



Valy Life Coaching
Zest for Life! Passion for Living! Joy being Alive!

Life History Questionnaire

1. Personal Information

First Name: _____		Last Name: _____		Date: _____	
Address: _____		City _____		State ____ Zip _____	
Phone: Cell: () _____		Home: () _____		Work: () _____	
E-mail Address (CAPITALIZE LETTERS only): _____					
Birthday (Self): _____		Birthday (Spouse): _____		Wedding Date: _____	
Marital Status (×): <input type="checkbox"/> Single, <input type="checkbox"/> Engaged, <input type="checkbox"/> Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> Separated					
<input type="checkbox"/> Divorced How Long? _____ This is your ____ (#) marriage					
Number of Children: _____					
Emergency Contact _____			Phone () _____		
Church Affiliation: _____ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No					

2. Presenting Problems

Please state in your own words the nature of your main problem(s), or the reason you are seeking spiritual life coaching: _____

3. Personal health history

A. Physical

3.1. Describe your eating habits (that is, junk food addict, eat regularly or sporadically, balanced diet, etc.). _____

3.2. Do you have any addictions or cravings that you find difficult to control (sweets, drugs, alcohol, food in general, other)? _____

3.3. Are currently under any kind of medication for either physical or psychological reasons? _____

3.4. Do you have any problems sleeping? Are you having recurring nightmares or other disturbances? _____

3.5. Does your present schedule allow for regular periods of rest and relaxation?

3.6. Are you adopted? _____

3.7. Have you ever been physically beaten or sexually molested? Please explain:

B. Mental

B.1. Which of the following have struggled with in the past or you struggling with presently? (Please check.)

- | | |
|--|--|
| <input type="checkbox"/> Daydreaming | <input type="checkbox"/> Obsessive thoughts |
| <input type="checkbox"/> Lustful thoughts | <input type="checkbox"/> Fantasies |
| <input type="checkbox"/> Thoughts of inferiority | <input type="checkbox"/> Blasphemous thoughts |
| <input type="checkbox"/> Thoughts of inadequacy | <input type="checkbox"/> Thoughts that you cannot escape |
| <input type="checkbox"/> Worry | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Doubts | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Insecurity | <input type="checkbox"/> Other... |

Additional information you consider important to be shared:

B.2. Do you spend much time wishing you to be somebody else or fantasizing that you were a different person? Do you imagine yourself living in a different time, in a different place or under different circumstances? Please explain: _____

B.3. How many hours of TV do you watch per week? _____ List the top five favorite programs: (1) _____ (2) _____
(3) _____ (4) _____ (5) _____

B.4. How many hours do you spend each week reading? _____ What do you read primarily (✓) (newspapers, magazines, books, other)?

B.5. Would you consider yourself to be an optimist or a pessimist (that is, do you have a tendency to see the good in people and life or the bad)? Please explain: _____

B.6. Have you ever thought that maybe you were „*cracking up*”? Do you presently fear that possibility? Please explain: _____

B.7. Do you have regular devotions in the Bible? Where and when, and to what extent? Please explain: _____

B.8. Do you find prayer difficult mentally? Please explain: _____

Additional information you consider important to be shared:

B.9. When attending church or other Christian ministries, are you plagued by foul thoughts, jealousies, or other mental harassment? Please explain: _____

Additional information you consider important to be shared:

B.10. Do you listen to music a lot? _____ What type of music do you enjoy most? _____

C. Emotional

C.1. Which of the following emotions do you struggle with? (Please circle.)

- | | |
|--|---|
| <input type="checkbox"/> Frustration | <input type="checkbox"/> Fear of death |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Fear of losing your mind |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fear of being hurt |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fear of man |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Fear of failure |
| <input type="checkbox"/> Hatred | <input type="checkbox"/> Fear of Satan |
| <input type="checkbox"/> Worthlessness | <input type="checkbox"/> Fear of _____ |

Additional information you consider important to be shared:

C.2. Which of the above listed emotions do you feel are sinful? _____

Why? _____

C.3. Concerning your emotions, whether positive or negative, which of the following best describes how you express your feelings? (Please check.)

- Readily express my emotions
- Express some of my emotions, but not all
- Readily acknowledge their presence, but am reserved in expressing them
- I tend to suppress my emotions
- I believe that it is safest not to express how I feel
- I tend to disregard how I feel since I cannot trust my feelings
- Consciously or subconsciously I deny them; it is too painful to deal with them

C.4. Do you know someone with whom you could be emotionally honest (that is, you could tell this person exactly how you feel about yourself, life, and other people)?

C.5. How important is it that we are emotionally honest before God? Do you feel that you are? Please explain: _____

Additional information you consider important to be shared:

4. Spiritual history

4.A. If you were to die tonight, do you know where you would spend eternity?

4.B. Suppose you were to die tonight and appear before God in heaven, and He would ask: „By what right should I allow you into My presence?” How would you answer Him?

4.C. 1 John 5:11, 12 says, „And the testimony is this, that God has given us eternal life, and this life is in His Son. He who has the Son has the life; he who does not have the Son of God does not have the life.”

4.1. Do you have the Son of God in you? _____

4.2. When did you receive Him (John 1:12)? _____.

4.3. How do you know that you received Him? _____

Additional information you consider important to be shared:

4.D. Are you plagued by doubts about your salvation? Please explain in detail:

4.E. Are you personally enjoying fellowship with other believers, and if so, where and when?

4.F. Are you under the authority of a local church where the Bible is taught? Do you regularly support it with your time, talent, and treasure? _____

If not, why not? _____.

Additional information you consider important to be shared:

NOTE:

For further spiritual exportation ask us about the *Inventory of Non-Christian Spiritual Experiences*.