

## LIFE HISTORY QUESTIONNAIRE

### Purpose Of This Questionnaire:

The purpose of this questionnaire is to obtain a comprehensive picture of your background. In psychotherapy, records are necessary, since they permit a more thorough dealing with one's problems. By completing these questions as fully and as accurately as you can, you will facilitate the therapeutic process. You are requested to answer these routine questions in your own time instead of using up your actual consulting time.

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: (days) (evenings)

Age: Sex: Occupation:

By whom were you referred?

Marital Status (circle one): Single Engaged Married Separated  
Divorced Widowed Remarried (how many times?) Living Together

Do you live in: house, hotel, room, apartment

### 2. Description of Presenting Problems:

State in your own words the nature of your main problems:

Please describe significant events occurring at that time, or since then, which may relate to the development or maintenance of your problems:

What solutions to your problems have been most helpful?

Have you been in therapy before or received any prior professional assistance for your problems? If so, please give name(s), professional title(s), dates of treatments and results:

### 3. Personal and Social History

Date of Birth:

Place of Birth:

Siblings:

Number of Brothers

Brothers' Ages:

Number of Sisters

Sisters' Ages:

Father

Living?

If alive, give father's present age

Deceased?

If deceased, give his age at time of his death

How old were you at the time?

Cause of Death:

Occupation:

Health:

Mother

Living?

If alive, give mother's present age

Deceased?

If deceased, give her age at time of her death

How old were you at the time?

Cause of Death:

Occupation:

Health:

Religion:

As a Child:

As an Adult:

Education:

What is the last grade you completed (degree)?

Scholastic Strengths and Weaknesses:

Underline any of the following that applied during your childhood/adolescence:

Happy Childhood

School Problems

Medical Problems

Unhappy Childhood

Family Problems

Alcohol Abuse

Emotional/

Strong Religious

Other

Behavior Problems

Convictions

Legal Trouble

Drug Abuse

What sort of work are you doing now?

What kinds of jobs have you held in the past?

Does your present work satisfy you? If not, please explain:

What is your annual family income?

What were your past ambitions?

What are your current ambitions?

What is your height?

What is your weight?

Have you ever been hospitalized for psychological problems? Yes No  
If yes, when and where?

Do you have a family physician? Yes No If so, please give his/her  
name(s) and telephone number(s)

Have you ever attempted suicide? Yes No

Does any member of your family suffer from alcoholism, epilepsy,  
depression or anything else that might be considered a "mental  
disorder?"

Has any relative attempted or committed suicide?

Has any relative had serious problems with the "law"?

#### 4. Behavior

Underline any of the following behaviors that apply to you:

Overeat	Suicidal attempts	Can't keep a job
Take drugs	Compulsions	Insomnia
Vomiting	Smoke	Take too many risks
Odd behavior	Withdrawal	Lazy
Drink too much	Nervous tics	Eating problems
Work too hard	Concentration Problems	Aggressive Behavior
Procrastination	Sleep disturbance	Crying
Impulsive reactions	Phobic avoidance	Outbursts of temper
Loss of control		

Are there any specific behaviors, actions or habits that you would  
like to change?

## 5. Feelings

Underline any of the following feelings that often apply to you:

Angry	Guilty	Unhappy
Annoyed	Happy	Bored
Sad	Conflicted	Restless
Depressed	Regretful	Lonely
Anxious	Hopeless	Contented
Fearful	Hopeful	Excited
Panicky	Helpless	Optimistic
Energetic	Relaxed	Tense
Envy	Jealous	Others:

## 6. Physical Sensations:

Underline any of the following that often apply to you:

Headaches	Skin problems	Stomach trouble
Dizziness	Dry mouth	Tics
Palpitations	Burning or itchy skin	Fatigue
Muscle Spasms	Chest pains	Twitches
Tension	Rapid heart beat	Back pain
Sexual disturbances	Don't like being touched	Tremors
Unable to relax	Excessive sweating	Blackouts
Bowel disturbances	Visual disturbances	Fainting spells
Tingling	Hearing problems	Hear things
Numbness		Watery Eyes
Flushes		

## Menstrual History:

Age of first period:	Were you informed or did it come as a shock?	
Are you regular?	Date of last period:	Duration:
Do you have pain?	Do your periods affect your mood?	

