

LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background and present concerns. Please take the time to fill it out as completely as possible.

All the information you disclose in this questionnaire is confidential. No one else has access without your written permission. If you have any questions or concerns while filling out this questionnaire, please feel free to call me and/or talk with me when we meet.

Date _____

Name: _____ Date of Birth _____

Address: _____

CITY _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Please state what your main issues are:

What is it that makes these issues worse?

What is it that makes these issues better?

How do you think these issues occurred?

How much do you want help for this problem? ____Very Much ____Much ____Moderately

Have you consulted with anyone else about these issues? ____Yes ____No

If yes, how many times? _____ With whom did you consult: _____

If yes, was it helpful? ____Yes ____No Why?

Have you been hospitalized for any psychological problems? ____Yes ____No If yes, how many times? _____ If yes, when and where?

Relationship Status (check all that apply):

____Single ____Never married ____Primary Relationship ____Married-How Long? _____
____Common Law - How long? _____ ____Separated - How long? _____
____Divorced – How many times? _____ - For how long? _____
____Non-Cohabiting Partner ____Cohabiting Partner
____Committed/Engaged - How long? _____ ____Widowed - How long? _____

With whom are you now living?

How long?

Do you live in a house, apartment or other arrangement?

Personal Information:

Age: _____ ____Heterosexual ____Bisexual ____Gay ____Lesbian

If gay/lesbian, are you out? ____Yes ____No If yes, how long? _____

Place of Birth:

Mother's condition during pregnancy:

Underline any of the following that happened to you during your childhood:

Night terrors, bed-wetting, sleep-walking, thumb-sucking, nail-biting,
stammering/stuttering, fears, happy childhood, unhappy childhood, stealing, lying,
emotional problems, legal trouble, death in family, medical problems, ignored,
not enough friends, school problems, f a m i l y financial problems, strong religious

convictions, drug use, alcohol use, severe punishment, physical abuse, sexually molested, rape, date-rape, emotional/verbal abuse, severely bullied, teased, nicknamed, eating disorder or

Health during childhood:

Health during adolescence

Present health: (Underline any of the following that apply to you.)

Headaches, dizziness, fainting, heart palpitations, stomach trouble, no appetite, irritable, anxiety, bowel disturbances, fatigue, insomnia, nightmares, use sedatives, anxious, abuse alcohol or drugs, unable to relax, sexual problems, panicky, tremors, depressed, can't have a good time, don't like weekends or vacations, overly ambitious, shy, can't make friends, lonely, can't make decisions, feel inferior, poor home conditions, financial problems, stressed, cry easily, lose temper easily, uninterested in life, uninterested in sex, bored, or

Your height? Your weight? Do you have high Blood Pressure? Yes ___ No ___

How would you describe your weight over the years?

Have you ever ___ compulsively overeaten? ___ compulsively under eaten? ___ binged and/or purged? ___ lost significant amounts of weight – how much? ----- how often? _____ ___ gained significant amounts of weight - how much? _____ - how often?

Describe any marked above:

Do you eat three balanced meals per day? ___ Yes ___ No

If no, describe your eating habits:

Describe you sleeping patterns/habits:

Have you ever used alcohol, recreational drugs, performance enhancing drugs, prescription sedatives or pain killers? ___ Yes ___ No

If yes, please list what you used, when you used it, and average usage.

Any surgical operations? ___ Yes ___ No

If yes, please list and describe:

Any accidents? ___ Yes ___ No

If yes, please list and describe:

Have you ever had any sexually transmitted diseases? ____Yes ____No If yes, please identify:

When was the last time you felt well both mentally and physically for a long period?

Schooling:

Age when began school: __ Highest grade level completed: _____

How would you describe yourself in your grade school years?

How would you describe yourself in your junior high school years?

How would you describe yourself in your high school years?

Did you attend college? ____Yes ____No If yes, what degrees were you awarded?

Average G.P.A. in high school: ____ Average G.P.A. in college: _____

Accomplishments (scholastic, athletic, musical, etc.) throughout your academic career.

List any special abilities or disabilities:

Did you make friends easily? ____Yes ____No :

Describe your relationship with your friends:

Games and interests during childhood:

Interests during adolescence

Jobs held (in chronological order) and reasons for changing (feel free to use an additional sheet):

Have you ever been in the military? _____Yes_____No If yes, when and how long?

