HAWSE HEALTH CENTER

Patient Behavioral Health Questionnaire (PBHQ)
(Please complete as much as possible as if you are the patient)

IDENTIFING INFORMATION

Date_____ Client's Name:_____ Date of Birth:_____

Person Completing Form:_____
Relationship to Client: □Self □Parent □Guardian □Other_____

Current Occupation: □Student □Disability □Homemaker □Unemployed
□Other_____

Your Education: □Graduate Degree □Bachelor's Degree □Associate's Degree □ High School Graduate
□Student/Current Grade Level_____

Name of School attended or attending_____

Your Mother's Name_____Date of Birth_____
Your Mother's Education_____
Your Mother's Occupation_____
Your Mother's Address/Telephone Number_____

Your Father's Name_____Date of Birth_____
Your Father's Education_____
Your Father's Occupation_____
Your Father's Address/Telephone Number_____

Who has legal custody (if patient is a child) □Father □Mother □Both Parents
□Other_____

Name of Primary Care Provider/Doctor_____
Phone#_____

Date of Last Primary Care Medical Appointment_____

Name of Behavioral Medicine Provider_____
Phone#_____

Date of Last Behavioral Medicine
Appointment_____

What are some things that you are good at:

_____
_____
_____

What are some things that others say you are good at:

_____
_____
_____

What are some of your favorite things to do:

_____
_____
_____

What is the purpose for today's visit?_____
_____
_____

What is your chief complaint or concern?_____
_____
_____

What is that you would like to see change or improve?_____
_____
_____

List all those **<u>living in</u>** your home:

1. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

2. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

3. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

4. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

5. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

6. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

7. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

List significant others **not living in** your home:

1. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister □Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

2. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister □Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

3. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister □Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

4. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister □Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

5. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister □Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

6. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister □Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

7. Name Relationship

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister □Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin
□Other_____ Age_____
Person's Education_____
Person'sOccupation_____
Person's Address/Telephone Number_____

Please check all that apply and explain in detail as space permits

	Trouble Falling Asleep □1-2 nights □3-5 nights □6-7 nights When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Awaken several times a night □1-2 nights □3-5 nights □6-7 nights When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Total Hours of sleep most days:
	Usually asleep by: **Usually wake up at:**
	Nightmares: □1-2 nights □3-5 nights □6-7 nights When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Anger: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Verbal Aggression: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Physical Aggression/Fighting: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Decreased Energy: □daily □weekly □monthly When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Poor Concentration: □daily □weekly □monthly When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Restlessness: □daily □weekly □monthly When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Fidgeting: □daily □weekly □monthly When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Impulsive: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Grief: □daily □weekly □monthly When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Nervousness: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Crying(About what): _____ □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Worry(about what):_____ □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____

	Decreased joy in normal pleasure activities: □daily □weekly □monthly When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Substance Use: □Tobacco □Alcohol □marijuana □other: When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Heedless to danger: □daily □weekly □monthly When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Interrupts frequently: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Destroys toys/things: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	More active than siblings: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Physical developments/complaints: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Self-Image/Self-Worth/Self Confidence Issues: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Talks about hurting □Self □Others: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Suicide Attempts: □1 time □ 2 times □ 3 or more times When was your last attempt? □1 Month □3 Months □6 Months □1 Year □Other_____
	Depression: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Excessive shyness: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Rebellion/Oppositional/Defiance of authority: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Back Talking: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Excessive moodiness: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____

	Withdrawal from □Family □Friends: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Conflicts with □Father □Mother □Siblings □Teachers □Spouse □Other : □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Truancy/Dropout/Refusal to go school: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Lying (about what): _____ □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Stealing: □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Decline in □grades □academic performance □work performance: When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Change in appetite □increase □decrease □other When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Weight Concerns: □decrease □increase □other _____ When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Change in diet/nutrition: When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Concerns about amount of physical activity: When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____
	Sexual Behavior □sexual comments □sexually explicit talk □excessive masturbation □pornography □other:_____ □1-2 times □3-5 times □6-7 times per □day □week □month When did this start? □1 Month □3 Months □6 Months □1 Year □Other_____

Any of the following changes in the past year:
□Marriage □Separation □Divorce □Serious Illness □Loss of Job □Deaths □Births □Change of school
□Moved to another residence
□Other_____

