

Age 1-6:

Age 6-12:

Age 12-18:

Your Father: If your *primary* male care-giver was *not* your biological father, please indicate if your answers to the following questions refer to your adoptive father, stepfather, etc.

Living

Deceased

Father's present age: _____

Father's age at death: _____

Status of his health: _____

Cause of death: _____

If divorced/widowed, has he remarried? _____

Your age at time of his death: _____

Father's Occupation: _____

Give a description of your father's personality: _____

What was/is his attitude and behavior toward you (past and present)? _____

How did/does your father express caring and support to you (past and present)? _____

Your Mother: If your *primary* female care-giver was *not* your biological mother, please indicate if your answers refer to your adoptive mother, stepmother, etc.

Living

Deceased

Mother's present age: _____

Mother's age at death: _____

Status of her health: _____

Cause of death: _____

If divorced/widowed, has she remarried? _____

Your age at her death: _____

Mother's occupation: _____

Give a description of your mother's personality? _____

What was/is her attitude and behavior toward you (past and present)? _____

How did/does your mother express caring and support for you (past and present)? _____

If your parents are divorced, how old were you when they divorced? _____

How did you react to the divorce? _____

In your childhood or adolescent years did you ever: Yes No

* Live with only one biological parent (no step-parent present)? _____

* Live with one biological parent *with* a step-parent present? _____

* Live with *neither* biological parent? _____

If you lived with only one parent, or with anyone else besides your biological parents, with whom, when and why? _____

financial problems family vacations smoked cigarettes
dated a lot obedient confided in my parents
sexually active generally happy shoplifting

List specific problems you had as a child or teenager. Indicate if you have any of these problems now. _____

MEDICAL INFORMATION:

What specific illnesses did you have during childhood? _____

What illnesses did you have during adolescence? _____

Have you had any surgery (including abortions)? Indicate age, type, and reason? _____

Are you allergic to any medications? _____ If so, indicate the medication(s): _____

What medications do you take currently? (Include birth control pills and over-the-counter medications.) _____

Do you practice birth control and/or "safe sex"? _____

Do you have any disabilities? _____