What type of discharge?

What is your present work?

Does your present work satisfy or dissatisfy you? Why?

Does what you earn adequately cover your expenses? ____Yes _____No

What are your present interests?

How do you spend your free time?

Describe your long range goals and ambitions in life:__

Are you accomplishing them? _____Yes ____No

Sexual information:

What were your parents' attitudes towards sex?

Did you ever experience fear or guilt from sex or masturbation?

Has anyone ever touched you sexually in a way you didn't like? _____Yes ____ No
What are your feelings about the experience/experiences now?

Age of your first sexual experience with another person:

Was it consensual? _____Yes_____No What are your feelings about that experience now?

Have you ever had any sexual partners of the opposite sex? _____Yes_____No

Have you ever had any sexual partners of the same sex? _____Yes _____No

Have you ever had any unusual sexual preferences? _____Yes _____No

If you are female, age at first menstruation: _____ Were you prepared? _____Yes _____No

Do you experience pain or mood changes attendant to menstruation? _____Yes
_____No If yes, explain:

Relationship History:

Current partner's name:

How long have you known your current partner?

How long have you been married or in a committed relationship with your current partner?

Your age when commitment was formalized: _____Partner's age when commitment was formalized:

Current partner's occupation:

Describe his/her personality:

Areas of compatibility:

Areas of incompatibility:

If married or in a committed relationship, how well do you get along with your in-laws?

Children by this relationship (names and ages):

If divorced, do you still see the children? _____Yes_____No If divorced/separated, why?

Any other issues?

If had previous a previous partner

Previous partner's name:

How long did you know your previous partner?

How long were you married or in a committed relationship with your previous partner?

Your age when commitment was formalized:_____Partner's age when commitment was formalized:

Previous partner's occupation:

Describe his/her personality:

Areas of compatibility:

Areas of incompatibility:

Reason for the break-up.

How well did you get along with your in-laws or partner's family?

Children by this relationship (names and ages):

If divorced, do you still see the children?_____Yes_____No How often?

Your Father's name:

Is he _____ alive or _____ deceased?

If still living, current age:

Current health:

Current occupation:

If deceased, age and year he died:

Cause of death

What was his childhood like?

Describe your relationship with your father while growing up:

Describe your relationship with your father now:

Was there anything unusual about your father?

Mother's name:

Is she ____ alive or ____ deceased? If still living, current age: ____ Current health

If deceased, age and year she died: Cause of death:

What was her childhood like?

Describe your relationship with your mother while growing up:

Describe your relationship with your mother now:

Was there anything unusual about your mother?

How were you disciplined and for what reasons?

List names and ages of brothers and sisters (include step-siblings if applicable) in chronological order:

Briefly describe your relationship with each of them, past and present (feel free to use additional sheets of paper):

What was the atmosphere in your home when you were growing up?

Were you emotionally or physically abused in any way?

Did any member of your immediate or extended family ever suffer from alcoholism or drug addiction? Yes No If yes, please explain

Did any member of your immediate or extended family ever suffer from a mental illness? _____Yes_____No If yes, please explain:

If you were not brought up by your biological parents, what were the circumstances?

How was that for you?

Have you ever attempted suicide? _____Yes_____No If yes, please explain:

Do you do anything that you wish you could stop? _____Yes_____No If yes, please describe:

Have you ever been arrested? _____Yes _____No If yes, please explain:

If there is any other information you would like me to know, please include it here:

Spiritual/Religious Information:

Do you have a religious preference? _____Yes _____No If yes, please specify:

How important is your religion to you in your current life? _____Extremely important_____Very important _____Somewhat important _____Not at all important

Please list any religious practices you participate in on a regular basis:

What was the religious atmosphere in your home while growing up?

Do you consider yourself a spiritual individual? _____ Yes _____ No If yes, how would you describe your spiritual self or your spirituality?

How important is your spirituality in your life? _____ Extremely important _____ Very important _____ Somewhat important _____ Not at all important

Please list any spiritual practices you participate in on a regular basis:

Self Description:

Please describe yourself through the eyes of:
Your mother while you were growing up:

Your father while you were growing up:

Your partner/lover:

Your best friend:

Your worst enemy:

Yourself:

Have you or your partner experienced an abortion, stillbirth, or miscarriage? _____ Yes _____ No