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Biosocial Inventory

The Biosocial Inventory is a confidential form used by mental health clinicians to gather information regarding a client's biological and social background. This information is used in assistance to your treatment and will be kept in your confidential chart. Please take your time and answer each question carefully.

Referral Source: ____

Demographics

Client Name: ____

Date of Birth: ___________________Age: ____

Sex: _________________________Gender: _______________________________________

Nation/Tribe/Ethnicity: ____

Marital/Relationship Status: ____

Primary/Secondary Language: ____

Religious/Spiritual Identity, if any: ________________ Is this a source of support for you? ____

Problem Analysis

Problem Description: Briefly describe the problem that brought you to counseling:
____
____
____
____
____
____

Problem Intensity: Rate the intensity of the problem or concern:
____ not intense ____ moderately intense ____extremely intense

Problem Duration: How long have you had the current problem? ________________________

Coping Attempts: In what ways have you attempted to cope with this problem?

____
____
____
____

What expectations do you have for the outcomes of counseling?

____
____
____
____

Family History

Please list the names and ages of your current family:

Household Member Name	Relationship to Client	Age	Quality of Relationship

Please check any current or impending difficulties in your family:

____ deaths
____ divorce
____ frequent moves
____ unemployment
____ debilitating injuries/disabilities
____ alcohol/substance abuse
____ serious illness
____ other
____ physical/sexual/emotional abuse
____ gender/sexual difficulties or issues
____ financial crisis
____ legal problems
____ attempted/completed suicide
____ eating disorders
____ psychiatric disorder

____
____
____

Please identify the person(s) that make up your primary support system:

____
____

Do you consider this to be a strong source of support? ___________________________________

Please identify any pertinent family history including mental health and/or alcohol or drug addiction:

____

____

1. Have you personally experienced significant family abuse?
____ none ____ unsure ____ emotional ____ physical ____ sexual

2. In general, how happy or well-adjusted do you think you were growing up?
____ very unhappy ____ unhappy ____ average ____ somewhat happy ____ happy

3. How much is your immediate family a source of emotional support for you?
____ none ____ little ____ somewhat ____ substantial ____ very strong

4. How much conflict in values do you currently experience with your family of origin?
____ very little or none ____ some ____ moderate____ strong ____ extreme

5. If married, how much conflict do you experience with your partner?
____ very little or none ____ some ____ moderate ____ strong ____ extreme

Health Information

Describe your present physical health: ____ poor ____ fair ____ good ____ excellent

Please list any persistent physical symptoms or health concerns (i.e. chronic pain, headaches, blood pressure, diabetes, etc.):

____

____

Are you presently taking any prescribed medications? ____ Yes ____ No

Medication	**Dosage/Route/Frequency**	**Rationale (anxiety)**	**Are you compliant with this medication?**

1. Are you having any problems with sleeping habits? ____ Yes ____ No
____ sleeping too little ____sleeping too much ____ poor quality sleep

2. How many times per week do you exercise? _________ For how long? ________

3. Are you having difficulty with appetite or eating habits? ____ Yes ____ No
____ eating less ____ eating more ____ binging ____significant weight change (last 12 months)

4. Do you regularly use alcohol? ____ Yes ____ No

5. How often do you engage in recreational drug use?
____ daily ____ weekly ____ monthly ____ rarely ____ never
If so, do you consider this drug use a problem? ____ Yes ____ No

6. Do you have any problems or worries about sexual functioning? ____ Yes ____ No

7. Have you ever experienced sexual assault, unwanted sex, or uncomfortable touching?
____ frequently ____ a few times ____ once ____ never ____ unsure

8. Have you had suicidal thoughts recently?
____ frequently ____ sometimes ____ rarely ____ never

Have you had them in the past?
____ frequently ____ sometimes ____ rarely ____ never

9. Have you ever intentionally inflicted any harm upon yourself? ____ No ____ Yes

10. In the past, how would you rate the quality of your peer relationships?
____ poor ____ fair ____ good ____ excellent

11. Excluding family members, approximately how many people can you really count on right now for friendship or emotional support? ____________________________________

Mental Health Treatment History

1. Have you received outpatient mental health treatment in the past? ____ Yes ____ No

Agency	**Treatment Dates**	**Clinician Name**

2. Any history of psychiatric hospitalizations? ____ Yes ____ No

Hospital	**Treatment Dates**	**Reason (suicidal, depression)**

3. Primary Care Physician:
____

4. Other Prescribing Physician(s):
____
____

Legal History

Please identify any past or current legal issues:

