

Personal History Questionnaire

Use a pen. Do NOT use a marker

In accordance with the Americans with Disabilities Act of 1990, we will make necessary arrangements for individuals who are physically challenged and need special accommodation to complete this survey, or any other assessment exercise. If you have a disability or condition which requires accommodation, please inform us and we will provide the necessary assistance.

I will be truthful and straightforward in my responses to this questionnaire: Yes ☐ Maybe ☐ No ☐ DOB: _____

Name: _____ Mdl Int _____ Phone : _____ Age: _____ Sex: _____ Today's date: _____

Address: _____ City: _____ State: _____ Zip: _____ SS: XXX-XX- _____

What job are you applying for: _____ Company/agency name: _____

Your primary ethnicity? Circle one: Alaskan Native, American Indian, Asian, Black, Hispanic, Pacific Islander, White, other: _____

How many times have you been married? 0 1 2 3 4 Current marital status: Single _____ Married _____ (date) _____

Divorced _____ (date) _____ Engaged _____ (date) _____ Separated _____ (date) _____ Widowed _____ (date) _____

Is spouse employed? _____ Spouse's occupation: _____ Spouse's employer: _____

How many children were in your family? _____ How many children do you have? _____ Age of child(ren) _____

Father's present or former occupation? _____ Mother's present or former occupation? _____

Did you live with both parents the first 18 years of life? _____ If not, please explain: _____

Education & Training

Circle last year of education completed:

Grade School 9 10 11 12 13 14 15 16 17 18 19 20

High school attended: _____ City & state: _____ Grade avg. or GPA: _____

What year did you graduate high school? _____ List any extra-curricular activities (i.e., sports, clubs, band, etc.) _____

Did you finish with a GED? Yes No If yes, what year? _____ Did you attend an "alternative high school? Yes No

Please list any special training/educational programs related to the position you are applying for: _____

| List business school, trade school, college or university attended – even if you didn't graduate | Course of study (major) | Years attended | Degree received | Grade avg. or GPA |
|--|-------------------------|----------------|-----------------|-------------------|
| Name: _____ | | From 20__ | AAS, BA | |
| City & state _____ | | To 20__ | | |
| Name: _____ | | | | |
| City & state _____ | | | | |
| Name: _____ | | | | |
| City & state _____ | | | | |

Were you ever suspended from college, placed on academic probation, or asked not to return? Yes No Dates: _____

Office Use Only for ID Verification

Driver's license state: _____ Expiration date: ____/____/____

List **ALL** jobs and self-employment, beginning with present job. Include any periods of unemployment greater than 3 months in duration. Please write out your responses and do not use acronyms and abbreviations. Use the backside if necessary.

1 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

2 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

3 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

4 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

5 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

Office use only

6 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

7 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

8 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

9 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

10 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

Office use only

1 From _____ to _____ Agency: _____
 m/y m/y City & state: _____
 Activities: _____
 Supervisor: _____
 Were you paid?: Yes No Did you receive school credit? Yes No
 Total # hrs. worked: _____

2 From _____ to _____ Agency: _____
 m/y m/y City & state: _____
 Activities: _____
 Supervisor: _____
 Were you paid?: Yes No Did you receive school credit? Yes No
 Total # hrs. worked: _____

Office use only

The following questions pertain to your work history in its **entirety**. Please circle your response.

Office use only

Yes No Have you been involved in any litigation or lawsuits?
 Yes No Have you ever been fired from a job, terminated from a job, or forced to leave for any reason?
 Yes No Have you ever received any reprimands, warnings, or disciplinary action from an employer?
 Yes No Have you experienced interpersonal difficulties with co-workers, subordinates, or supervisors that resulted in disciplinary action, a decision to leave, or intervention from a third party (e.g., manager, director, arbitrator).
 Yes No Have you ever been suspended from a job, or forced to take a leave of absence?
 Yes No Have you ever received below average or unsatisfactory performance reviews?
 Yes No Has any employer noted concerns or problems because you were late or absent?
 Yes No Were you ever required to go through re-training, or had your training or orientation period extended?
 Yes No Do you think it's OK to report someone who is stealing from his / her employer?
 Yes No In any of your jobs, did you ever fail to complete the probationary period?
 Yes No Has any employer noted concerns or problems because you were involved in racist or sexist behavior while at work?
 Yes No Have you ever been pressured into resigning from a job, or resigned from a job under unfavorable circumstances?

How many times have you been late to work during the past year? _____

How many days of work have you missed during the past year (excluding scheduled days off such as vacation)? _____

Military Service

Circle the response which best describes the details of your military service.

Branch served in: None (if None, please skip this section) Army Navy Air Force Marines Natl. Guard Coast Guard

Do you have an *active* security clearance? No Secret TS SCI Dates of active service: From: _____ To: _____

What was your job assignment: _____ Rank at discharge (e.g., E-3): _____

Discharge: honorable dishonorable general explanation: _____

Did you receive any documented discipline? Yes No
 Did you receive any verbal reprimands or discipline? Yes No
 Were you ever court-martialed? Yes No
 Did you receive any nonjudicial punishment, Article 15's, 86's Captain's Mast, or the like? Yes No
 Were you ever demoted in rank? Yes No
 Were you in combat? Yes No
 Were you diagnosed with a head injury? Yes No

Office use only

Name: _____

- 1) List any significant **personal** accomplishments or recognitions received: _____
- 2) List any significant **work** accomplishments or recognitions received: _____
- 3) List any other language(s) you speak. Indicate how you acquired those skills? _____
- 4) Currently, what do you do with your free time? Hobbies, interests? _____
- 5) During the last several years, describe the three most dangerous things you've done, or most dangerous situations you were in: _____

Self Insight

- 6) Do you acknowledge that every individual, yourself included, has strengths and weaknesses? Yes ☐ No ☐
- 7) What person in your life had/has the greatest influence on you? _____
- 8) What personality characteristics about yourself would you most like to change? _____
- 9) If you were not in your present career field, what field would you like to pursue? _____
- 10) What non-family person do you most admire, respect or wish to be like? Why? _____
- 11) As an ADULT which behaviors have you demonstrated when angry or frustrated? Circle "Yes" or "No"

| | | | | | |
|--|-----|----|---|-----|----|
| debating, arguing or possibly raising one's voice. | Yes | No | being grouchy or rude to others | Yes | No |
| slamming doors, cabinets, etc. | Yes | No | have a drink (beer, wine, etc.) | Yes | No |
| breaking and or kicking things | Yes | No | crying | Yes | No |
| gave someone the "silent treatment" or "cold shoulder" | Yes | No | headache, bad stomach, turning red, muscle tension, or other physical symptom, etc. | Yes | No |
| damaged some object | Yes | No | waved or gestured with arms or hands, etc. | Yes | No |
| got so frustrated you had to leave work / house | Yes | No | passive aggressiveness | Yes | No |
| drove a vehicle in an unsafe or aggressive manner | Yes | No | repressing or internalizing anger | Yes | No |
| physical aggression or abuse toward another | Yes | No | seclusion of self from others | Yes | No |
| verbal exclamation or nonverbal expressions | Yes | No | stamping your feet, pounding with fists | Yes | No |
| throwing things (household items, tools, keys, etc.) | Yes | No | obsess or dwell on the matter | Yes | No |
| let it go for now and plan a response for later | Yes | No | punching holes with your fist | Yes | No |
| threatened with lawsuit, call cops, small claims | Yes | No | angry e-mails, texts or Facebook posts | Yes | No |
| overeat | Yes | No | exit situation, walk away | Yes | No |
| swearing | Yes | No | distract self with recreational or social activities | Yes | No |
| verbal or written threats, sanctions or consequences | Yes | No | refuse to talk, shut down, denial | Yes | No |
| said some things you regretted later | Yes | No | restrained yourself from taking inappropriate action | Yes | No |