## 7. Thoughts:

Underline each of the following thoughts that apply to you:

I am worthless, a nobody, useless and/or unlovable.  
I am unattractive, incompetent, stupid and/or undesirable.  
I am evil, crazy, degenerate and/or deviant.  
Life is empty, a waste; there is nothing to look forward to.  
I make too many mistakes, can't do anything right.



Underline each of the following words that you might use to describe yourself:

intelligent, confident, worthwhile, ambitious, sensitive, loyal, trustworthy, full of regrets, worthless, a nobody, useless, evil, crazy, morally degenerate, considerate, a deviant, unattractive, unlovable, inadequate, confused, ugly, stupid, naive, honest, incompetent, horrible thoughts, conflicted, concentration difficulties, memory problems, attractive, can't make decisions, suicidal ideas, persevering, good sense of humor, hard-working

### Interpersonal Relationships

#### 8. A. Family of Origin

1. If you were not brought up by your parents, who raised you and between what years?
2. Give a description of your father's (or father substitute's) personality and his attitude towards you (past and present):
3. Give a description of your mother's (or mother substitute's) personality and her attitude towards you (past and present):
4. In what ways were you disciplined (punished) by your parents as a child?
5. Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention state of compatibility between parents and between children.
6. Were you able to confide in your parents?
7. Did your parents understand you?
8. Basically, did you feel loved and respected by your parents?
9. If you have a step-parent, give your age when parent remarried.
10. Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?
11. Who are the most important people in your life?

#### B. Friendships

1. Do you make friends easily?
2. Do you keep them?
3. Were you ever bullied or severely teased?
4. Do you generally feel comfortable or uncomfortable in social situations?
5. Generally, do you express your feelings, opinions, and wishes to others in an open, appropriate manner?
6. Are there any problems in your relationships with people at work? If so, please describe.

7. Did you date much during High School? College?
8. Do you have one or more friends with whom you feel comfortable sharing your most private thoughts and feelings?
9. Are you currently troubled by any past rejections or loss of a love relationship? If so, please explain.

C. Marriage:

1. How long did you know your spouse before your engagement?
2. How long have you been married?
3. What is your spouse's age?
4. What is your spouse's occupation?
5. Describe your spouse's personality:
  
6. In what areas are you compatible?
  
7. In what areas are you incompatible?
  
8. How do you get along with your in-laws (this includes brothers and sisters-in-law)?
  
9. How many children do you have? Please give their names, ages and sexes:
  
10. Do any of your children present special problems?
11. Any relevant information regarding abortions or miscarriages?

D. Sexual Relationships:

1. Describe your parents' attitude toward sex. Was sex discussed in your home?
  
2. When and how did you derive 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. Any relevant details regarding your first or subsequent sexual experiences?

6. Is your present sex life satisfactory? If not, please explain:

7. Provide information about any significant homosexual reactions or relationships:

8. Please note any sexual concerns not discussed above.

9. Biological Factors:

Do you have any current concerns about your physical health? Please specify.

Please list any medicines you are currently taking, or have taken during the past 6 months (including aspirin, birth control pills, or any medicines that were prescribed or taken over the counter):

Do you eat three well-balanced meals each day? If not, please explain:

Do you get regular physical exercise? If so, what type and how often?

Next to the following, write "1" if it "Never" applies to you, "2" if it "Rarely" applies to you, "3" if it "Frequently" applies to you, and "4" if it applies "Very often" to your life:

Marijuana	Tranquilizers	Sedatives
Aspirin	Cocaine	Painkillers
Alcohol	Coffee	Cigarettes
Narcotics	Stimulants	Hallucinogens
Diarrhea	Constipation	Allergies
High blood pressure	Heart problems	Nausea
Vomiting	Insomnia	Headaches
Backache	Early morning	Fitful sleep
Overeat	awakening	Poor appetite
Eat "junk" foods		

Underline any of the following that apply to you or members of your family:

thyroid disease, kidney disease, asthma, neurological disease, infectious diseases, diabetes, cancer, gastrointestinal disease, prostate problems, glaucoma, epilepsy, other.

Have you ever had any head injuries or loss of consciousness? Please give details:

Please describe any surgery you have had (give dates):

Please describe any accidents or injuries you have suffered (give dates):

What other significant memories and experiences have you had that are important for your therapist to know? Also, please use this space to note any information that you would like to add. Thank you for taking the time to complete this questionnaire.