **TEN years** of history (use back of this page if necessary)

Current address

Street City State Zip

How long at this address? _____

Previous address #1

Street _____ City _____ State _____ Zip _____

How long at this address? _____

Previous address #2

Street _____ City _____ State _____ Zip _____

How long at this address? _____

Previous address #3

Street _____ City _____ State _____ Zip _____

How long at this address? _____

Do any individuals live in your current home, on a full time or part time basis, that are not listed in the marital/relationship or child sections of this form? Yes _____ No _____
If yes, please list their names and ages and relationship on the back of this form.

CHILDHOOD HISTORY

Your Father's full name _____ Is he still living? y___ n___

If deceased, age at death and year passed away _____

Cause of death _____

If still living, health of father _____

Father's occupation (if retired, former occupation) _____

Check as many of the following that best characterize your childhood relationship with your father:

<input type="checkbox"/> no relationship	<input type="checkbox"/> friendly	<input type="checkbox"/> affectionate	<input type="checkbox"/> took care of father
<input type="checkbox"/> abusive	<input type="checkbox"/> warm	<input type="checkbox"/> anxious	<input type="checkbox"/> afraid of father
<input type="checkbox"/> idolized	<input type="checkbox"/> gentle	<input type="checkbox"/> consistent	<input type="checkbox"/> unpredictable
<input type="checkbox"/> neglectful	<input type="checkbox"/> smothering	<input type="checkbox"/> distant	<input type="checkbox"/> full of conflict
<input type="checkbox"/> caring	<input type="checkbox"/> strained	<input type="checkbox"/> loving	<input type="checkbox"/> fun
<input type="checkbox"/> respectful	<input type="checkbox"/> close	<input type="checkbox"/> uninvolved	<input type="checkbox"/> superficial
<input type="checkbox"/> relaxed	<input type="checkbox"/> supportive	<input type="checkbox"/> demonstrative	<input type="checkbox"/> over protective

other: _____ other: _____

How would you rate your father's ability to manage his life:

very good good fair poor unknown

If less than very good, please list reasons why you rated this parent less than very good: _____

Check as many of the following that best describe the personal characteristics of your father when you were a child:

<input type="checkbox"/> not applicable	<input type="checkbox"/> active	<input type="checkbox"/> moody	<input type="checkbox"/> easy going
<input type="checkbox"/> worrier	<input type="checkbox"/> outgoing	<input type="checkbox"/> overly critical	<input type="checkbox"/> kind
<input type="checkbox"/> perfectionist	<input type="checkbox"/> generous	<input type="checkbox"/> hardworking	<input type="checkbox"/> self-centered
<input type="checkbox"/> domineering	<input type="checkbox"/> aggressive	<input type="checkbox"/> flexible	<input type="checkbox"/> unforgiving
<input type="checkbox"/> isolated	<input type="checkbox"/> shy	<input type="checkbox"/> content	<input type="checkbox"/> stubborn
<input type="checkbox"/> happy	<input type="checkbox"/> irresponsible	<input type="checkbox"/> serious	<input type="checkbox"/> irrational
<input type="checkbox"/> optimistic	<input type="checkbox"/> pessimistic	<input type="checkbox"/> compassionate	<input type="checkbox"/> manipulative
<input type="checkbox"/> calm	<input type="checkbox"/> temperamental	<input type="checkbox"/> friendly/social	<input type="checkbox"/> passive
<input type="checkbox"/> violent	<input type="checkbox"/> understanding	<input type="checkbox"/> warm	<input type="checkbox"/> prejudiced
<input type="checkbox"/> nervous/anxious	<input type="checkbox"/> supportive	<input type="checkbox"/> emotional	<input type="checkbox"/> rigid
<input type="checkbox"/> preoccupied	<input type="checkbox"/> fun/playful	<input type="checkbox"/> dramatic	<input type="checkbox"/> reassuring
<input type="checkbox"/> self-confident	<input type="checkbox"/> irritable	<input type="checkbox"/> controlling	<input type="checkbox"/> substance abuser
<input type="checkbox"/> loyal	<input type="checkbox"/> honest	<input type="checkbox"/> courteous	<input type="checkbox"/> adaptable
<input type="checkbox"/> self-reliant	<input type="checkbox"/> patient	<input type="checkbox"/> smart	<input type="checkbox"/> stable

other: _____ other: _____

Your Mother's full name _____ Is she still living? y__ n__

If deceased, age at death and year passed away _____

Cause of death

If still living, health of mother

Mother's occupation (if retired, former occupation)

