

LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions, as fully and as accurately as you can, you will provide your therapist with important information, without using your actual therapy time. Please answer these questions on your own time. The information in this questionnaire will be kept by your therapist and will not be disclosed to anyone without your written permission. Case records are strictly confidential. If you do not wish to answer a question, simply write, Do not care to answer.

THERAPIST'S NAME: _____

CLIENT'S INITIALS: _____ AGE: _____

OCCUPATION: _____

By whom were you referred? _____

Who presently lives with you? _____

Marital Status: (circle one) Single Engaged Married Separated Divorced Widowed

If married, how many times? _____ Do you live in a house, hotel, room, apartment, etc.?

CLINICAL:

- 1 State in your own words the nature of your main problems and their duration:

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

- 3 On the scale below please estimate the severity of your problems:
Mildly Upsetting Moderately Severe Very Severe Extremely Severe Totally Incapacitating

- 4 With whom have you previously consulted about your present problem(s)?

OCCUPATIONAL:

- 1 What sort of work are you doing now?
- 2 What sort of work have you done in the past?
- 3 Does your present work satisfy you? (If not, in what ways are you dissatisfied?)
- 4 Ambitions:
Past:

Present:

SEXUAL HISTORY:

- 1 Parental attitudes to sex (i.e., was there sex instruction or discussion in the home)?
- 2 When and how old were you when you derived your first knowledge of sex?

3 When did you first become aware of your own sexual impulses?

4 Have you ever experienced any anxiety or guilt feelings arising out of sex or masturbation? If "yes," please explain.

5 Underline any of the following words which apply to you:

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

OTHER AREAS:

1 Present interest, hobbies and activities:

2 How is most of your free time occupied?

3 What is the last grade of school you completed?

4 Scholastic abilities; strengths and weaknesses:

5 Were you ever bullied, severely bullied or severely teased?

6 Do you make friends easily? If so, do you keep them?

7 List five main fears:

1 _____

2 _____

3 _____

4 _____

5 _____

8 Underline any of the following that apply to you:

headaches, financial problems, fainting, palpitations, dizziness, no appetite, bowel disturbances, stomach trouble, insomnia, nightmares, fatigue, alcoholism, feel tense, take sedatives, tremors, unable to relax, suicidal ideas, shy with people, depressed, feel panicky, take drugs, don't like weekends, sexual problems, can't make decisions, don't like vacations, can't make friends, over rambunctious, can't keep a job, disoriented, unable to have a good time, concentration difficulties, memory problems

7 Father:

Living or deceased? _____

If deceased, your age at the time of his death? _____

Cause of death? _____

If alive, father's present age? _____

Occupation? _____

Health? _____

Mother:

Living or deceased? _____

If deceased, your age at the time of her death? _____

Cause of death? _____

If alive, mother's present age? _____

Occupation? _____

Health? _____

8 As a child in what ways were you punished by your parents?

9 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.

10 Were you able to confide in your parents?

11 If you have a stepparent, what was your age when your parent remarried?

12 Give a description of your religious training.

13 If you were not brought up by your parents, who brought you up, and between what years?

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

15 Who are the most important people in your life?

SELF-DESCRIPTION:

Please complete the following:

I am _____

I am _____

I am _____

I am _____

I feel _____

I feel _____

I feel _____

I feel _____

I think _____

I think _____

I think _____

I think _____

I wish _____

I wish _____

I wish _____

I wish _____

I would like to :

Get advice on how to deal with my life and with other people.

Have my therapist respond to me on a person-to-person basis.

Get better self-control.

Get clarity regarding which things I think and feel are real and which things are mostly in my mind.

Work out a particular problem that's been bothering me.

Get my therapist to say what he/she really thinks.

NO	SOME	A LOT
