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Clinical psychology

I. Current Status

1. Name _____

2. My Referral:

- 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 consider my intellectual ability to be:

- Below average
- Average
- Above Average

4. I usually speak:

- More than most people
- About as much as most people
- Less than most people
- Rapidly Slowly
- Softly Loudly

5. What I like most about myself now is: _____

6. What I like least about myself now is: _____

7. What I would most like to change about myself is: _____

8. The psychological problem that I have that causes me the most concern currently is: _____

9. The date this problem began was about _____ and I believe it was caused by: _____

10. The sources of satisfaction in my life in the last three months have been:

- | | |
|---|--|
| <input type="checkbox"/> Pride in myself or others | <input type="checkbox"/> Sense of authority |
| <input type="checkbox"/> Sense of purpose | <input type="checkbox"/> Personal growth |
| <input type="checkbox"/> Spiritual beliefs | <input type="checkbox"/> Philosophical Beliefs |
| <input type="checkbox"/> Job and professional success | <input type="checkbox"/> Financial security |
| <input type="checkbox"/> Intellectual abilities | <input type="checkbox"/> Artistic talents |
| <input type="checkbox"/> Physical well-being | <input type="checkbox"/> Athletic ability |
| <input type="checkbox"/> Friendship | <input type="checkbox"/> Trust and openness |
| <input type="checkbox"/> Love and affection | <input type="checkbox"/> Intimacy and sex |
| <input type="checkbox"/> Family Relationship | <input type="checkbox"/> Parenting / Childcare |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Serving a cause |

11. 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

12. My height is _____ ft. _____ in.

13. My current weight is _____ pounds

14. My ideal weight would be..... _____ pounds

15. My attention or concentration recently seems to be effected by:

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Non-prescribed meds |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Prescribed meds | |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Pain | |

Stress from: _____

Discomfort from: _____

Physical pain from: _____

16. All prescribed medications I have taken in the last three months are: _____

17. I have fully and completely complied in taking each of the above medications exactly as prescribed: ___ Yes ___ No

18. Over the past three months, I have typically consumed:

- ___ Glasses of cans of caffeinated soda a day
- ___ Cups of caffeinated coffee per day
- ___ Cup 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

19. The number of times that I have used any non-legal drug within the last three months:

II. Chronology

On the following pages, please provide a list of your positive and negative life experience, including the specific experiences that are the reasons for you 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 approximation 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 experience in 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; wining 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	[SAMPLE OF ONE LINE ENTRIES] One Line Brief Listing of Each Experience, Event, or Incident
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	Purchased 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 a cracked rib and strained cartilage
9/12/96	Return to work on crutches; unrequested, the supervisor helps me sit down and 'accidentally' touches my breast in the process
	[subsequent events...]

APPROXIMATE DATE	ONE LINE BRIEF LISTING OF EACH EXPERIENCE, EVENT, OR INCIDENT [Feel free to attach extra pages to this part, if needed, but please remember that this is only an approximate chronological listing of events—not a description. Use only one line for each event.]
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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 (x) 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..... More Same Less	Compared to before, I have been..... More Same Less	Compared to before, I have been..... More Same Less
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.....	Perfectionist.....	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 feeling.....	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.