Check as many of the following that best characterize your childhood relationship with your mother:

no relationship friendly affectionate took care of mother
 abusive warm anxious afraid of mother
 idolized gentle consistent unpredictable
 neglectful distant full of conflict caring
 superficial relaxed supportive over protective
 strained loving fun respectful
 close uninvolved smothering demonstrative

other: _____ other: _____

How would you rate your mother's ability to manage her life:

very good good fair poor unknown

If less than very good, please list reasons why you rated this parent less than very good: _____

Check as many of the following that best describe the personal characteristics of your mother when you were a child:

not applicable active moody easy going
 worrier outgoing overly critical kind
 perfectionist generous hardworking self-centered
 domineering aggressive flexible unforgiving
 isolated shy content stubborn
 happy irresponsible serious irrational
 optimistic pessimistic compassionate manipulative
 calm temperamental friendly/social passive
 violent understanding warm prejudiced
 supportive emotional rigid dramatic
 preoccupied fun/playful reassuring irritable
 nervous/anxious self-confident controlling substance abuser
 loyal honest courteous adaptable
 self-reliant patient smart stable

other: _____ other: _____

Were your parents married y ___ n ___ Are they still married y ___ n ___
 How many years were/have they been married _____

If divorced, when _____ where _____

If divorced what was your age at the time of the divorce _____

Effect of the divorce on you and your siblings:

of times your Father has been married _____

of times your Mother has been married _____

Check all that apply that best describe your current relationship with your father:

<input type="checkbox"/> father deceased	<input type="checkbox"/> dependent	<input type="checkbox"/> positive
<input type="checkbox"/> no contact	<input type="checkbox"/> loving	<input type="checkbox"/> supportive
<input type="checkbox"/> strained	<input type="checkbox"/> very close	<input type="checkbox"/> Other: _____
<input type="checkbox"/> distant	<input type="checkbox"/> comfortable	<input type="checkbox"/> Other: _____
<input type="checkbox"/> caring	<input type="checkbox"/> over involved	<input type="checkbox"/> Other: _____
<input type="checkbox"/> emotionally intense	<input type="checkbox"/> not involved enough	<input type="checkbox"/> Other: _____
<input type="checkbox"/> abusive	<input type="checkbox"/> on again, off again	
<input type="checkbox"/> flexible	<input type="checkbox"/> problematic	
<input type="checkbox"/> hostile	<input type="checkbox"/> enjoyable	
<input type="checkbox"/> understanding	<input type="checkbox"/> improving	
<input type="checkbox"/> argumentative	<input type="checkbox"/> gratifying	
<input type="checkbox"/> manipulative	<input type="checkbox"/> I am a caretaker for	

If no contact was selected, please explain the lack of relationship with this parent:

If your father is still living, how often do you see/speak to you father? _____

Check all that apply that best describe your current relationship with your mother:

<input type="checkbox"/> mother deceased	<input type="checkbox"/> dependent	<input type="checkbox"/> positive
<input type="checkbox"/> no contact	<input type="checkbox"/> loving	<input type="checkbox"/> supportive
<input type="checkbox"/> strained	<input type="checkbox"/> very close	<input type="checkbox"/> Other: _____
<input type="checkbox"/> distant	<input type="checkbox"/> comfortable	<input type="checkbox"/> Other: _____
<input type="checkbox"/> caring	<input type="checkbox"/> over involved	<input type="checkbox"/> Other: _____
<input type="checkbox"/> emotionally intense	<input type="checkbox"/> not involved enough	<input type="checkbox"/> Other: _____
<input type="checkbox"/> abusive	<input type="checkbox"/> on again, off again	
<input type="checkbox"/> flexible	<input type="checkbox"/> problematic	
<input type="checkbox"/> hostile	<input type="checkbox"/> enjoyable	
<input type="checkbox"/> understanding	<input type="checkbox"/> improving	
<input type="checkbox"/> argumentative	<input type="checkbox"/> gratifying	
<input type="checkbox"/> manipulative	<input type="checkbox"/> I am a caretaker for	

