

STEP ASSESSMENT

Personal Information:

Last _____ First _____ Middle _____ Jr Sr

DOB _____ Social Security Number _____ Street Name _____

Address _____ City _____ Zip Code _____

Phone Number (____) _____ Home (____) _____ Cell _____

Height _____ Weight _____ Eyes _____

Hair _____ Scars/Tattoos _____

Email Address: _____

Marital Status:

Married _____ How long _____

Spouses Name _____ DOB _____

Phone # (____) _____ Employer _____

Divorced _____ How long were you married _____ Widowed _____ Common law _____ How long have you been in this relationship _____

Children:

How many children do you have? _____ Ages _____

Are you in the home with your children? If no, why not? _____

Do you have children with more than one man/woman? _____

With how many men/ women do you share a child? _____

Do you pay child support for your child(ren)? _____ How much child support do you pay? _____

Is your child support court ordered? _____ How often do you see your child(ren)? _____

Employment:

Are you currently employed? _____ *If no, go to section B*

If yes, where and how long have you worked at this job _____

What is your hourly wage? _____ How many hours do you (average) work weekly? _____

Are you a full time employee or part time employee? _____ Do you receive benefits? _____

If yes, what kind of benefits do you receive, i.e., medical, dental, retirement, 401k, etc., _____

What are your responsibilities? _____

Section B:

If no, why not? _____

What type of job are you looking for? _____

Is there any type of work you are not willing to do? _____

If yes, explain what and why?

Childhood:

Did you do chores in your home as a child? _____

If yes, what chores were you responsible for?

Were there consequences if you did not complete your chores? If yes, what was the punishment?

What type of punishments did you receive as a child? Ex: grounded to your room, favorite item taken from you for a period of time, spanking, etc.

Do you think being punished helped you in life? Why or why not?

Did you have rules in your house as a child? _____ Do you think the rules were fair? _____

What kind of rules did your parents set for you?

What are your hobbies?

Where do you see your life in 10 years?

Who are your role models?

Was there an adult present in your home after school when you were kid? _____

Who? _____

Who helped you with your homework assignments after school? _____

Was there physical violence in your home? _____ Who was violent? _____

Were you ever hit when you didn't do anything wrong? If yes, Explain

Was there a lot of yelling in your home as a child? _____ If yes, by whom? _____

Was there alcohol use in your home growing up? _____ If yes, by whom? _____

Was there drug use in your home growing up? _____ If yes, by whom? _____

As a child, who did you trust most? _____

Were you a victim of sexual abuse as a child? _____ If yes, by whom? _____

Did you tell anyone about the abuse? _____ If yes, who? _____

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Education:

Highest grade completed/School _____

What school did you last attend? _____

Did you like school? Why or Why not?

What is your favorite memory of school?

What is your least favorite memory of school?

Who was your favorite teacher in school? Why?

Who was your least favorite teacher in school?

Why? _____

What was your best subject in school?

Why? _____

Did you drop out of school? _____ What grade were you in when you dropped out? _____

Why did you drop out of school?

What would have kept you in school?

Do you regret dropping out of school? Why or why not?

What does an education mean to you? Is it important?

Family History:

MOTHER

Mother's Name _____ Age _____

Address _____ Phone # _____

Education level:

Graduate School _____ Bachelor's Degree _____ Associate Degree _____

Completed High School _____ Some High School/grade completed? _____ Middle School _____

Elementary School _____

Address: _____ City _____ Zip Code _____

Employer _____ Length of Employment _____

Did your mother work outside of the home? _____ What was her job? _____

Do you see your mother as a positive role model in your life? _____

Do you consider your mother one of your best friend's? _____

Is your mother supportive of you no matter what you do in life? _____

What is your mother's best quality? What do you like most about her?

What is your mother's worst quality? What do you like least about her?