Have there been any changes or traumatic situations in your family?
□Yes □No □Unknown □Uncertain
Please explain_____

Do you have any particular religious or spiritual beliefs? □Christian □Jewish □Muslim □None
□Other_____ Do you belong to or associate with any religious or spiritual groups?_____

HEALTH AND FAMILY INFORMATION

Please indicate whether any of your (blood) relatives have had any of these concerns:

	Father	Mother	Paternal Grandparents	Maternal Grandparents	Aunts/Uncles	Brothers/Sisters	Children
Suicide	☐	☐	☐	☐	☐	☐	☐
Alcohol Problems	☐	☐	☐	☐	☐	☐	☐
Drug Problems	☐	☐	☐	☐	☐	☐	☐
Mental Hospital	☐	☐	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐	☐	☐
Manic or Bipolar	☐	☐	☐	☐	☐	☐	☐
Obsessive Compulsive Disorder	☐	☐	☐	☐	☐	☐	☐
Developmental Delays	☐	☐	☐	☐	☐	☐	☐
Autism Disorder	☐	☐	☐	☐	☐	☐	☐
ADHD	☐	☐	☐	☐	☐	☐	☐
Eating Disorder	☐	☐	☐	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐	☐	☐

Describe any major health concerns you have experienced in the past and/or present.

_____
_____
_____

List any ongoing medications you are taking. Describe the purpose or reason and by whom prescribed.

_____
_____
_____

List any allergies that you may have.

_____
_____
_____

Have you been seen previously for assessment or counseling? □Yes □No
Was it helpful? □Yes □No
If yes indicate the name of the professional_____
Date and Place of Service_____
Purpose and/or Diagnosis_____

Where were you born? (home or name of hospital)_____

Pregnancy was □Planned □Unplanned □Unknown

Check off and comment on any of the following your mother experienced during pregnancy:

□Excessive nausea and vomiting_____

□Serious illness, infections, accidents___ _____

□Drugs or medications_____

□Smoking_____

□Alcohol_____ _____

How long was labor?_____ Birth was: □Normal □Breach □Cesarean

Was anesthesia used? □Yes □No □Unknown If yes, what type?_____

Were forceps used? □Yes □No □Unknown Birth weight:_____

What was mother's condition? _____ What was baby's condition? _____

Did the baby need medical assistance in starting to breath? □Yes □No □Unknown If yes, please explain_____

_____

Check off and comment on any of the following baby experienced in first month of life:

□Cyanosis (turned blue) _____

□Deformity _____

□Jaundice _____

□Feeding, swallowing, or sucking difficulty _____

□Other serious illness/injury _____ _____

Were you breast fed? □Yes □No □Unknown If yes, at what age were you weaned?_____

Were there any difficulties with feeding or weight gain as a baby? □Yes □No □Unknown If yes, please explain_____

Describe your activity level as a baby (overactive, calm, listless): _____

At what age did you talk?_____walk?_____toilet train?_____ begin puberty?_____
begin period?_____

Were developmental milestones met on time? □Yes □No □Unknown

Were you ever placed or boarded away from home? □Yes □No □Unknown If yes, please explain
_____
_____
_____

BACKGROUND OF YOUR FATHER

Where was your father raised and by whom?_____

Describe your father's past and current relationship with his caregivers:_____
_____

List the brothers/sisters of your father, their ages, current whereabouts, and relationship they have with your mother:
_____
_____
_____
_____

List the names and age of your father's children:
_____
_____
_____
_____

How did your father discipline his children?_____
_____

Describe any difficulties your father experienced in childhood (serious illness, abuse, divorce, deaths, etc.):
_____
_____

How was your father disciplined and by whom?_____

BACKGROUND YOUR MOTHER

Where was your mother raised and by whom?_____

Describe your mother's past and current relationship with her caregivers:
_____
_____

List the brothers/sisters of your mother, their ages, current whereabouts, and relationship they have with your mother:
_____
_____
_____
_____

List the names and age of your mother's children:
_____
_____
_____
_____

How did your mother discipline her children?_____
_____

Describe any difficulties your mother experienced in childhood (serious illness, abuse, divorce, deaths, etc.):
_____
_____

How was your mother disciplined and by whom?_____