

FORENSIC INTERVIEW QUESTIONNAIRE

Date: _____

Please respond to the following items as completely as possible.

I. The following questions are about your own background:

1. Name: _____ SS# _____

2. Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work/Cell: _____

At which number may you be reached or receive messages? _____

3. Age: _____ years Date of Birth: _____ Gender: M or F

4. Occupation: _____

Employer: _____

5. Highest level of school completed: _____ # years: _____

6. Marital Status: _____

7. Number of children: _____

Describe: _____

8. Were you in the Military? _____

9. Insurance: _____

MEDICAL INFORMATION

CURRENT MEDICATIONS: _____

ALLERGIES: _____

HEIGHT: _____ WEIGHT: _____

PHYSICIAN: _____

RECENT HOSPITALIZATIONS: _____

LAST USE OF ALCOHOL: _____ TYPE _____ AMOUNT

LAST USE OF DRUGS: _____ TYPE _____ AMOUNT

TOBACCO USE: AMOUNT/DAY/YEARS _____

SYSTEMS REVIEW	Check if PRESENT	DESCRIBE ACTION TAKEN
CURRENT:		
CURRENT INJURIES		
PRIOR INJURIES		
GASTRIC PROBLEMS		
PAIN?		
HISTORY OF OR PROBLEMS WITH:		
ASTHMA		
BLEEDING		
CANCER		
CHRONIC PAIN		
CIRCULATION PROBLEMS		
DIABETES		
ELIMINATION –ALL		
EMPHYSEMA		
HEART PROBLEMS		
HEADACHES		
HIGH BLOOD PRESSURE		
HIV/AIDS		
PNEUMONIA		
REPRODUCTIVE PROBLEMS		
SHORTNESS OF BREATH		
ULCER		

NEUROLOGICAL:		
HEAD INJURY		
BLURRY/DOUBLE VISION		
SEIZURES – DISORDER		
SEIZURES – WITHDRAWL		
ATAXIA - staggering gait		
TREMENS –shakes		
PARALYSIS		
DIZZINESS		
HISTORY OF SURGERIES		
DATE PROCEDURE		
DATE PROCEDURE		
SPECIAL MEDICAL PROBLEMS:		

10. Have you ever been in treatment before? yes no
 If yes, what was your experience?

How long has it been since you terminated treatment? _____

Prior Treatment History: _____

11. What are your expectations for yourself at this time in your life?

12. What major stressors have you experienced in the past year?

13. What is your current problem?

IV. Substance Use History

1. At what age did you have your first drink/use?
2. At what age did you start using alcohol/drugs regularly?
3. How much do you spend on alcohol/drugs in an average week?
4. How much do you use daily?
5. Indicate your current use pattern:
__Continuous__Daily__Weekends__Binge__Crisis__Other
6. When was your last drink/use?
7. How long was your last drinking/using bout?
8. Describe your behavior the last time you drank/used too much:

9. Describe other times in your life when you drank/used excessively
(when, where, why, how much, how you behaved:

10. Do you usually drink/use alone or with a group?
11. Have you ever attended AA/NA?

If "yes", when?

For how long?
12. Have you ever taken Antabuse (Disulfiram)?

If "yes", When? _____For how long?

13. How do your family or other close friends react to your drinking/using?
14. Does anyone else in your family drink/use? ____ If "yes" what is their pattern?
15. What do you get out of drinking/using?
16. When you're under stress what do you do besides drinking/use to try and cope with the situation?
17. Have you ever attempted to stay "dry/clean" for any length of time?
If "yes", please answer #18. and #19. If "No", Why?
18. What have you done in the past to try and stay sober/clean?
19. What was/is difficult about staying sober/clean?
20. What will you have to change (actions, environment, supports) to stay sober/clean?
21. Check all drugs you have ever used:
Alcohol Heroin__Opiates__Morphine__Cocaine/"Crack"__Marijuana/Hash__Amphetamines__Barbiturates
Hallucinogens__ Inhalants__Sedatives/hypnotics__Tranquilizers

Over-the-counter (heavy use)

Prescriptions (long-term use)
22. Describe your current pattern of other drug use:
23. Have you ever used needles? __Yes__No If yes, when?

24. Describe any problems your drug or alcohol use has caused you (financial, behavioral, relationship, legal, work, school, social, etc.):

25. When did you last use a drug other than alcohol?

26. Have you found yourself dependent on anything else? __ yes__ no

If so, please circle which items.

A. Caffeine

B. Sugar

C. Tobacco

D. Sex

E. Person/relationship

F. Food

G. Other (specify)

27. Which of these are you concerned about?

28. Have you tried to eliminate them? __yes__no. Which?

V. Family History

1. Siblings: Number of Brothers__ Brother's Ages

Number of Sisters__ Sister's Ages

Father: Living?__ Present Age

Occupation_____ Health

Deceased?__ His age at time of death

Your age when he died_____ Cause of death

Mother: Living? __ Present age

Occupation_____ Health

Deceased?_____ Her age at time of death

Your age when she died_____ Cause of death

Did your parents divorce? __Yes __No

If "yes" your age at time of divorce

Cause of divorce (your view)

Were there any other relationships (remarriages, divorces, etc.) by your parent/s?

Specify: (remarriages, divorces, etc.)

2. Is there a history of any of the following in your family?

Specify what and person. (Check as many as apply)

Alcoholism: Who? _____ drug abuse:(what drugs?) _____ Who?

workaholism: Who? _____ eating disorders: Who?

prolonged mental and/or physical illness (what?) _____ Who?

rigidity-no room for flexibility or change: Who? _____

overinvolvement in religion: Who?

Violent behaviors (fighting, wife/child abuse) Who?

3. What family members did you live with while you were growing Up? (Until age 18) Please circle all that apply.

- | | |
|---------------------------|------------------|
| A. Father | B. Mother |
| C. Stepfather | D. Stepmother |
| E. Foster father | F. Foster mother |
| G. Grandfather | H. Grandmother |
| I. Uncle | J. Aunt |
| K. Brother(s) | L. Sister(s) |
| M. Stepbrother(s) | N. Stepsister(s) |
| O. Halfbrother(s) | P. Halfsister(s) |
| Q. Other, please identify | |

4. How did your parents/adult caretakers handle problems with each other?

hit threw things yelled screamed silence
 talked through calmly other (please describe)

With the children?

hit threw things yelled screamed silence
 talked through calmly other (please describe)

5. Were you able to confide in your parents? yes no

Did your parents understand you? yes no

6. Did you feel loved and respected by your parents? yes no

How did your parents show this?

7. How did you handle problems with your brothers/sisters?

hit threw things yelled screamed silence
 talked through calmly other (please describe)

Part VI. Childhood History

1. Check any of the following that apply to you during your childhood or adolescence:

- Happy childhood unhappy childhood
- emotional/behavior problems family problems
- strong religious convictions trouble with school
- trouble with the law drugs or alcohol
- suicidal thoughts or attempts health problems
- peers (conflicts, few friends)

Give a brief explanation of those checked:

2. Is there anything you would like to share about your life experience? Anything else that you feel I should know?

Diagnosis: