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CLINICAL PSYCHOLOGY

The Forensic History Questionnaire (FHQ) is part of your forensic evaluation. It is not a test. It is a written interview which asks you to provide basic information about each of the major realms of your life. The FHQ asks basic information about people (parents, partners, family and children), places (residences), tasks (educations and employment), activities (recreation, leisure time activities, charitable and non-profit contributions), legal history (administrative, civil, and criminal matters), treatment and health issues (physical and mental health and substance use), and significant life events.

Answer the FHQ questions in a quiet, comfortable location, at your own speed, and in your own words. There is no need to complete the form in one sitting. After you have completed the questionnaire, you may photocopy it for yourself and your attorney if you wish. Your providing the completed questionnaire in advance will allow the examiner to know a lot more about you from your perspective; your interviews will probably take less time; and your examination is likely to be more thorough. Keep in mind that some of what you write may be used as part of and as a basis for the examiner's opinions, report, and testimony.

Please respond to each of the questions. If none of the choices provided in a question is correct for you, simply write "none" on the item. The "( )" symbol is a reminder for you to place a checkmark ( ) next to each part of that item that is true for you. "Mo/Yr" asks for the approximate month and year. Answer each of the questions as best you can. If you cannot remember some of the information that is requested, feel free to look it up and to ask others. Of necessity, some of the information is personal. You may decline to answer any question that you wish, especially if the question is not relevant to any party's claim or defense in the matter. Please try to answer as many questions as you can. Do not leave out information simply because it might reflect negatively on you. However, be aware that you do not need to provide information that might be criminally self-incriminating – simply write that you decline to answer that questions.

Type or write legibly in pen (or pencil) so that your responses may be photocopied. Do not have someone else type, transcribe, or edit your answers for you. Printing your answers is fine. Feel free to write any comments and additional information that you might wish directly on the FHQ pages but don not attach extra pages and do not attempt to recreate or modify this form on a scanner or word processing program. If there is not enough space for you to write a full answer to any question, write the most important information in the space provided and submit any additional documentation directly to the examiner. You will have a chance to discuss the questions further with the examiner during your interview. If you have been given additional parts of the FHQ to complete, the same instructions apply to each part.

The forensic examiner's job is to perform a thorough, independent, and objective evaluation and to consider rival hypotheses both from the perspective of the moving party and that of the responding party. The information that you provide in this questionnaire will be very helpful to that examination process. Your cooperation is greatly appreciated. Return the original questionnaire to the examiner's office to schedule your interviews.

**I. YOUR IDENTIFICATION**

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

2. Name, address, and phone number of the attorney and law firm that is representing you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please identify the employment, administrative, insurance, or legal matter in which you are involved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. CHILDHOOD, FAMILY, AND RELATIONSHIPS**

1. List the approximate birth date, age, and name of each of your sisters, brothers, parents, grandparents, uncles, and aunts. If deceased, indicated at what age each person died. Include biological, half, step, adoptive, and foster family members. Please do include yourself. Do not include daughters, sons, romantic partners, and spouses – they will be asked about in later questions.

Birth Mo/Yr	Current age (or age when deceased)	Name of each individual (include yourself)	Relationship	Comments about relationship with the individual
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			

___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			
___/___	_____ yrs			

2. Indicated with a “[ ]” which, if any, of the following terms applied to yourself [S], your mother figure [M], or your father figure [F] during the time before you were 18 years old.

Less than average [S][M][F]	More than average [S][M][F]	Less than average [S][M][F]	More than average [S][M][F]
_____ spent time around home _____	_____	_____ controlling, demanding, critical _____	_____
_____ anxious, worried, upset, fragile _____	_____	_____ trusting, accepting, caring _____	_____
_____ calm, strong, resilient, stoic _____	_____	_____ rigid, restrictive, strict _____	_____
_____ educated, informed _____	_____	_____ permissive, indulgent _____	_____
_____ reliable, dependable, predicatable _____	_____	_____ hit, slapped, struck _____	_____
_____ helpless, passive, timid _____	_____	_____ guilt, shame, manipulation _____	_____
_____ naïve, optimistic, pollyanna _____	_____	_____ constructive, respectful _____	_____
_____ bullying, coercive, intimidating _____	_____	_____ distant, unavailable, aloof, closed _____	_____
_____ confident, assertive, powerful _____	_____	_____ self-centered, self-focused _____	_____
_____ thoughtful, considerate _____	_____	_____ honest, moral, ethical, trustworthy _____	_____
_____ logical, rational, reasonable _____	_____	_____ mis-used alcohol, drugs, meds _____	_____

