

# THE FORENSIC HISTORY QUESTIONNAIRE

## CURRENT STATUS

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### I. CURRENT STATUS

1. Name \_\_\_\_\_

2. My referral was (✓)

voluntary, referred by my attorney  
by a mediator, counselor, or guardian ad litem  
by agreement between the attorneys  
in compliance with a court order  
involuntary or referred by opposing counsel

3. I was referred by \_\_\_\_\_

4. My birth date \_\_\_\_/\_\_\_\_/\_\_\_\_; ..... age \_\_\_\_

5. I think I appear to be ..... age \_\_\_\_

6. I consider my intellectual ability to be

below average

average

above average

7. I usually speak (✓)

more than most people

about as much as most people

less than most people

rapidly            slowly

softly            loudly

8. What I like most about myself now is

\_\_\_\_\_  
\_\_\_\_\_

9. What I like least about myself now is

\_\_\_\_\_  
\_\_\_\_\_

10. What I would most like to change about myself is

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. The psychological problem that causes me the most concern currently is

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. The date this problem began was about \_\_\_\_/\_\_\_\_ and I believe it was caused by

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. The sources of satisfaction in my life in the last three months have been (✓)

pride in myself or others

sense of purpose

spiritual beliefs

job and professional success

intellectual abilities

physical well-being

friendship

love and affection

family relationships

charity

sense of authority

personal growth

philosophical beliefs

financial security

artistic talents

athletic ability

trust and openness

intimacy and sex

parenting / childcare

serving a cause

14. Currently, I approximately or typically

sleep ..... \_\_\_\_\_ hours each day  
 commute to work ..... \_\_\_\_\_ hours each day  
 work outside the home ..... \_\_\_\_\_ hours each week  
 work at home ..... \_\_\_\_\_ hours each week  
 travel overnight out of town . \_\_\_\_\_ days each month  
 eat .. \_\_\_\_\_ meals each day; \_\_\_\_\_ calories each day  
 bathe ..... \_\_\_\_\_ times per week  
 exercise ..... \_\_\_\_\_ hours each week  
 play ..... \_\_\_\_\_ hours each week

15. My height is ..... \_\_\_\_\_ ft. \_\_\_\_\_ in.

16. My current weight is ..... \_\_\_\_\_ pounds

17. My ideal weight would be ..... \_\_\_\_\_ pounds

18. My attention or concentration recently seem to be affected by (✓)

hunger	fatigue	pain
alcohol	prescribed meds	non-prescribed meds
stress from: _____		
discomfort from: _____		
physical pain from: _____		

19. All prescribed medications I have taken in the last 3 months are

\_\_\_\_\_

\_\_\_\_\_

20. I have fully and completely complied in taking each of the above medications exactly as prescribed ..... y / n

21. Over the past 3 months, I have typically consumed

\_\_\_\_\_ glasses or cans of caffeinated cola per day  
 \_\_\_\_\_ cups of caffeinated coffee per day  
 \_\_\_\_\_ cups of caffeinated tea per day  
 \_\_\_\_\_ glasses or cans of beer per day  
 \_\_\_\_\_ glasses of wine per day  
 \_\_\_\_\_ drinks or shots of other alcoholic beverages per day  
 \_\_\_\_\_ packs of cigarettes per day  
 \_\_\_\_\_ cigars per day  
 \_\_\_\_\_ pipes per day  
 \_\_\_\_\_ chews of smokeless tobacco per day

22. The number of times that I have used any non-legal drug within the last 3 months is ..... \_\_\_\_\_

## II. POTENTIAL HARM TO SELF OR OTHERS

When answering the questions below, please also mark any parts of each question that apply to you.

1. Has anyone ever expressed any concern to you or to others about your anger or hostility? ..... y / n

2. Do you feel especially angry when disappointed, stressed, frustrated, or unhappy? ..... y / n

3. Do you have any thoughts or any impulses toward cruel, violent, or abusive behavior? ..... y / n

4. Do you sometimes feel the lack of adequate strategies for reacting in ways other than with anger? ..... y / n

5. Have you ever been cruel, violent, or abusive toward a child, an adult, a pet, or another animal? ..... y / n

6. Have you had any childhood experience with cruelty, violence, or abuse by anyone? ..... y / n

7. Do you feel especially angry when you use alcohol or drugs? ..... y / n

8. Have you ever taken any potentially harmful drugs, medications, chemicals, or other substances? ... y / n

9. Do you possess or have easy access to any potentially harmful drugs or other substances? ..... y / n

10. Do you own or have access to any weapon? . y / n

11. Have you ever used any weapon for any purpose? ..... y / n

12. Have you ever been a member of a weapons, shooting, or hunting team, club, or organization? ..... y / n

13. Have you ever done anything to harm yourself? y / n

14. Is there anything about your situation, mental state, or the way you think or feel that might influence you to harm or injure another person? ..... y / n

15. Is there anything about your situation, mental state, or the way you think or feel that might influence you to harm or injure yourself? ..... y / n

## II. CHRONOLOGY

On the following pages, please provide a list of your positive and negative life experiences, including the specific experiences that are the reasons for your forensic examination. As in the sample below, start with the time six months before the reasons for the legal matter began. Continue listing life experiences up to the present day. For example, if you experienced harassment starting in September of 1996, you would list all your significant or meaningful life experiences starting from six months prior, which would have been March of 1996, and would continue your list to the present day.

As in the sample below, list each experience in approximate chronological order. Remember, this is *only a brief listing* for discussion later. Use only *one line* to identify each experience. *Do not write more than one line for any individual event.* If you do not have enough lines, feel free to copy and attach additional blank pages as necessary. Star (\*) any line that you especially wish to discuss with the examiner.

In your list, consider positive life experiences such as a graduation; falling in love; any award or special recognition; the birth of a child; purchasing a home; participating in a special event; vacation; completing a task or commitment; mastering a skill or challenge; building or creating something; quitting an addiction or bad habit; gaining a friend, teacher, or therapist; winning at gambling; financial or employment success; or any other pleasurable moment alone or with your family, friends, or others. Also consider experiences such as marital difficulty; relationship separation; miscarriage or abortion; parent-child problem; financial difficulty; gambling loss; job demotion or loss; unfair job treatment; using a potentially harmful substance; personal or professional rejection; period of stress; vehicle accident; loss of a friend; legal problem; theft; fire; harassment, abuse, or other assault; other physical or psychological or emotional problem; or any other concern about yourself or a loved one.

DATE	<p style="text-align: center;"><b>[SAMPLE OF ONE LINE ENTRIES]</b></p> <p style="text-align: center;"><b>One Line Brief Listing of Each Experience, Event, or Incident</b></p>
3/1/96	Began work at Excelsior Fabricating as shipping department shift leader
6/12/96	Promoted to department supervisor; large raise; great performance evaluations; told I have "promise"
7/1/96	Purchase new house; wonderful; happy
7/24/96	My mother hospitalized briefly; recovers fully after three weeks, stress, then relief
9/1/96	Supervisor at work asks if I am married; comments flatteringly on my attractiveness; asks me out; makes me feel uncomfortable
9/3/96	I slip on grease at work in early morning while going around box left in corridor
9/3/96	Complain to supervisor about pain; says important deadline that afternoon and that I may not leave work
9/4/96	Call in sick; my physician says I have cracked rib and strained cartilage
9/11/96	Return to work on crutches; unrequested, the supervisor helps me sit down and 'accidentally' touches my breasts in the process
	[subsequent events...]





### III. CHANGES IN FEELING, THINKING, AND BEHAVING

1. Think about how you were in the three months before the start of the event(s) or incident(s) in question. Then indicate (✓) below how you have been since. Check whether you have been substantially “more”, about the “same”, or substantially “less” in each way since that time. Also feel free to add descriptors of your own.

Compared to before, I have been...	<u>More</u>	<u>Same</u>	<u>Less</u>	Compared to before, I have been...	<u>More</u>	<u>Same</u>	<u>Less</u>	Compared to before, I have been...	<u>More</u>	<u>Same</u>	<u>Less</u>
happy .....	___	___	___	empty .....	___	___	___	nightmares .....	___	___	___
optimistic .....	___	___	___	alone .....	___	___	___	night sweats .....	___	___	___
patient .....	___	___	___	tense or anxious .....	___	___	___	sleepless .....	___	___	___
gentle .....	___	___	___	worried .....	___	___	___	sleeping more .....	___	___	___
calm .....	___	___	___	fearful .....	___	___	___	sad or unhappy .....	___	___	___
alert .....	___	___	___	easily upset .....	___	___	___	pessimistic .....	___	___	___
focused .....	___	___	___	fragile .....	___	___	___	crying, tearful .....	___	___	___
thoughtful .....	___	___	___	perfectionistic .....	___	___	___	feelings of guilt .....	___	___	___
energetic .....	___	___	___	cold hands/feet .....	___	___	___	poor appetite .....	___	___	___
confident .....	___	___	___	light-headed .....	___	___	___	disturbing thoughts .....	___	___	___
assertive .....	___	___	___	restless .....	___	___	___	disinterest in people .....	___	___	___
open .....	___	___	___	agitated .....	___	___	___	low energy .....	___	___	___
productive .....	___	___	___	frustrated .....	___	___	___	unmotivated .....	___	___	___
effective .....	___	___	___	short of breath .....	___	___	___	helpless, powerless .....	___	___	___
cooperative .....	___	___	___	weight loss .....	___	___	___	useless .....	___	___	___
sociable .....	___	___	___	weight gain .....	___	___	___	controlling .....	___	___	___
stable .....	___	___	___	panic feelings .....	___	___	___	demanding .....	___	___	___
resilient .....	___	___	___	forgetful .....	___	___	___	cautious .....	___	___	___
reserved .....	___	___	___	disoriented .....	___	___	___	untrusting .....	___	___	___
shy .....	___	___	___	can't concentrate .....	___	___	___	irritable .....	___	___	___
uncomfortable .....	___	___	___	confused .....	___	___	___	bitter .....	___	___	___
self-conscious .....	___	___	___	headaches .....	___	___	___	resentful .....	___	___	___
distant .....	___	___	___	restless sleep .....	___	___	___	moody .....	___	___	___

Thank you for completing this portion of the Forensic History Questionnaire.  
 Feel free to copy the completed questionnaire before you return it to the forensic examiner.