Name: _____

Please answer the following questions as honestly as possible. Circle your response. For any items you answer “yes,” please provide additional information as requested. Use the backside of this page if necessary.

| | | | | |
|--|-----------------------|-----------------------------------|-------|-----------------|
| 1) How would you describe your current state of well-being and satisfaction with life? Explain briefly: | Poor | Fair | Great | Office use only |
| 2) Were you ever diagnosed with a learning disability? | Yes | No | | |
| 3) During your elementary school years (age 5-11 yrs.) were you ever referred to or seen by a mental health professional? | Yes | No | | |
| 4) During your middle school years (12-14 yrs.) were you ever referred to or seen by a mental health professional? | Yes | No | | |
| 5) During your high school years (15-18 yrs.) were you ever referred to or seen by a mental health professional? | Yes | No | | |
| 6) Since your high school years, were you ever referred to or seen by a mental health professional? | Yes | No | | |
| 7) Have you had any extended periods of serious maladjustment, mental illness, or unhappiness? Explain briefly: | Yes | No | | |
| 8) As an adult, describe the most difficult thing you’ve had to deal with in life : _____ | | | | |
| 9) Within the past 5 years, have you experienced any of the following symptoms? If so, circle those that apply | Yes | No | | |
| Depression | Obsessions | Suicidal thoughts | | |
| Anxiety | Rage | Feeling unfairly treated | | |
| Fears | Sleep problems | Attention deficit/ hyperactivity | | |
| Confusion | Eating disorder | Hallucinations | | |
| Excessive worry | Compulsions | Significant change in weight | | |
| Isolation/withdrawal | >48 hrs without sleep | Lack of self control | | |
| Panic attack | Hopelessness | Other troubling feelings/thoughts | | |
| Paranoia | Fainting | Emotions out of control | | |
| 10) Were you ever admitted, or referred to, an inpatient or outpatient treatment facility for mental health treatment or rehabilitation (drug, alcohol, gambling, etc.)? | Yes | No | | |
| 11) Have you experienced difficulty due to chronic pain? | Yes | No | | |
| 12) Have you ever called a crisis hotline for any reason? | Yes | No | | |
| 13) Has anyone in your family, extended family, or any of your friends attempted or committed suicide? If yes, date:_____ | Yes | No | | |
| 14) How satisfied are you with your current relationship? If not in a relationship, circle N/A | little | avg | much | |
| 15) My longest steady romantic relationship started in ____ and ended in ____ lasting a total of: ____ yrs. | | | | |
| 16) Have you ever called a crisis hotline for any reason? | Yes | No | | |
| 17) Has anyone in your family, extended family, or any of your friends attempted or committed suicide? If yes, date:_____ | Yes | No | | |
| 18) List the names of three individuals you could turn to with a problem: | | | | |

- | | | | | | |
|--|------|--------|-----|-------|------|
| 19) Recently, how much turmoil has there been in your life? | None | Little | Avg | Avg + | Much |
| 20) Are you experiencing any health or medical problems that are a concern to you? | None | Little | Avg | Avg + | Much |
| 21) To what extent have you suffered any recent losses (job loss, divorce, death of someone close to you, relationship issues, \$ loss)? | None | Little | Avg | Avg + | Much |
| 22) To what extent are you likely to experience a loss in the future (job, death, \$, etc.)? | None | Little | Avg | Avg + | Much |
| 23) To what degree are you feeling isolated from others? | None | Little | Avg | Avg + | Much |
| 24) How much enjoyment or pleasure do you experience in your daily activities? | None | Little | Avg | Avg + | Much |
| 25) Compared to usual, how much stress have you been under lately? | None | Little | Avg | Avg + | Much |