____
____
____

Education, Employment, and Military Information

1. Highest level of education: ____
2. History of learning difficulties:
   ____
   ____
3. Employment: ____ Full Time ____ Part Time ____Unemployed/Date last worked: _____
   Attendance: ____ Above Average ____ Normal ____ Tardiness ____ Absenteeism
   Performance: ____ Excellent ____ Good ____ Average ____ Below Average
   Are you satisfied with your job? ____ Yes ____No
4. Are you experiencing financial problems? _________________________________
5. Military History: ____ Yes ____ No
   Date and Type of Discharge: ____

Current Symptoms
Please circle the answer that best describes your current situation

1.	**I tire quickly/feel fatigue**	**never**	**rarely**	**some**	**often**	**always**
2.	I feel depressed most of the day & nearly every day	never	rarely	some	often	always
3.	**I feel little interest in things I used to enjoy**	**never**	**rarely**	**some**	**often**	**always**
4.	I have had an increase/decrease in weight	never	rarely	some	often	always
5.	**I feel irritated**	**never**	**rarely**	**some**	**often**	**always**
6.	I have headaches	never	rarely	some	often	always
7.	**I feel stressed**	**never**	**rarely**	**some**	**often**	**always**
8.	I feel unhappy in my marriage/significant relationship	never	rarely	some	often	always
9.	**I feel lonely**	**never**	**rarely**	**some**	**often**	**always**
10.	I feel fearful	never	rarely	some	often	always
11.	**I feel weak**	**never**	**rarely**	**some**	**often**	**always**
12.	I have thoughts of ending my life	never	rarely	some	often	always
13.	**I feel worthless**	**never**	**rarely**	**some**	**often**	**always**
14.	I am a happy person	never	rarely	some	often	always
15.	**I have a fulfilling sex life**	**never**	**rarely**	**some**	**often**	**always**
16.	I am concerned about family troubles	never	rarely	some	often	always
17.	**I work/study too much**	**never**	**rarely**	**some**	**often**	**always**
18.	I have frequent arguments	never	rarely	some	often	always

19. I feel loved **never rarely some often always**
20. I have difficulty concentrating never rarely some often always
21. I feel hopeful about the future **never rarely some often always**
22. I like myself never rarely some often always
23. I have disturbing thoughts I can't get rid of **never rarely some often always**
24. People criticize my drinking/drug use never rarely some often always
25. I have an upset stomach **never rarely some often always**
26. I have trouble getting along with my friends never rarely some often always
27. I am satisfied with my life **never rarely some often always**
28. I feel restless never rarely some often always
29. I have sore muscles **never rarely some often always**
30. I am afraid of open spaces, driving, or being on buses never rarely some often always
31. I feel nervous **never rarely some often always**
32. I have periods of feelings abnormally/persistently elevated, expansive, or irritable mood & abnormally/persistently increase in goal-directed activity or energy (lasting at least one week) never rarely some often always
33. I have regrets about things in my life **never rarely some often always**
34. I have trouble falling or staying asleep never rarely some often always
35. I feel guilty **never rarely some often always**
36. I feel sad never rarely some often always
37. I feel angry enough to do something I may regret **never rarely some often always**
38. I am satisfied with my relationships never rarely some often always
39. I am content with my spiritual life (if applicable) **never rarely some often always**
40. I have an increase in heart rate never rarely some often always
41. I am happy with my accomplishments in life **never rarely some often always**
42. I have had a decrease in my level of motivation never rarely some often always
43. My appetite has significantly increased/decreased **never rarely some often always**

Self-Descriptive Information

Check any of the following words which you believe apply to you now:

____ outgoing	____ suspicious	____ compliant	____ dependent
____ independent	____ domineering	____ victimized	____ nice
____ controlling	____ likable	____ emotional	____ cold
____ suicidal	____ unloved	____ restless	____ confused
____ compassionate	____ conflicted	____ confident	____ bored
____ misunderstood	____ lost	____ lonely	____ depressed
____ aggressive	____ shy	____ sensitive	____ ugly
____ attractive	____ average	____ mediocre	____ incompetent
____ competent	____ creative	____ talented	____ unassertive
____ naïve	____ guilty	____ angry	____ hostile
____ anxious	____ assertive	____ unconcerned	____ live behind sheet of glass
____ stupid	____ intelligent	____ inadequate	____ useless
____ worthless	____ hopeful	____ hopeless	____ detached
____ estranged	____ critical	____ worn down	____ superior
____ active	____ hyperactive	____ flexible	____ inferior

List your 5 main fears:

What are your personal strengths?

What are your greatest weaknesses?

What activities and interests do you presently have?

What about yourself would you most like to change?