

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 art facilitator with valuable information, without using your actual session time. Please answer these questions in your own time. The information in this questionnaire will be kept by your art facilitator 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**.

It's preferred that you fill this questionnaire out using a pen and write it in handwriting.

ART FACILITATOR'S NAME: Jennifer Rae Struchen

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.?

Expressive Arts has many benefits especially within emotional, mental, and spiritual areas. As an emotionally intense and highly sensitive woman, bring to mind what issues you currently live with and use that info to answer the following questions.

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 Is there any record of past trauma? YES NO

4 If yes, explain in a sentence or two.

5 If yes, have you ever received any kind of treatment? YES NO

6 If yes, what kind of treatment, when, and where?

7 How are you currently managing your emotions?

8 Have you ever used expressive art to manage emotions and gain mental clarity?

9 If yes, what specifically worked and what didn't?

10 Please list any current addictions

11 If any addictions listed, are you currently seeking help outside of Sacral Soul Art? Where and for how long?

12 Please take a moment to discuss any ongoing depression or anxiety you may presently be experiencing.

13 On the scale below please estimate the severity of your problems:

Mildly Upsetting Moderately Severe Very Severe Extremely Severe Totally Incapacitating

14 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:

1 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 level of education 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

FAMILY DATA:

1 In what areas of the family is there compatibility?

2 In what areas is there incompatibility

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 Based on past relationships, how and why have they ended? Is there any pattern or common theme to the way they end? What emotion are you left feeling?

12 Do you know your attachment style? <https://brianamacwilliam.com/relationship-attachment-style-quiz>

Avoidant Anxious Disorganized Secure

13 Give a description of your religious/spiritual beliefs.

14 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 : **NO** **SOME** **A LOT**

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

Have my art facilitator 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 art facilitator to say what she really thinks.