



Fragile Soul Support Group Life History | Questionnaire

Date _____

First Name _____ Initial _____

Last Name _____

Phone number (____) _____

May I leave a message? Yes _____ No _____

Mailing Address _____

City _____ State _____ Zip Code _____

May I send mail? Yes _____ No _____

Residential Address:

City _____ State _____ Zip Code _____

E-mail _____

Please circle: Single Married Divorced Engaged Widowed Separated

Number of Children: Sons _____ Daughters _____ Ages _____

Please answer:

1. Are you safe?

2. Have you ever been physically abused? Yes _____ No _____

When was the last time? _____

3. Have you ever been emotionally abused? _____

4. Have you ever been forced to have a sexual relationship?

5. Are you scared of your partner?

6. Please describe the concerns that you would like to discuss:

7. How long has this problem persisted? _____

8. What have you done to try to cope? _____

9. Please describe your feelings, symptoms, behaviors, or physical symptoms, if any.

Please use the following scale to answer the following four questions:

Not at all Mildly Moderately Highly

1. How serious do you consider your present concern? _____
2. Do you fear for your life? _____
3. How motivated are you to resolve your concerns? _____
4. How optimistic are you that your concern can be resolved? _____

Finances

Are you employed? Yes _____ No _____

Basic Needs

Do you need help in any of the following areas? Please circle:

1. Food
2. Housing
3. Clothing
4. Job
5. Medical bills
6. Legal Services
7. Furniture

Explain:
