

**PERSONAL HISTORY QUESTIONNAIRE**

**AUTHORITY:** Title 5 U.S.C. 301 Departmental Regulation; E.O. 9397; and OPNAVINST 1640.7A "Manual for the Administration of Correctional Custody Units."

**PURPOSE:** To provide the Navy with the authority to gather certain information in order to accomplish its mission to prepare prisoners/detainees/awardees for return to military duties and, in some cases, for return to civilian life.

**ROUTINE USES:** Information gathered on this form may be used by Department of Defense officials, to assist the prisoner/detainee/awardee in identifying and solving personal problems.

**VOLUNTARY DISCLOSURE:** Completion of this form is voluntary; however, failure to provide the requested information may prevent or limit the staff of the brig/correctional custody unit from helping the prisoner/detainee/awardee to attain certain privileges.

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ SSN \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE \_\_\_\_\_

OFFICIAL RESIDENCE: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

MARITAL STATUS: (MARK X)  SINGLE  MARRIED  DIVORCED  SEPARATED  
 WIDOWED

IF SEPARATED, DIVORCED, WIDOWED DATE: \_\_\_\_\_ REASON \_\_\_\_\_  
DD MM YY

DATE OF MARRIAGE: \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

LOCATION OF MARRIAGE: \_\_\_\_\_ HOW MANY CHILDREN? \_\_\_\_\_

MARITAL STATUS OF PARENTS:  STILL MARRIED  DIVORCED DATE: \_\_\_\_\_

NUMBER OF OLDER BROTHERS \_\_\_\_\_ NUMBER OF YOUNGER BROTHERS \_\_\_\_\_

NUMBER OF OLDER SISTERS \_\_\_\_\_ NUMBER OF YOUNGER SISTERS \_\_\_\_\_

FATHERS' OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

FAMILY FINANCAL STATUS WHILE GROWING UP? \_\_\_\_\_

FATHER DECEASED:  NO  YES IF YES, DATE: \_\_\_\_\_

MOTHER DECEASED:  NO  YES IF YES, DATE: \_\_\_\_\_

WHO RAISED YOU AS A CHILD? \_\_\_\_\_

WERE YOU EVER PHYSICALLY OR SEXUALLY ABUSED AS A CHILD?  NO  YES

IF YES, EXPLAIN \_\_\_\_\_

**PERSONAL HISTORY QUESTIONNAIRE**

HOW WOULD YOU DESCRIBE YOUR PRESENT RELATIONSHIP WITH YOUR FAMILY? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT OFFENSE INFORMATION**

CONVICTED OFFENSE \_\_\_\_\_  
YOUR VERSION (INCLUDE REASON) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PLACE OF COURT \_\_\_\_\_  
TYPE OF COURT: (CIRCLE ONE) SUMMARY/SPECIAL/GENERAL/NJP PTA: YES / NO  
SENTENCE AWARDED: CHL X \_\_\_\_\_ MOS/YRS FF# \_\_\_\_\_ X \_\_\_\_\_ MOS  
RIR E- \_\_\_\_\_ TYPE DISCHARGE: (PLEASE CHECK ONE)  BCD  DD  NONE  
IF UA, NUMBER OF DAYS \_\_\_\_\_ WERE YOU APPREHENDED?  YES  NO  
PRETRIAL CONFINEMENT:  YES, NUMBER OF DAYS \_\_\_\_\_  NO  
DEFENSE COUNSEL/LAWYER'S NAME \_\_\_\_\_

**MILITARY HISTORY**

DATE FIRST ENLISTED \_\_\_\_\_ DATE OF REELISTMENT \_\_\_\_\_  
LENGTH OF SERVICE: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS HIGHEST RATE HELD: \_\_\_\_\_  
REASON FOR ENLISTMENT: \_\_\_\_\_  
SERVICE SCHOOLS SUCCESSFULLY ATTENDED? \_\_\_\_\_  
WHAT DO YOU LIKE MOST ABOUT THE MILITARY? \_\_\_\_\_  
WHAT DO YOU LIKE LEAST ABOUT THE MILITARY? \_\_\_\_\_  
HOW WOULD YOU DESCRIBE YOUR OVERALL PERFORMANCE IN THE MILITARY? \_\_\_\_\_  
\_\_\_\_\_  
IF YOU HAVE A DISCHARGE, WOULD YOU LIKE TO COMPLETE YOUR ENLISTMENT?  YES  
 NO  
HOW WOULD YOU DESCRIBE YOURSELF?  A. LEADER  B. FOLLOWER  C. LONER