| | | | |
|---|-----|----|-----------------|
| 1) Were you ever treated by or referred to a mental health professional (counselor, social worker, therapist, psychologist, psychiatrist, etc.)? Exclude marital, pastoral or vocational counseling. | Yes | No | Office use only |
| 2) At what point in your life was your self-esteem at its lowest? <input type="checkbox"/> Childhood, <input type="checkbox"/> Middle school, <input type="checkbox"/> High school, <input type="checkbox"/> College, <input type="checkbox"/> Adulthood, <input type="checkbox"/> Now | | | |
| 3) Have you experienced eating problems such as bingeing & purging, anorexia or abuse of laxatives? | Yes | No | |
| 4) Were you ever referred by an employer or court ordered to a mental health evaluation or treatment? (e.g., fitness for duty exam, anger mgmt class, parenting classes) | Yes | No | |
| 5) Have you had any emotional or psychological conditions that affected your ability to do your job? | Yes | No | |
| 6) Do you have any untreated medical conditions? | Yes | No | |
| 7) Were you ever hospitalized involuntarily (against your will)? | Yes | No | |
| 8) Were you ever in the hospital for three or more days? If "yes" describe reason: _____ _____ | Yes | No | |
| 9) Were you ever prescribed medication for a behavioral or emotional condition (anti-depressants, anxiety meds, etc?) Date prescribed: _____ | Yes | No | |
| 10) List any prescription medications you currently take. Do not list birth control or medications for sexual functioning. Do the best you can with spelling. 1. _____ Reason: _____ Since _____ 2. _____ Reason: _____ Since _____ 3. _____ Reason: _____ Since _____ 4. _____ Reason: _____ Since _____ | | | |
| 11) Since the age of 16 years, list the date (year only) of all hospital admissions or instances in which you were treated by emergency medical personnel: _____ | | | |
| 12) Did you ever fail a drug test? | Yes | No | |
| 13) Were you evaluated by a mental health professional for any reason (custody eval., disability determination, VA, pre-employment psychological, etc.)? | Yes | No | |
| 14) Has any psychological, emotional or mental condition impaired or limited your ability to function on a daily basis? | Yes | No | |
| 15) During the past 5 years, have concerns from home or your personal life interfered in your work functioning? | Yes | No | |
| | | | |

| | | |
|--|-----------|-----------------|
| 1) Do you currently drink alcohol? | Yes No | Office use only |
| 2) Did you ever consume enough alcohol that you threw up? | Yes No | |
| 3) If your department wanted to take advantage of the fact you were a new officer, and asked you to work undercover, how many beers could you drink before you were no longer effective? <input type="checkbox"/> 0, <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7, <input type="checkbox"/> 8 or more | | |
| 4) If you consumed more alcohol in the past than you do now, about what ages were you when you drank the most? <input type="checkbox"/> N/A or Age: _____ to _____ | | |
| 5) How often do you have a drink containing alcohol? <input type="checkbox"/> Never <input type="checkbox"/> monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4 times a week <input type="checkbox"/> 5-6 times a week | | |
| 6) How many standard drinks containing alcohol do you have on a typical day? <input type="checkbox"/> 0 – 2, <input type="checkbox"/> 3 – 4, <input type="checkbox"/> 5 - 6, <input type="checkbox"/> 7 - 9, <input type="checkbox"/> 10-11, <input type="checkbox"/> 12 or more | | |
| 7) How often do you have six or more drinks on one occasion? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Almost daily <input type="checkbox"/> Daily | | |
| 8) Did you ever make the decision to stop drinking alcohol—for any reason? | Yes No | |
| 9) What is the worst thing you did (or had happen to you) while you were under the influence of alcohol? | | |
| 10) Have you ever tried or used illegal drugs? If “yes” please list ALL drugs used, date last used and total number of times you used the drug. Use back if necessary. | Yes No | |
| 1. _____ date of last use: _____ # times used _____ | | |
| 2. _____ date of last use: _____ # times used _____ | | |
| 3. _____ date of last use: _____ # times used _____ | | |
| 4. _____ date of last use: _____ # times used _____ | | |
| 11) If you listed any drugs above, what did you like about the drug? | | |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 12. _____ | | |
| 13) Have you ever used marijuana, legally or illegally? Last occurrence: _____ | Yes No | |
| 14) Have you ever used alcohol or illegal drugs while at work? | Yes No | |
| 15) Have you sold any illegal drugs, prescription medication, or drug paraphernalia? | Yes No | |
| 16) Have you bought or obtained prescription medication from someone other than a pharmacy or licensed prescriber? | Yes No | |
| | | |

