

# Family History Survey

You are about to begin an assessment that will provide Currents Counseling with information related to your family history. All answers are required unless specified as optional.

Be open and honest with your answers. This is a confidential survey. All information provided will be used strictly as a part of your therapy. Thank you.

\* Required

## BASIC INFO

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1. What is your name (first and last)? \*

\_\_\_\_\_

2. How old are you? (enter number) \*

\_\_\_\_\_

3. Were your parents ever separated or divorced while you lived at home? \*

*Mark only one oval.*

Yes

No

4. If both parents are living, are they still together? \*

*Mark only one oval.*

Yes

No

N/A: At least one parent is no longer living.

5. Which best describes your upbringing through MOST of your childhood? \*

*Mark only one oval.*

Lived with 2 parents, both biological.

Lived with 2 parents, one biological

Lived with 2 parents, adopted

Lived with 1 parent, biological

Lived with 1 parent, adopted

Lived with other family members

Lived in foster homes

Other: \_\_\_\_\_











39. **My family moved too often.** \*

*Mark only one oval.*

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

40. **At least one parent drank too much alcohol.** \*

*Mark only one oval.*

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

41. **At least one parent misused drugs (either prescribed or prescribed).** \*

*Mark only one oval.*

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

42. **Parents or other adults in the household sometimes pushed, grabbed, hit, slapped or threw something at each other.** \*

*Mark only one oval.*

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

43. **A parent or other adult in the household sometimes pushed, grabbed, hit, slapped or threw something at me.** \*

*Mark only one oval.*

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

44. **As a child, I was inappropriately touched, fondled, or asked to sexually touch someone older than me.** \*

*Mark only one oval.*

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

## Identity





52. Religion played a major role in my childhood family. \*

Mark only one oval.

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

53. My parent(s) had very high expectations for my behavior. \*

Mark only one oval.

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

54. As a child, I felt pressure to not make mistakes. \*

Mark only one oval.

	1	2	3	4	5	6	
Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Agree

## FINAL COMMENTS

55. Please provide any additional information that may be helpful in understanding how you experienced your family AS A CHILD. (Optional)

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56. Please provide a brief description of your CURRENT relationship with your family. \*

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