If no contact was selected, please explain the lack of relationship with this parent:

If your mother is still living, How often do you see/speak to you mother? _____

Are your parents aware of this custody dispute y _____ n _____ n/a _____

Are they supportive of you y _____ n _____ n/a _____

Check as many of the following that best describe what you were like as a child (pre-teen):

<input type="checkbox"/> happy	<input type="checkbox"/> awkward	<input type="checkbox"/> responsible	<input type="checkbox"/> rebellious
<input type="checkbox"/> shy	<input type="checkbox"/> temperamental	<input type="checkbox"/> self-confident	<input type="checkbox"/> sad
<input type="checkbox"/> disobedient	<input type="checkbox"/> curious	<input type="checkbox"/> stubborn	<input type="checkbox"/> friendly
<input type="checkbox"/> irresponsible	<input type="checkbox"/> outgoing	<input type="checkbox"/> compliant	<input type="checkbox"/> unhappy
<input type="checkbox"/> calm	<input type="checkbox"/> anxious/nervous	<input type="checkbox"/> sickly	<input type="checkbox"/> thoughtful
<input type="checkbox"/> aggressive	<input type="checkbox"/> serious	<input type="checkbox"/> active	<input type="checkbox"/> insecure
<input type="checkbox"/> quiet	<input type="checkbox"/> fearful	<input type="checkbox"/> hyperactive	<input type="checkbox"/> funny
<input type="checkbox"/> obedient	<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____	

Check as many of the following that best describe what you were like as a teenager:

<input type="checkbox"/> happy	<input type="checkbox"/> awkward	<input type="checkbox"/> responsible	<input type="checkbox"/> rebellious
<input type="checkbox"/> shy	<input type="checkbox"/> temperamental	<input type="checkbox"/> self-confident	<input type="checkbox"/> sad
<input type="checkbox"/> disobedient	<input type="checkbox"/> curious	<input type="checkbox"/> stubborn	<input type="checkbox"/> friendly
<input type="checkbox"/> irresponsible	<input type="checkbox"/> outgoing	<input type="checkbox"/> compliant	<input type="checkbox"/> unhappy
<input type="checkbox"/> calm	<input type="checkbox"/> anxious/nervous	<input type="checkbox"/> sickly	<input type="checkbox"/> thoughtful
<input type="checkbox"/> aggressive	<input type="checkbox"/> serious	<input type="checkbox"/> active	<input type="checkbox"/> insecure
<input type="checkbox"/> quiet	<input type="checkbox"/> fearful	<input type="checkbox"/> hyperactive	<input type="checkbox"/> funny
<input type="checkbox"/> obedient	<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____	

Are there issues or incidents from your childhood that currently cause you distress?
If yes, please explain

During your childhood, did you just have your immediate family close by or did you have extended family near you as well?

Would you say that your father was emotionally present or absent while you were growing up? present _____ absent _____ Was he in the military? _____

Would you say that your mother was emotionally present or absent while you were growing up? Present _____ absent _____ Was she in the military? _____

What is the name of the high school you attended? _____

What city was the high school located in? _____

Did you graduate high school? y___ n___ Year you graduated _____

If you did not graduate, please explain why: _____

Did you attend college? y____ n____

1) College name_____ City/State_____
Last grade completed_____ Degree/Diploma_____

2) College name_____ City/State_____
Last grade completed_____ Degree/Diploma_____

3) College name_____ City/State_____
Last grade completed_____ Degree/Diploma_____

Are you or were you ever in the Military? Yes _____ No _____
If yes, Branch _____ Dates of active duty _____

Discharge Status _____
If dishonorable/uncharacterized discharge, please explain why: _____

HEALTH

Describe your health

Please list all diagnosis of diseases or disorders

List all prescribed medications that you are currently taking, including dosages and how many per day as well as the reason why you are taking the medication.