Audit: _____

Name: _____

Please answer the following questions as honestly as possible. **For any items you answer “yes,” write an explanation on the backside of this page to clarify circumstances.**

The following questions pertain to your financial history in its **entirety**. Please circle your responses.

| Office use only | Yes | No | Question |
|-----------------|-----|----|--|
| | | | Have you experienced any financial problems? |
| | | | Were your wages ever garnished? Date(s) _____ |
| | | | Have you ever filed for bankruptcy? Date(s) _____ |
| | | | Were you ever delinquent in paying child or spousal support? |
| | | | Did you file a tax return AND pay tax for every year you were required to? |
| | | | Were you ever served an eviction notice? |
| | | | Were you ever in foreclosure or had assets repossessed? |
| | | | Have any of your financial obligations been in collections? |
| | | | During the past three years, have you written (or been a party to) a check that was returned for insufficient funds? |
| | | | Were you ever delinquent on a student or government backed loan? |
| | | | Do you owe any state or federal taxes or back taxes? |

The following questions pertain to your driving history in its **entirety**. Please circle your responses.

| Office use only | Yes | No | Question |
|-----------------|-----|----|--|
| | | | Was your driver's license ever suspended, revoked, or limited in any way? |
| | | | Have you been involved in an automobile accident that was not reported? |
| | | | Were you ever cited for careless or reckless driving? Date: _____ |
| | | | Have you operated a motor vehicle under the influence of alcohol or illegal drugs such that you would have been arrested if stopped by police? Date of most recent occurrence: _____ |
| | | | Did you ever drive a vehicle without a license or proper insurance? Dates: _____ |
| | | | Were you ever denied auto insurance or had an existing policy cancelled? |
| | | | ____ % What percentage of the time do you wear seatbelts? (i.e., 50%) |
| | | | Have you experienced any arguments or physical confrontations resulting from a driving dispute? |
| | | | Have you ever failed to obey a traffic signal or road sign? |
| | | | Have you ever used a motor vehicle in a threatening or manipulative fashion, e.g., tailgating or menacing? |

Name: _____

Please answer the following questions honestly by circling your response. For any items you answer “yes” to, please provide additional information as requested using the back of this page

| | | | | |
|---|-----------------------|-------------------------|-----------------|-------------------------|
| 1) Have you ever been charged with DUI or DWAI? If “yes” please give dates _____ _____ | Yes | No | Office use only | |
| 2) Have you ever been arrested? If “yes” please list date, charge, and outcome (i.e., dismissed, convicted) for each arrest. Date Charge Outcome _____ _____ | Yes | No | | |
| 3) Were you ticketed for a non-driving offense, such as MIP of alcohol? Date(s): | Yes | No | | |
| 4) Were you involved in any matters in which the court records were sealed or information was expunged? | Yes | No | | |
| 5) Were you ever charged with a crime or questioned by the authorities about a crime? If so, describe below with dates: _____ _____ | Yes | No | | |
| 6) Were you ever named in a restraining order? | Yes | No | | |
| 7) Were you ever given a summons to appear in court (exclude LE work or jury duty)? | Yes | No | | |
| 8) Were you ever in a diversion program? | Yes | No | | |
| 9) Were you ever on probation of any kind? (court, traffic, DMV, summary, formal, informal, etc.)? | Yes | No | | |
| 10) Have you suffered any physical abuse, threats or psychological injury from a spouse, family member, romantic partner, or significant other? | Yes | No | | |
| 11) Have you ever injured (psychologically or otherwise), physically abused or threatened a spouse, partner, family member, child or significant other? | Yes | No | | |
| 12) Were you ever accused of domestic violence? | Yes | No | | |
| 13) Were you ever contacted by Child Protective Services or a similar agency? | Yes | No | | |
| 14) Have you been involved in any domestic disturbances in which the police were involved? | Yes | No | | |
| 15) Since the age of 16, were there instances in which you could have been arrested but officers decided not to do so? | Yes | No | | |
| 16) Excluding parking tickets, how many moving violations / traffic tickets have you received? | Life time | Past 5 yrs | | |
| 17) As the driver, how many traffic accidents have you been involved with? | ----- | ----- | | |
| 18) How many physical fights, shoving matches, or other physical confrontations have you been in during the time periods listed to the right (exclude any while on-duty for public safety)? | Pre-high school #____ | High school years #____ | | After high school #____ |
| 19) How many times in the past week / month have you honked your horn, used gestures, or otherwise communicated negative feelings while driving? | past week | past month | | ____ ____ |