FATHER

Father's Name _____ Age _____

Education level: Graduate School _____ Bachelor's Degree _____ Associate Degree _____

Completed High School _____ Some High School/grade completed? _____ Middle School _____

Elementary School _____

Employer _____ Length of Employment _____

Did your father work outside of the home? _____ What was his job? _____

Do you see your father as a positive role model in your life? _____

Do you consider your father one of your best friend's? _____

Is your father supportive of you no matter what you do in life? _____

What is your father's best quality? What do you like most about him?

What is your father's worst quality? What do you like least about him?

FAMILY HISTORY

Is there a family history of substance abuse, drugs and/or alcohol? _____

Is there a family history of mental illness? _____

Is there a family history of abuse? _____

Please explain if you answered yes to any of the above questions.

Grandparents:

Do you have a close relationship with your grandparents? _____ How often do you see them? _____

Do you look up to your grandparents as a role model in your life? _____

Do you think your grandparents understand the world today? _____

Spirituality:

Did you attend church with your family as a child? _____

Are you currently attending church on a regular basis? _____

If yes, what church are you currently attending? _____

What is your spiritual beliefs do you have? _____

How do you practice your spiritual beliefs? _____

Do you think you are a good person? Why or Why not?

Do you think faith is important in your daily life? Why or Why not?

Describe current spiritual/religious involvement

Siblings:

Do you have siblings? (brothers/sisters) _____

Is he/she a good influence in your life? Why or Why not?

Health:

Do you think of yourself as a healthy person? Why or Why not?

Do you have a healthy diet including daily fruits and vegetables? _____

What is your drink of choice? Ex: Water, soda, alcohol etc. _____

Do you regularly eat three meals a day?

Do you have any concerns about your current health?

Do you exercise regularly? _____

When was your last visit to the doctor's office? _____

Have you ever been diagnosed with any mental illness? _____

Do you have any mental health concerns? _____

Do you get frustrated easily/often? _____

Do you get angry easily/often? _____

How often are you sad? Circle the one that applies to you

All of the time Most of the time Some of the time Hardly ever Never

How often are you happy? Circle the one that applies to you

All of the time Most of the time Some of the time Hardly ever Never

Is there any history of mental illness in your family? _____

Is there any issue or memory from your past that affects you today? _____

Have you ever sought counseling? _____

Would you consider counseling if could help you? _____

Have you ever had suicidal thoughts? Yes or No

Have you ever attempted suicide? Yes or No

Alcohol/Drugs:

At what age did you use your first illegal drug? _____

Why did you decide to try drugs at that time? _____

Who was the first person you saw use drugs? _____

What drug did you see them use? _____

What drugs have you used? _____

If you have used more than one type of drug, why did you decide to try other types of drugs?

What is your drug of choice? _____

Do you think you can stop using drugs anytime? _____

Do you drink alcohol? _____ How much and how often do you drink? _____

Do you think you can stop drinking alcohol/beer anytime? _____

Have you ever sold illegal drugs? _____ If yes, what type of drugs? _____

If yes, why did you decide to sell drugs?

Do you think it's wrong to sell illegal drugs? Why or why not?

What is your biggest fear in dealing drugs?

Have you ever experienced blackouts while on drugs and/or alcohol? _____

If yes, how many times would you say you have experienced blackouts? _____

Have you experienced withdraws from drugs and/or alcohol? _____

If yes, can you describe the symptoms (seizures, DTs etc.)? _____

Is your alcohol/drug use something that needs to be addressed in treatment? _____

Have you ever sought treatment in the past? _____

If yes, when and where did you receive this treatment? _____

Is there a family history of drug/alcohol abuse? _____

If yes, describe _____

Sleep Patterns:

___ Adequate

___ Other

___ Early Awakening

___ Hypersomnia

___ Short Intervals

___ Sleepwalking

___ Nightmares

___ Decreased need for sleep

Appetite:

___ Adequate

___ Weight Changes: _____ lbs. + or -

___ Increased

___ Purges

___ Decreased

___ Doesn't eat

Energy levels:

___ Adequate

___ Increased

___ Decreased

___ Fatigue