Medication	Dosage	How often	Prescribed by (name of Dr.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for taking above medications:

Do you have any significant acute or chronic medical condition(s) that could affect your ability to parent a child? y____ n_____

For the next few questions, “immediate family” refers to yourself, your mother, your father and your siblings

1. Have you or anyone in your immediate family ever had a severe mental illness (schizophrenia, manic depression/Bi-Polar)? yes___ no___ If yes, please explain:

2. Have you, your children (if applicable) or anyone in your immediate family ever been committed to a facility for mental or emotional disturbances? yes___ no___
If yes, please explain:

3. Are you now receiving or have ever received psychiatric care? yes___ no ___
If yes, please explain:

4. Are you now or have you ever participated in counseling or psychological testing?
yes___ no ___
If yes, please explain:

5. Have you or anyone in your immediate family ever been incarcerated?
yes___ no___ If yes, please explain:

6. Have you or anyone in your immediate family ever had any experience with, or involvement in, child abuse, as an aggressor or victim? yes___ no___
If yes, please explain:

7. Have you or anyone in your immediate family ever had any experience with, or involvement in child molestation as an aggressor or victim? yes___ no___
If yes, please explain:

8. Have you or anyone in your immediate family ever had any experience with, or involvement in child neglect as an aggressor or victim? yes___ no___
If yes, please explain:

9. Have you or anyone in your immediate family ever had any experience with, or involvement in assault as an aggressor or victim? yes___ no___
If yes, please explain:

10. Have you or anyone in your immediate family ever had any experience with, or involvement in, spouse abuse as an aggressor or victim? yes___ no___
If yes, please explain:

11. Have you or anyone in your immediate family ever had any experience with, or involvement in, drug abuse? yes___ no___ If yes, please explain:

12. Have you or anyone in your immediate family ever received treatment for chemical dependency? yes___ no___ If yes, please explain:

13. Have you or anyone in your immediate family ever had any experience with, or involvement in, alcohol abuse yes___ no___ If yes, please explain:

14. Do you drink? yes___ no___ How often _____ How much _____

15. Do you smoke yes___ no___ How many packs per day _____

16. Does anyone involved in this case have a history of, or been treated for drug or alcohol abuse? yes ___ no___ If yes, please explain:

17. Have you ever been arrested, indicted or convicted of or are you currently charged with a felony or misdemeanor (other than minor traffic violations)? yes___ no___
If yes, please explain:

18. Do you currently have police or criminal action pending? yes ___ no___
If yes, please explain:

19. Have the police ever been called out to any home that you have ever lived in as a minor or an adult? yes____ no____
If yes, please explain:

20. Are you currently on probation or parole? yes____ no____
If yes, please provide the name, address and telephone number of the probation or parole officer: _____

21. Has a restraining order ever been issued against you? yes____ no____
If yes, please explain:

22. How do you handle stress?

23. How do you handle anger?

24. How do you spend your free time?

25. How do you feel you are doing mentally and emotionally?

Marital/Relationship History

Please provide a ten year relationship history beginning with your current/most recent spouse/significant other relationship.