Print Name: _____

Date: _____

The following questions pertain to your **first 18** years of life. Circle the word that best describes your answer.

- | | | | | |
|--|-------|--------|--------------|------------|
| 1. While growing up, were you well cared for and treated appropriately? | Never | Rarely | Occasionally | Frequently |
| 2. While growing up, did you sometimes feel cheated by society? | Never | Rarely | Occasionally | Frequently |
| 3. How often did someone in your immediate family demonstrate a quick or violent temper? | Never | Rarely | Occasionally | Frequently |
| 4. How often were you short-changed on some of the basic necessities that kids need during the growing-up years? | Never | Rarely | Occasionally | Frequently |
| 5. Compared to most other kids, were you deprived in any way of the things to which you were entitled? | Never | Rarely | Occasionally | Frequently |
| 6. During your childhood years, how much of the time did you spend interacting with adults? | Never | Rarely | Occasionally | Frequently |

The following eight questions pertain to your **first 18** years of life. These questions are for research purposes only

¹ Circle your answer.

- | | | | |
|--|-----|----|---|
| 7. Did a parent or other adult in the household: | | | |
| - often or very often swear at you, insult you or put you down? | Yes | No | |
| - sometimes, often, or very often act in a way that made you fear that you might be physically hurt? | Yes | No | - |
| 8. Did a parent or other adult in the household: | | | |
| - often or very often push, grab, slap or throw something at you? | Yes | No | |
| - often or very often hit you so hard that you had marks or were injured? | Yes | No | - |
| 9. Did an adult or person at least 5 years older ever: | | | |
| - touch or fondle you in a sexual way? | Yes | No | |
| - have you touch their body in a sexual way? | Yes | No | |
| - attempt oral, anal, or vaginal intercourse with you? | Yes | No | |
| - actually have oral, anal or vaginal intercourse with you? | Yes | No | - |
| 10. Did you live with anyone who: | | | |
| - was a problem drinker or alcoholic? | Yes | No | |
| - used street drugs? | Yes | No | - |
| 11. During the first 18 years of your life: | | | |
| - was a household member depressed or mentally ill? | Yes | No | |
| - did a household member attempt suicide? | Yes | No | - |
| 12. Was your mother (or stepmother): | | | |
| - sometimes, often or very often pushed, grabbed or slapped or had something thrown at her? | Yes | No | |
| - sometimes, often, or very often kicked, bitten, hit with fist, or hit with something hard? | Yes | No | |
| - ever repeatedly hit over at least a few minutes? | Yes | No | |
| - ever threatened with or hurt by a knife or gun? | Yes | No | - |
| 13. During the first 18 years of your life, did a household member go to prison? | Yes | No | - |
| 14. Were your parents ever separated or divorced? | Yes | No | - |

Name: _____

Please write a brief summary or autobiography of your life. Include the information and/or events that are important to understanding you as a person. In the interest of time, spend no more than **15 min.** on this exercise. Use both sides of this paper if necessary. Please write legibly.