3. When I was a child, my satisfaction with myself in the following areas was:

	significantly below average	below average	about average	above average	substantially above average
Behavioral adjustment and self-control	-2	-1	0	+1	+2
Physical appearance, skill and attributes	-2	-1	0	+1	+2
Popularity and peer relationships	-2	-1	0	+1	+2
Relationships with pets	-2	-1	0	+1	+2
Enjoyment of my own time/hobbies	-2	-1	0	+1	+2
Confidence, joy, self-esteem	-2	-1	0	+1	+2
Overall happiness/satisfaction with life	-2	-1	0	+1	+2

4. List the names and approximate ages of your spouse(s) and other persons whom you consider to have been your most significant romantic relationship partners.

First names of romantic partners	Date rel began	Your age at start of rel.	Partner's age at start of rel.	Date rel. ended	Date began cohabitation	Date of marriage	Date of separation	Date of divorce
	___/___	_____ years	_____ years	___/___	___/___	___/___	___/___	___/___
	___/___	_____ years	_____ years	___/___	___/___	___/___	___/___	___/___

	__/__/__	_____ years	_____ years	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
	__/__/__	_____ years	_____ years	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
	__/__/__	_____ years	_____ years	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

5. List the name and approximate age of each of your daughters and sons. If deceased, indicate at what age each was deceased. Include biological children, adopted children, stepchildren and foster children

Birth Mo/Day/Year	Current age	Name	Nature of relationship	Name of bio mother	Name of bio father
____/____/____	_____ years				
____/____/____	_____ years				
____/____/____	_____ years				
____/____/____	_____ years				
____/____/____	_____ years				
____/____/____	_____ years				
____/____/____	_____ years				
____/____/____	_____ years				
____/____/____	_____ years				

6. If any of the persons mentioned in the previous sections, including yourself, has had a significant emotional problem or mental illness, or a problem with abuse, anger, violence, misuse of alcohol or substances, or illegal behavior, if any mistreated or neglected you in any significant way, please indicated what happened.

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### III. RESIDENTIAL HISTORY

1. As best you can remember, list below where you were born and each different city where you resided as a child and as an adult – except brief vacations. Also, indicate if you resided for any amount of time at a treatment center, hospital, jail, detention center, foster care or college.

Date began living there Mo/Year	Date stopped living there. Mo/Year	City, State	Type of residence	Name of individuals living with you at residence
____/____	____/____			
____/____	____/____			

___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			

**IV. EDUCATIONAL HISTORY**

1. As best as you can remember, list where you attended each grade of primary school, elementary school, middle school, junior high school and high school. Note any period during which you were home schooled or tutored. Circle “Y” (yes) or “N” (no) if you were promoted or graduated, if you received any form of special education and if you ever dropped out or were ever suspended or expelled from any grade or school.

Began attending Mo/Year	Stopped attending Mo/Year	Grade Attended	City/State	Name and type of school	Promoted/graduate	Special education	Dropped out/suspended
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N
___/___	___/___				Y / N	Y / N	Y / N

2. List each of the schools or courses of study that you have attended since leaving high school. Indicate the program or major area in which you concentrated, the degree(s) or certification(s) you earned, the last year or grade you attended, and if you ever dropped out or were ever suspended or expelled.

Began attending Mo/Year	Stopped attending Mo/Year	Name and type of school	Area of study	Degree earned	Last grade attended	Dropped out/Suspended/exp
___/___	___/___					Y / N
___/___	___/___					Y / N
___/___	___/___					Y / N
___/___	___/___					Y / N
___/___	___/___					Y / N
___/___	___/___					Y / N

3. List your most significant childhood (under 18) and adult experiences in spiritual, philosophical, ethical or religious training. Provide full-time religious education in the questions above.

Approximate Mo/Year	Nature of participation
___/___	
___/___	
___/___	
___/___	
___/___	

4. Indicate the way(s) in which racial, ethnic, religious, spiritual or cultural heritage have been important influences in your life and the ways in which they might be significant considerations in this examination.

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V. RECREATIONAL, HOBBY AND LEISURE ACTIVITIES

1. Describe your involvement as a child and as an adult in sports, recreation, hobbies, or other individual and group activities

Year started	Year stopped	Name/type of activity	Description of Participation	If level of participation has changed, please explain

VI. EMPLOYMENT HISTORY

1. Describe the unpaid and paid chores, responsibilities and jobs that you had inside and outside of your family while you were growing up. Include any “allowance” that you received, “paid” chores, and paid and volunteer employment positions. Consider regular employment and jobs such as household chores, watching younger siblings, helping with family business, delivering newspapers, baby sitting, selling magazines, washing cars, or redeeming bottles.

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2. Describe your work history for the last ten years in chronological order. Include your present position and any periods of being a homemaker, self-employed, or home schooled. List military service in the next section.

Started Mo/Year	Stopped Mo/Year	Hours/week	Employer/position	Reason for leaving
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			
___/___	___/___			

3. Describe any periods of unemployment that were longer than 30 days and that did not occur because you were a student. Do not include being a homemaker or home-schooled as unemployed.

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4. Describe any position at which you were promoted, given a merit raise, or had your scope of responsibility increased.

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5. Describe any position from which you were laid off, dismissed, fired, asked to resign, given a reduction in pay, had your scope of responsibility reduced, or not had your contract renewed.

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6. Describe any position at which you had physical, medical, psychological or cognitive difficulties which reduced, impaired or interfered with your ability to perform your job functions.

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7. Describe the work you have done for, and the donations you have made to, charitable and non-profit organizations.

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## VII. MILITARY SERVICE

1. Describe your history of military service. Include in chronological order each rate and rank you held and include each geographical location in which you were stationed.

Started at location Mo/Year	Your age	Location of duty station	Service	Branch/rate/rank	Combat experience?
___/___					
___/___					
___/___					
___/___					
___/___					

## VIII. LEGAL HISTORY

1. List any child, juvenile, divorce, parenting, paternity, family law or matrimonial law matter in which you have been involved in any way as a child or as an adult party, plaintiff, defendant, petitioner, respondent or witness. Include such matters as any legal separation, divorce, paternity, modification, child custody or visitation matter, juvenile court matter, dependency matter, termination of parental rights, or guardianship of any sort.

Mo/Year of each matter	Type of legal matter	Other parties involved	Outcome of matter
___/___			
___/___			
___/___			
___/___			

2. List any employment or professional administrative matter, union grievance, agency or governmental action of which you have been subject. Include such matters as claims, hearings or meetings of the Equal Employment Opportunity Commission, Labor & Industries, Civil Service, Professional Licensing, Social Security, Unemployment Commission, Labor Union, Labor-Management Dispute Resolution, any type of claim, grievance, discipline cell, union, or other professional, ethical, or disciplinary complaint or hearing.

Mo/Year of each matter	Type of legal/administrative matter	Other parties involved	Outcome of matter
___/___			
___/___			
___/___			
___/___			

3. List any civil law or business law matter in which you have been involved in any capacity. Include such matters as personal injury claims, insurance claim, disability, defamation, breach of contract, and malpractice, and any other personal, financial, injury or personal or property-related torts or suits as a plaintiff, claimant, or defendant.

Mo/Year of each matter	Type of legal matter	Other parties involved	Outcome of matter
___/___			
___/___			
___/___			
___/___			

4. List any misdemeanor or any criminal activity which you have ever been formally charged with or convicted of

Mo/Year of each matter	Type of legal matter	Other parties involved	Outcome of matter
___/___			
___/___			
___/___			
___/___			

5. I have, or someone else has on my behalf, posted a bond, paid damages, or paid compensation on my behalf... Y / N
6. I have been placed on probation or parole or house arrest or under someone's legal supervision or custody... Y / N
7. I have been placed in a detention center, halfway house, jail, prison or other correctional institution. Y / N

**IX. POTENTIAL HARM TO SELF OR OTHERS**

When answering the questions below, please circle any parts of the question that may apply to you.

1. Has anyone ever expressed any concern to you or to others about your temper, 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 feel that you lack adequate strategies for reacting in ways other than with anger? Y / N
5. Have you ever been cruel, violent, or abusive towards a child, adult, pet or other animal? Y / N
6. Have you had any childhood experience with cruelty, violence, or abuse by anyone? Y / N
7. Do you feel or become angry when you use alcohol or drugs? Y / N
8. Have you every 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. Is there anything about your current situation that might influence you to harm or injure another person? Y / N
13. Have you ever had any impulse, thoughts, or plans to harm or injure someone else? Y / N
14. Have you ever harmed or injured someone else physically or with a weapon or instrument? Y / N
15. Is there anything about your current situation that might influence you to harm or injure yourself? Y / N
16. Have you ever had any impulses, thoughts or plans to harm or injure yourself? Y / N
17. Have you ever intentionally harmed yourself? Y / N

**X. ALCOHOL USE PATTERNS**

1. If you have never tried any alcoholic beverages in your entire life, indicate your reason below and skip this section. \_\_\_\_\_  
\_\_\_\_\_
2. I first tasted or tried alcohol at age \_\_\_\_\_ years
3. I last had alcohol on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. I was last intoxicated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
5. Each of the types of alcohol that I have consumed within the last 12 months, even occasionally are...  
\_\_\_\_\_

6. The alcohol drink I consume the most is \_\_\_\_\_
7. At some time in my life, I have experienced missing school or work due to alcohol, delirium tremens (DT's), blackouts, or needing a drink in the morning? **Y / N**
8. My difficulties with alcohol can be described as:  
     No problem      mild/moderate problem      serious/severe problem      disabling problem
9. The time in my life when I consume the most alcohol was: \_\_\_\_\_ years through \_\_\_\_\_ years
10. The type of alcohol that has presented the most serious problem for me is \_\_\_\_\_.
11. Another person has expressed concern about my use of alcohol. **Y / N**

**XI. SUBSTANCE USE PATTERNS**

1. If you have never tried, experimented with, nor used any non-legal drugs, street drugs, recreational drugs or controlled substances, nor taken medication other than as prescribed for you by your physician, indicate your reason and skip this section. \_\_\_\_\_  
 \_\_\_\_\_

2. I first tried a non-legal drug at age \_\_\_\_\_.
3. I last used any non-legal drug on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.
4. The type of non-legal drug that I have consumed the most is \_\_\_\_\_.
5. The type of non-legal drug that has presented the most serious problem for me is \_\_\_\_\_.
6. The problems I have ever had with non-legal drug use are (circle one)

- |                    |                     |                      |
|--------------------|---------------------|----------------------|
| 1. No problem ever | 3. Moderate problem | 5. Severe problem    |
| 2. Mild Problem    | 4. Serious problem  | 6. Disabling problem |

7. The time in my life when I used the most non-legal drugs was (age) \_\_\_\_\_ through age \_\_\_\_\_.
8. Each of the types of non-legal drugs that I have consumed within the last 12 months, even occasionally are \_\_\_\_\_.
9. The typical number of days per week that I have used any type of non-legal drug within the last 12 months is \_\_\_\_\_.
10. Another person has expressed concern about my use of any drugs or medications. **Y / N**
11. I have used alcohol and drugs at the same time. **Y / N**
12. Please describe your use of drugs and other substances to include (1) age, (2) substance, (3) where (home, work, parties...), (4) when (days, weekends, holidays...), (5) how often and (6) how much.

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**XII. HEALTH HISTORY**

1. If you have ever had any significant disorder, illness, injury, trauma, accident, or health condition, or had significant medical, dental, or physical treatment, or been hospitalized for any physical, medical, substance use, or mental health reason, give approximate dates and the name of each care provider for each condition.

Mo/Year of each matter	Type of disorder, illness or injury matter	Doctor or hospital	Medications prescribed
___/___			
___/___			
___/___			
___/___			

2. Indicate any treatment as a child or as an adult, individually or with others, with a school counselor, psychologist, social worker, minister, physician or psychiatrist. Include any type of therapist who provided individual, couples, family, group, inpatient or outpatient treatment of any sort, and any therapy for which you were prescribed medication for any psychological or medical condition such as sleeplessness, stress, anxiety, or depression.

Starting Mo/Year	Ending Mo/Year	Total # of Sessions	Name of counselor/therapist	Type of counseling (e.g. Individual, group, pastoral...)	Medications
___/___	___/___				
___/___	___/___				
___/___	___/___				
___/___	___/___				
___/___	___/___				
___/___	___/___				
___/___	___/___				
___/___	___/___				
___/___	___/___				

3. If you have ever attended any parenting classes, anger management classes, marriage encounter seminars, A.A. or N.A. meetings, or other psychologically oriented meetings, information school, classes or seminars, give the name of each class, the approximate starting and ending date, and the total number of hours spent in classes or meetings.