**PERSONAL HISTORY QUESTIONNAIRE**

<b>PRIOR OFFENSE INFORMATION</b>
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**MILITARY OFFENSES**

DATE	OFFENSE	SENTENCE	NJP/SCM/SPCM/GCM

**CIVILIAN OFFENSES (REGARDLESS OF AGE)**

DATES	LOCATION	CHARGE	SENTENCE

**EDUCATION**

HIGHEST GRADE COMPLETED: \_\_\_\_\_ DESCRIBE YOUR GRADES: \_\_\_\_\_

IF YOU DID NOT GRADUATE, WHAT IS THE REASON? \_\_\_\_\_

WERE YOU EVER SUSPENDED OR EXPELLED?  NO  YES REASON(S) \_\_\_\_\_

WERE YOU EVER IN SPECIAL EDUCATION/REMEDIATION CLASSES?  NO  YES

WHICH CLASSES? \_\_\_\_\_

WHAT WAS YOUR FAVORITE CLASS? \_\_\_\_\_

WHAT WAS YOUR LEAST FAVORITE CLASS? \_\_\_\_\_

HAVE YOU EVER COMPLETED, OR BEEN CERTIFIED, IN A VOCATIONAL TRAINING COURSE?

NO  YES WHAT AREA(S) \_\_\_\_\_

WHAT EDUCATIONAL COURSES WOULD YOU TAKE ADVANTAGE OF IF THEY WERE OFFERED IN

THE BRIG? \_\_\_\_\_

**PERSONAL HISTORY QUESTIONNAIRE**

PRIOR EMPLOYMENT	
WERE YOU EMPLOYED BEFORE JOINING THE NAVY?	<input type="checkbox"/> NO <input type="checkbox"/> YES
HOW MANY JOBS? _____	AVERAGE LENGTH OF EACH JOB _____
WHAT WERE YOUR PRIMARY JOBS _____	
WHAT WAS YOUR AVERAGE TAKE ON PAY? \$ _____	PER MONTH
YOUR WORK HISTORY WAS CONSIDERED	<input type="checkbox"/> UNSKILLED <input type="checkbox"/> SEM-SKILLED <input type="checkbox"/> SKILLED
WERE YOU EVER FIRED?	<input type="checkbox"/> NO <input type="checkbox"/> YES WHY _____
IF NOT RETURNING TO DUTY, WHAT ARE YOUR JOB PLANS IMMEDIATELY FOLLOWING RELEASE _____	

**HEALTH/SUBSTANCE ABUSE**

DO YOU HAVE ANY PRESENT PHYSICAL HEALTH PROBLEMS?	<input type="checkbox"/> NO <input type="checkbox"/> YES	DESCRIBE _____		
DO YOU HAVE ANY PRESENT MENTAL HEALTH PROBLEMS?			<input type="checkbox"/> NO <input type="checkbox"/> YES	DESCRIBE _____
HAVE YOU EVER BEEN SEEN BY A PSYCHIATRIST/PSYCHOLOGIST	<input type="checkbox"/> NO <input type="checkbox"/> YES	EXPLAIN _____		
HAVE YOU EVER TRIED TO HARM YOURSELF?	<input type="checkbox"/> NO <input type="checkbox"/> YES	HOW MANY TIMES? _____	LAST DATE _____ HOW? _____	
WERE YOU HOSPITALIZED AS A RESULT?	<input type="checkbox"/> NO <input type="checkbox"/> YES	DO YOU HAVE ANY FEELING ABOUT HARMING YOURSELF? <input type="checkbox"/> NO <input type="checkbox"/> YES		
HAVE YOU HAD ANY DRUG RELATED PROBLEMS IN THE PAST?		<input type="checkbox"/> NO <input type="checkbox"/> YES	DESCRIBE _____	
HAVE YOU HAD ANY ALCOHOL RLEATED PROBLEMS IN THE PAST?		<input type="checkbox"/> NO <input type="checkbox"/> YES	IMMEDIATELY PRIOR TO CONFINEMENT, HOW OFTEN DID YOU USE: DRUGS _____ ALCOHOL _____	