1. Name of current/most recent spouse/partner/significant other:

Where did you meet? _____

Did you date? y____ n____ How Long _____

Were you engaged? y____ n____ How Long _____

Married/Commitment ceremony: Date _____ Place _____

List any children from this relationship:

Name _____ DOB _____
 Place Of Birth _____
 Name _____ DOB _____
 Place Of Birth _____
 Name _____ DOB _____
 Place Of Birth _____
 Name _____ DOB _____
 Place Of Birth _____

Check any of the following that best describe the various roles you play in the relationship:

___ not applicable ___ initiator ___ wage earner ___ caregiver
 ___ head of household ___ peacemaker ___ decision maker ___ follower
 ___ leader ___ comforter ___ rational one ___ negotiator
 ___ emotional one ___ risk taker ___ organizer ___ manager
 ___ social planner ___ money manager ___ compromiser ___ homemaker
 ___ other: _____ ___ other: _____

Check any of the following that best describe the various roles your spouse/partner plays in the relationship:

___ not applicable ___ initiator ___ wage earner ___ caregiver
 ___ head of household ___ peacemaker ___ decision maker ___ follower
 ___ leader ___ comforter ___ rational one ___ negotiator
 ___ emotional one ___ risk taker ___ organizer ___ manager
 ___ social planner ___ money manager ___ compromiser ___ homemaker
 ___ other: _____ ___ other: _____

How often do you and your spouse/partner argue?

___ not applicable ___ once or twice a year ___ almost daily
 ___ never ___ once or twice a month ___ once a day
 ___ rarely ___ once or twice a week ___ several times a day

Check any of the following that best describe the major areas of disagreement between you and your spouse/partner:

___ not applicable ___ personal habits ___ sexual relations
 ___ personal expectations ___ discipline of children ___ household chores
 ___ politics ___ friends ___ religion
 ___ work ___ values ___ leisure time
 ___ alcohol/drugs ___ in-laws ___ separate activities
 ___ shared activities ___ emotional closeness ___ family involvement
 ___ time apart ___ time together ___ travel
 ___ money ___ emotional separateness
 ___ other: _____ ___ other: _____

Check any of the following that best describe how you typically react when you have a major disagreement with your spouse/partner:

___ not applicable ___ agree to disagree ___ sometimes yell and shout

- become silent change the topic leave the house to cool off
- try to outwit spouse/partner
- sometimes throw or break things
- reach agreement through mutual give and take
- take time to think things over before discussing
- give in and attempt to smooth things over
- seek outside help such as a counselor/clergy
- get physical (pushing, shoving)
- other: _____ other: _____

Has there been violence in your relationship? Yes No

If yes, did it occur once infrequently frequently

Over what period of time? _____

If yes, please explain:

Has there been violence/neglect involving the child(ren)? Yes No

If answering yes, did it occur once infrequently frequently

Over what period of time? _____

If yes, please explain:

Was CPS ever involved? Yes No How many times? _____

Dates involved? _____

If yes, please explain:

If yes, what was their finding?

Ruled Out Reason to Believe Unable to determine

What are the strengths of this relationship?

What are the weaknesses of this relationship?

Have you ever gone through a difficult time in this relationship that threatened your relationship or caused you to break up? yes no

If yes, please explain:

2. Previous marriage/significant other relationship:

Name of previous spouse: _____

Where did you meet? _____

Did you date? y____ n____ How Long _____

Were you engaged? y____ n____ How Long _____

Married/Commitment ceremony: Date _____ Location _____

Date of divorce/separation: _____

Reason for divorce/separation: _____

List any children from this relationship:

Name _____ DOB _____

Place Of Birth _____

Name _____ DOB _____

Place Of Birth _____

Name _____ DOB _____

Place Of Birth _____

Name _____ DOB _____

Place Of Birth _____

Name _____ DOB _____

POB _____

Do you receive or pay child support for the child(ren)? receive ____pay ____

Amount pay or receive _____ how often _____

If you are required to pay child support, are you in arrears or current? _____

If you are in arrears, please list the reason why.

What type of custody arrangements do you have with the child(ren)'s other parent?

Was there violence in this relationship? Yes ____ No ____

If yes, did it occur once ____ infrequently ____ frequently ____

Over what period of time? _____

If yes, please explain:

Was there been violence/neglect involving child(ren)? Yes ____ No ____

If answering yes, did it occur once ____ infrequently ____ frequently ____

Over what period of time? _____

If yes, please explain:

Was CPS ever involved? Yes _____ No _____ How many times? _____

Dates involved: _____

If yes, what was their finding?

