

LIFE HISTORY QUESTIONNAIRE

Purpose of this questionnaire:

The purpose of the questionnaire is to help us understand you and your concerns. Please complete these questions as fully and accurately as you can. It will take approximately two hours to complete.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. Case records are strictly confidential. No outsider is permitted to see your case record without your permission.

If you do not desire to answer any questions, merely write, "Do not care to answer."

Date: _____

1. General Information

Name: _____

Address: _____

Telephone Numbers: (Day) _____ (Evenings) _____

Age: _____ Occupation: _____

Who referred you to our practice? _____

Who are you now living with?

Do you live in a house, hotel, room, apartment, etc.? _____

Marital Status: (circle answer)

Single Engaged Married Remarried Separated Divorced Widowed

If married, spouse's name, age and occupation? _____

2. Clinical

a) State in your own words the nature of your main problems and their duration:

b) Give a brief account of the history and development of your complaints (from onset to present):

c) On the scale below, please estimate the severity of your problem(s):

- Mildly upsetting
- Moderately severe
- Very severe
- Extremely severe
- Totally incapacitating

d) Whom have you previously consulted about your present problem(s)?

e) What medications are you currently taking?

f) What medications have you taken in the past on a regular basis?

3. Personal Data

a) Date of Birth: _____ Place of birth: _____

b) Mother's condition during pregnancy (as far as you know):

c) Underline any of the following that applied during childhood:

- | | | |
|---------------|-----------------|-------------------|
| Night terrors | Bedwetting | Sleepwalking |
| Thumb sucking | Nail biting | Stammering |
| Fears | Happy childhood | Unhappy childhood |
| Any others? | | |

d) Health during childhood?

List illnesses:

e) Grades and academic strengths in:

Elementary School: _____

Middle School: _____

High School: _____

f) Any special services or support while a student?

g) Peer relationships in childhood and adolescence:

h) If you got in trouble in school, what sort of things did you get in trouble for.

i) Health during adolescence? _____

List your illnesses: _____

j) What is your height? _____ Your weight? _____

k) Any surgical operations? (Please list them and give age at the time).

l) Any accidents?

m) Any head injuries?

n) Any trouble with the law?

o) List your five main fears:

1. _____

2. _____

3. _____

4. _____

5. _____

p) Underline any of the following that apply to you:

Headaches	Dizziness	Fainting spells
Palpitations	Stomach trouble	No appetite
Bowel disturbances	Fatigue	Anxiety
Anger	Take sedatives	Insomnia
Nightmares	Feel panicky	Alcoholism
Feel tense	Conflict	Tremors
Depressed	Suicidal ideas	Take drugs
Unable to relax	Sexual problems	Allergies
Don't like weekends	Overambitious	Shy with people
Don't like vacations	Inferiority feelings	Concentration difficulties
Can't make friends	Memory problems	Home conditions bad
Can't keep a job	Lonely	Unable to have a good time
Financial problems	Often use aspirin	Excessive sweating
Often use painkillers		

q) Current and past alcohol and drug use: _____

Others: Please list additional problems or difficulties here.

r) Underline any of the following words which apply to you:

worthless, useless, a "nobody," "life is empty," inadequate, stupid, incompetent, naive, "can't do anything right," guilty, evil, morally wrong, horrible thoughts, hostile, full of hate, anxious, agitated, cowardly, unassertive, panicky, aggressive, ugly, deformed, unattractive, repulsive, depressed, lonely, unloved, misunderstood, bored, restless, confused, unconfident, in conflict, full of regrets, worth-while, sympathetic, intelligent, attractive, confident, considerate.

Others: _____

s) Present interests, hobbies, and activities:

t) How is most of your free time occupied?

u) What is the last grade of school that you completed?

v) Did you ever receive special education services?

w) Were you identified as a gifted student?

x) If taken, what were your SAT scores?

y) Were you ever bullied or severely teased?

t) As an adult, do you make friends easily?

z) Do you keep them?

aa) Describe your "support network":

bb) Religion and Activity:

a) In childhood: _____

b) As an adult: _____

4. Occupational Data

a) What sort of work are you doing now?

b) Kinds of jobs held in the past?

c) Does your present work satisfy you? (If not, in what ways are you dissatisfied?)

d) Do you currently have financial difficulties?

e) Ambitions?

Past: _____

Present: _____

5. Sex Information

a) Parental attitudes toward sex (e.g., was there sex instruction or discussion in the home?) _____

b) When and how did you derive your first knowledge of sex?

c) When did you first become aware of you own sexual impulses?

d) Did you ever experience any anxieties or guilt feelings arising out of sex or masturbation? If "yes," please explain:

e) Any relevant details regarding your first or subsequent sexual experiences?

f) Is your present sex life satisfactory? (If not, please explain):

g) Provide information about any significant heterosexual and/or homosexual reactions:

h) Are you sexually inhibited in any way?

6. Menstrual History (mark n/a for not applicable)

Age of first period? _____

Were you informed or did it come as a shock? _____

Are your regular? _____ Duration: _____

Do you have pain? _____ Date of last period: _____

Do your periods affect your moods? _____

7. Marital History

How long did you know your marriage partner before engagement? _____

How long have you been married? _____

Spouse's age: _____

Spouse's occupation: _____

a) Personality of husband or wife (in your own words)

b) In what areas is there compatibility?

c) In what areas is there incompatibility?

d) How do you get along with your in-laws? (This includes brothers and sisters-in-law)

How many children do you have? _____

Please list their sex and age(s): _____

e) Do any of your children present special problems?

f) Any relevant details regarding miscarriages or abortions?

g) Comments about any previous marriage(s) and brief details:

8. Family Data

a) Father's Name: _____
living _____ deceased _____
If deceased, your age at the time of his death? _____
Cause of death? _____
If alive, father's present age? _____
Occupation: _____
Health: _____

b) Mother's name: _____
living _____ deceased _____
If deceased, your age at the time of her death? _____
Cause of death? _____
If alive, mother's present age? _____
Occupation: _____
Health: _____

c) Siblings:
Number of brothers: _____ Ages: _____
Brother's name(s): _____
Number of sisters: _____ Ages: _____
Sister's name(s): _____

d) Relationship with brothers and sisters:
1) Past: _____
2) Present _____

e) Give a description of your father's personality and his attitude toward you (past and present)

f) Give a description of your mother's personality and her attitude toward you (past and present)

g) In what ways were you punished by your parents as a child?

h) Give an impression of your home atmosphere (i.e., the home in which you grew up. Mention state of compatibility between parents and between parents and children).

i) Were you able to confide in your parents?

j) Did your parents understand you?

k) Basically, did you feel loved and respected by your parents?

l) Give an outline of your religious training:

m) If you were not brought up by your parents, who did bring you up, and between what years?

n) Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?

o) Who are the most important people in your life?

p) Recount any fearful or distressing experiences not previously mentioned:

q) List the benefits you hope to derive from therapy:

r) List any situations which make you feel calm or relaxed:

s) Have you ever lost control (e.g., temper, crying or aggression)? If so, please describe:

t) Please add any information not tapped by this questionnaire that may aid your therapist in understanding and helping you:

9. Self-description

- a) I am a person who _____
- b) All my life _____
- c) Ever since I was a child _____
- d) One of the things I feel proud of is _____
- e) It's hard for me to admit _____
- f) One of the things I feel guilty about is _____
- g) One of the things I can't forgive is _____
- h) If I didn't have to worry about my image _____
- i) One of the ways people hurt me is _____
- j) Mother always _____
- k) What I needed from my mother and didn't get was _____
- l) Father always _____
- m) What I wanted from my father and didn't get was _____
- n) If I weren't afraid to be myself, I might _____
- o) One of the things I'm angry about is _____
- p) What I need and have never received from a woman/man is _____
- q) The bad thing about growing up is _____
- r) One of the ways I could help myself but don't do is _____

10. a) What is there about your present behavior that you would like to change?

b) What feelings do you wish to alter (e.g., increase or decrease)?

c) What sensations are especially:

1) Pleasant for you? _____

2) Unpleasant for you? _____

d) Describe a very pleasant image of fantasy:

e) Describe a very unpleasant image of fantasy:

f) What do you consider your most irrational thought or idea?

g) Describe any interpersonal relationships that give you:

1) Joy _____

2) Grief _____

h) What personal characteristics do you think the ideal therapist should possess?

i) How would you describe an ideal therapist's interaction with his clients?

j) What do you think therapy will do for you and how long do you think your therapy should last?

k) In a few words, what do you think therapy is all about?