Mo/Year Starting	Mo/Year Ending	Name/type of group/class	Total number of hours attended
___/___	___/___		
___/___	___/___		
___/___	___/___		

___/___	___/___		
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**XIII. OVERVIEW**

Based on what you remember, or on what you have been told, check the words below that you feel best describe or characterize each of these eight time periods in your life. Feel free to add your own descriptors in the space in each box.

Birth to 5	Happy	romantic	optimistic	peaceful	empty	lonely	chaotic	awful
	Productive	fulfilling	hopeful	uneventful	disillusioning	ill	troubling	traumatic
	Satisfying	exciting	lucky	meaningless	challenging	sad	angry	painful
	Learning	creative	playful	boring	stressful	confusing	frightening	suicidal
Ages 6-10	Happy	romantic	optimistic	peaceful	empty	lonely	chaotic	awful
	Productive	fulfilling	hopeful	uneventful	disillusioning	ill	troubling	traumatic
	Satisfying	exciting	lucky	meaningless	challenging	sad	angry	painful
	Learning	creative	playful	boring	stressful	confusing	frightening	suicidal
Ages 11-13	Happy	romantic	optimistic	peaceful	empty	lonely	chaotic	awful
	Productive	fulfilling	hopeful	uneventful	disillusioning	ill	troubling	traumatic
	Satisfying	exciting	lucky	meaningless	challenging	sad	angry	painful
	Learning	creative	playful	boring	stressful	confusing	frightening	suicidal
Ages 14-17	Happy	romantic	optimistic	peaceful	empty	lonely	chaotic	awful
	Productive	fulfilling	hopeful	uneventful	disillusioning	ill	troubling	traumatic
	Satisfying	exciting	lucky	meaningless	challenging	sad	angry	painful
	Learning	creative	playful	boring	stressful	confusing	frightening	suicidal
Ages 18-21	Happy	romantic	optimistic	peaceful	empty	lonely	chaotic	awful
	Productive	fulfilling	hopeful	uneventful	disillusioning	ill	troubling	traumatic
	Satisfying	exciting	lucky	meaningless	challenging	sad	angry	painful
	Learning	creative	playful	boring	stressful	confusing	frightening	suicidal
Ages 22-29	Happy	romantic	optimistic	peaceful	empty	lonely	chaotic	awful
	Productive	fulfilling	hopeful	uneventful	disillusioning	ill	troubling	traumatic
	Satisfying	exciting	lucky	meaningless	challenging	sad	angry	painful
	Learning	creative	playful	boring	stressful	confusing	frightening	suicidal
Ages 30-39	Happy	romantic	optimistic	peaceful	empty	lonely	chaotic	awful
	Productive	fulfilling	hopeful	uneventful	disillusioning	ill	troubling	traumatic
	Satisfying	exciting	lucky	meaningless	challenging	sad	angry	painful
	Learning	creative	playful	boring	stressful	confusing	frightening	suicidal
Ages 40+	Happy	romantic	optimistic	peaceful	empty	lonely	chaotic	awful
	Productive	fulfilling	hopeful	uneventful	disillusioning	ill	troubling	traumatic
	Satisfying	exciting	lucky	meaningless	challenging	sad	angry	painful
	Learning	creative	playful	boring	stressful	confusing	frightening	suicidal

**XIV. ADDITIONAL INFORMATION**

1. Please list each additional significant pleasurable event in your life that might not be adequately reflected in your previous answers. Include approximate date of each. Consider events such as academic, athletic, or artistic events; being in love; an award or special recognition; purchase of property; or a proud moment with your family and friends. There is no need to repeat information already presented unless you wish to emphasize or clarify something.

Mo/Year	Event
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	

2. Please list each additional significant unpleasant event in your childhood and adulthood that might not be adequately reflected in your previous answers. Include approximate date of each experience.

Mo/Year	Event
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	
____/____	

I completed this questionnaire on \_\_\_\_/\_\_\_\_/\_\_\_\_. I worked about \_\_\_\_ total hours completing it.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_