Ruled Out _____ Reason to Believe _____ Unable to determine _____

If yes, please explain:

3. Previous marriage/significant other relationship:

Name of previous spouse: _____

Where did you meet? _____

Did you date? y_____ n_____ How Long _____

Were you engaged? y_____ n_____ How Long _____

Married/Commitment ceremony: Date _____ Location _____

Date of divorce/separation: _____

Reason for divorce/separation: _____

List any children from this relationship:

Name _____ DOB _____

Place Of Birth _____

Name _____ DOB _____

Place Of Birth _____

Name _____ DOB _____

Place Of Birth _____

Name _____ DOB _____

Place Of Birth _____

Name _____ DOB _____

POB _____

Do you receive or pay child support for the child(ren)? receive _____ pay _____

Amount pay or receive _____ how often _____

If you are required to pay child support, are you in arrears or current? _____

If you are in arrears, please list the reason why.

What type of custody arrangements do you have with the child(ren)'s other parent?

Was there violence in this relationship? Yes _____ No _____

If yes, did it occur once _____ infrequently _____ frequently _____

Over what period of time? _____

If yes, please explain:

Was there been violence/neglect involving child(ren)? Yes ____ No ____
 If answering yes, did it occur once ____ infrequently ____ frequently ____
 Over what period of time? _____
 If yes, please explain:

Was CPS ever involved? Yes ____ No ____ How many times? _____
 Dates involved: _____
 If yes, please explain:

If yes, what was their finding? Ruled Out ____ Reason to Believe ____

Are you currently contemplating marriage? y ____ n ____
 If yes, name and address of prospective spouse/significant other:

Has a date of marriage been planned? y ____ n ____ Date: _____

List the child or children involved in the current court action:

Name	Date of Birth	School & Daycare name	School/daycare address

What is the current allocation of parenting time between parents (access/visitation arrangements)? _____

List all other children living in either party's home who are not involved in this case:

Name	Date of Birth	School & Daycare name	School/daycare address

PARENTING QUESTIONS

1. With regard to parenting, who/what is your support system?

2. What activities are your child(ren) involved in and what is your involvement with these activities?

3. How do you discipline the child(ren) in your home?

4. How do you describe a good parent/child relationship?

5. How do you express affection toward your child(ren)?

6. How do you handle conflicts with your child(ren)?

7. How do you handle your child(ren)'s expression of emotions?

8. What do you think the role of a parent is?

9. What are your strengths as a parent?

10. In what areas do you need to improve as a parent?

11. How do you hope to make these improvements?

12. Describe yourself as a parent, focusing on your strengths.

13. Describe your child(ren)'s other parent, focusing on their strengths.

14. What do you feel would be the best parenting plan for this/these child(ren)? (Please include planned access with the other party.)

15. List the areas of **agreement** you and the other parent have concerning a parenting plan for the child(ren).

16. List the areas of **disagreement** you and the other parent have concerning a parenting plan for the child(ren).

17. Who was the primary caregiver while you were **together**? What did being the primary caregiver consist of?

18. Describe the involvement that your child(ren)'s other parent had with the child/children when you were **together**;

19. Describe the involvement or access schedule you and the other parent have had since the separation/divorce;

20. Describe the involvement of your **current** spouse, prospective spouse or cohabitant with the child/children.

21. How are you explaining this court action to the child(ren)?

22. How are exchanges of the child(ren) handled between you and the other party?

23. What are the positive and negative attributes of the other party?

24. What are your concerns, not already stated, you have about the other parent that would affect their parenting?

25. In what areas do you need to improve as a **Co-parent**?

26. How do you plan on making those improvements?

27. In what areas does your child(ren)'s other parent need to improve as a co-parent?

STATEMENT OF AUTHENTICITY

I hereby certify all answers on this Parent History Questionnaire to be true and correct.

Printed Name: _____ Date _____

Signature: _____