

LIFE HISTORY QUESTIONNAIRE

The purpose of this confidential questionnaire is to obtain a comprehensive understanding of your personal experience and concerns. By completing these questions as fully and as accurately as you can, you will strengthen your therapeutic experience. Please return this questionnaire when completed or at your scheduled appointment.

PLEASE COMPLETELY FILL OUT THE FOLLOWING PAGES

Date _____

Name _____

Address _____

Telephone numbers (day) _____ (evenings) _____

Email address _____ @ _____ (please be sure print legibly)

DOB _____ Age _____ Occupation _____

Who referred you? _____

With whom are you now living? (list people) _____

Where do you reside? house apartment other

Significant relationship status (check one)

- single
- engaged
- married –
- separated
- divorced
- remarried
- committed relationship
- widowed

If currently married, what is your anniversary date?

If married, husband's (or wife's) name, age, occupation:

1. Role of religion, faith, and/or spirituality in your life:

A. In childhood _____

B. As an adult _____

2. Clinical

A. State in your own words the nature of your main problems and how long they have been present:

B. Give a brief history and development of your complaints (from onset to present):

C. On the scale below please check 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. Are you taking any medication? If "yes", what, how much, and with what results?

3. Personal Data

A. Date of birth _____ Place of birth _____

B. Mother's condition during pregnancy (as far as you know): _____

C. Check any of the following that applied during your childhood:

- Night terrors Bedwetting Sleepwalking Thumb sucking Nail biting Stammering Fears Happy childhood Unhappy childhood

Any others:

D. Health during childhood?

List illnesses _____

E. Health during adolescence?

List illnesses _____

F. What is your height? _____ Your weight _____

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

H. Any accidents:

I. List your five main fears:

1. _____

2. _____

3. _____

4. _____

5. _____

J. Circle any of the following that apply to you:

headaches | dizziness | palpitations | stomach trouble | bowel disturbances | fatigue | anger | take sedatives | nightmares | feel panicky | feel tense | conflict | depressed | suicidal ideas | unable to relax | sexual problems | don't like weekends and vacations | overambitious | can't make friends | can't keep a job | financial problems | excessive sweating | fainting spells | anxiety | no appetite | insomnia | alcoholism | tremors | take drugs | allergies | shy with people | inferiority feelings | memory problems | lonely | often use aspirin or painkillers | can't make decisions | home conditions bad | unable to have a good time | concentration difficulties

Please list additional problems or difficulties here. _____

K. Circle any of the following words that apply to you:

Worthless | useless | a "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 | repulsive | depressed | lonely | unloved | misunderstood | bored | restless | confused | unconfident | in conflict | full of regrets | worthwhile | sympathetic | intelligent | attractive | confident | considerate

Please list any additional words: _____

L. Present interests, hobbies, and activities _____

M. How is most of your free time occupied?

N. What is the last grade of school that you completed?

O. Scholastic abilities: strengths and weaknesses

P. Were you ever bullied or severely teased? _____

Q. Do you make friends easily? _____

Do you keep them? _____

4. Occupational Data

A. What sort of work are you doing now? _____

B. List previous jobs. _____

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

D. Does your work provide adequate income? _____

E. Are you typically financially stressed? _____

F. Ambitions/Goals

Past _____

Present _____

5. Sex Information

A. Parental attitudes toward sex (e.g., was their 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 your own sexual impulses? _____

D. Did you ever experience any anxieties or guilt feelings arising out of sex or masturbation? If "yes," please explain. _____

E. Please list any relevant concerns regarding your first or subsequent sexual experiences.

F. Is your present sex life satisfactory? (If not, please explain). _____

H. Are you sexually inhibited in any way? _____

6. Menstrual History

Age of first period? _____

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

Are you 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 spouse before engagement? _____

How long have you been married? _____

Spouse's age _____ Occupation of spouse _____

A. Describe your spouse's personality. _____

B. In what areas are the two of you compatible? _____

You may fax your completed intake toll free to 1.888.891.4673.
Please ignore the outbound voice message you hear, and continue with your fax.

C. In what areas are the two of you not compatible? _____

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

E. How many children you have? _____ Please list their gender and age(s).

F. Do any of your children present special problems? _____

G. Comments about any previous marriage(s) and brief details. _____

H. Any history of miscarriages or abortions?

8. Family Data

A. Father

Living or deceased (Please circle one)

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

If alive, father's present age. _____ Occupation: _____

Health: _____

B. Mother

Living or deceased? (Please circle one)

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: _____

Brothers' ages: _____

Number of sisters: _____

Sisters' ages: _____

D. Relationship with brothers and sisters:

Past: _____

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 including 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? _____

If you have a step-parent, give your age when parent remarried: _____

L. Describe your religious training: _____

M. If you were not raised by your parents, who did raise you, and between what year;) _____

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

O. Who are the most important people in your life? _____

P. Does any member of your family suffer from alcoholism, epilepsy, or anything that can be considered a "mental disorder"? _____

Q. Are there any other members of the family about whom information regarding illness, etc., is relevant? _____

R. Recount any fearful or distressing experiences not previously mentioned? _____

S. What do expect to accomplish from your intensive? Please list your goals.

1. _____

2. _____

3. _____

4. _____

5. _____

T. List any situations that make you feel calm or relaxed. _____

U. Have you ever been in trouble because of your anger? _____

V. Please add any information not brought up by this questionnaire that may help me to understand and serve you better. _____

9. Self-Description (Please complete the following):

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 haven't forgiven is _____

G. One of the things I feel guilty about is _____

H. If I didn't have to worry about my image _____

I. One of the ways people hurt me is _____

J. Mother was always _____

K. What I needed from mother and didn't get was _____

L. Father was 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 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 do you consider your most irrational thought or idea? _____

D. List any interpersonal relationships that give you:
joy _____
grief _____

E. In a few words, what do you think therapy is all about? _____

11. With the remaining space and blank sides of these pages, give a brief description of you by the following people:

A. Yourself _____

B. Your spouse (if married) _____

C. Your best friend _____

D. Someone who dislikes you _____

This has been adapted from Lazarus (1977).