

## LIFE HISTORY QUESTIONNAIRE

Name \_\_\_\_\_

With whom are you now living? (list people) \_\_\_\_\_

\_\_\_\_\_

Do you live in a house, hotel, room, apartment, etc.? \_\_\_\_\_

Next of kin/friend, address and phone \_\_\_\_\_

\_\_\_\_\_

### **1. Presenting Problem**

Please state in your own words the nature of your main problem(s), or the reason you came to therapy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did this problem start and how did it develop?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How severe is this problem? (Please check one)

mildly upsetting     moderately upsetting     very upsetting     severe     totally incapacitating

Please list and describe any additional problems here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why did you choose to come to therapy now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever seen a psychologist, psychiatrist or other counselor for these or other problems in the past? \_\_\_\_\_ If so, approximately when and for how long, and with what results? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 2. Personal Data

Mother's condition during pregnancy (as far as you know) \_\_\_\_\_

Check any of the following that applied during your childhood:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> night terrors | <input type="checkbox"/> sleepwalking    | <input type="checkbox"/> thumb-sucking     |
| <input type="checkbox"/> bed-wetting   | <input type="checkbox"/> nail-biting     | <input type="checkbox"/> stammering        |
| <input type="checkbox"/> fears         | <input type="checkbox"/> happy childhood | <input type="checkbox"/> unhappy childhood |

Health during childhood \_\_\_\_\_

List illnesses: \_\_\_\_\_

What is your height? \_\_\_\_\_ Your weight? \_\_\_\_\_

Any surgical operations? (please list them and give age at time) \_\_\_\_\_

When were you last examined by a doctor? \_\_\_\_\_

Any accidents? \_\_\_\_\_

List your five main fears:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

Check any of the following that apply to you:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> headaches               | <input type="checkbox"/> dizziness                     | <input type="checkbox"/> fainting spells   |
| <input type="checkbox"/> no appetite             | <input type="checkbox"/> fatigue                       | <input type="checkbox"/> stomach trouble   |
| <input type="checkbox"/> insomnia                | <input type="checkbox"/> nightmares                    | <input type="checkbox"/> take sedatives    |
| <input type="checkbox"/> alcoholism              | <input type="checkbox"/> tremors                       | <input type="checkbox"/> feel panicky      |
| <input type="checkbox"/> depressed               | <input type="checkbox"/> take drugs                    | <input type="checkbox"/> unable to relax   |
| <input type="checkbox"/> shy with people         | <input type="checkbox"/> don't like weekends/vacations | <input type="checkbox"/> palpitations      |
| <input type="checkbox"/> overambitious           | <input type="checkbox"/> can't make decisions          | <input type="checkbox"/> bowel disturbance |
| <input type="checkbox"/> inferiority complex     | <input type="checkbox"/> home conditions bad           | <input type="checkbox"/> feel tense        |
| <input type="checkbox"/> can't make friends      | <input type="checkbox"/> can't keep a job              | <input type="checkbox"/> suicidal ideas    |
| <input type="checkbox"/> memory problem          | <input type="checkbox"/> unable to have a good time    | <input type="checkbox"/> sexual problems   |
| <input type="checkbox"/> financial problems      | <input type="checkbox"/> concentration difficulties    |  |
| <input type="checkbox"/> can't do anything right | <input type="checkbox"/> test poorly                   |  |

Check any of the words which apply to you:

- |  |                                      |  |  |  |
|--|--------------------------------------|--|--|--|
| <input type="checkbox"/> worthlessness | <input type="checkbox"/> bored       | <input type="checkbox"/> sympathetic   | <input type="checkbox"/> in conflict     | <input type="checkbox"/> full of regrets   |
| <input type="checkbox"/> inadequate    | <input type="checkbox"/> useless     | <input type="checkbox"/> leader        | <input type="checkbox"/> intelligent     | <input type="checkbox"/> attractive        |
| <input type="checkbox"/> guilty        | <input type="checkbox"/> stupid      | <input type="checkbox"/> a "nobody"    | <input type="checkbox"/> responsible     | <input type="checkbox"/> feel different    |
| <input type="checkbox"/> anxious       | <input type="checkbox"/> evil        | <input type="checkbox"/> incompetent   | <input type="checkbox"/> "life is empty" | <input type="checkbox"/> left out          |
| <input type="checkbox"/> ugly          | <input type="checkbox"/> agitated    | <input type="checkbox"/> morally wrong | <input type="checkbox"/> naive           | <input type="checkbox"/> horrible thoughts |
| <input type="checkbox"/> depressed     | <input type="checkbox"/> deformed    | <input type="checkbox"/> cowardly      | <input type="checkbox"/> unassertive     | <input type="checkbox"/> confident         |
| <input type="checkbox"/> confused      | <input type="checkbox"/> lonely      | <input type="checkbox"/> unattractive  | <input type="checkbox"/> repulsive       | <input type="checkbox"/> hostile           |
| <input type="checkbox"/> worthwhile    | <input type="checkbox"/> unconfident | <input type="checkbox"/> unloved       | <input type="checkbox"/> misunderstood   | <input type="checkbox"/> panicky           |
| <input type="checkbox"/> full of hate  | <input type="checkbox"/> aggressive  | <input type="checkbox"/> restless      | <input type="checkbox"/> considerate     | <input type="checkbox"/> participant       |

**3. Family Background and Childhood History**

Where were you born? \_\_\_\_\_ Date of birth \_\_\_\_\_

Describe the kind of places in which you lived as a child (city, country, with relatives, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were not raised by your parents, who did bring you up, and between what ages? \_\_\_\_\_  
\_\_\_\_\_

Give an impression of the home atmosphere in which you grew up. Did your parents get along well? Did the children have a good relationship with the parents? \_\_\_\_\_  
\_\_\_\_\_

Were you able to confide in your parents? \_\_\_\_\_

In what ways were you punished as a child? \_\_\_\_\_  
\_\_\_\_\_

How did you get attention as a child? (acting smart, cute, responsible, misbehaving) \_\_\_\_\_  
\_\_\_\_\_

Describe your childhood: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you had a step-parent, give your age when parent remarried: \_\_\_\_\_

Your father's or stepfather's personality: (please check)

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> nervous | <input type="checkbox"/> understanding | <input type="checkbox"/> often unfair toward me |
| <input type="checkbox"/> passive | <input type="checkbox"/> extrovert     | <input type="checkbox"/> often depressed        |
| <input type="checkbox"/> cruel   | <input type="checkbox"/> considerate   | <input type="checkbox"/> not very loving        |
| <input type="checkbox"/> quiet   | <input type="checkbox"/> introvert     | <input type="checkbox"/> fair toward me         |
| <input type="checkbox"/> loving  | <input type="checkbox"/> happy         | <input type="checkbox"/> dominant               |
| <input type="checkbox"/> unhappy | <input type="checkbox"/> inconsiderate | <input type="checkbox"/> not understanding      |

Other comments about his personality \_\_\_\_\_  
\_\_\_\_\_

Your mother's or stepmother's personality: (please check)

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> nervous | <input type="checkbox"/> understanding | <input type="checkbox"/> often unfair toward me |
| <input type="checkbox"/> passive | <input type="checkbox"/> extrovert     | <input type="checkbox"/> often depressed        |
| <input type="checkbox"/> cruel   | <input type="checkbox"/> considerate   | <input type="checkbox"/> not very loving        |
| <input type="checkbox"/> quiet   | <input type="checkbox"/> introvert     | <input type="checkbox"/> fair toward me         |
| <input type="checkbox"/> loving  | <input type="checkbox"/> happy         | <input type="checkbox"/> dominant               |
| <input type="checkbox"/> unhappy | <input type="checkbox"/> inconsiderate | <input type="checkbox"/> not understanding      |

Other comments about her personality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your father still living? \_\_\_\_\_ If so, how old is he and what is his occupation? \_\_\_\_\_  
If not, what was the cause of his death? \_\_\_\_\_

Is your mother still living? \_\_\_\_\_ If so, how old is she and what is her occupation? \_\_\_\_\_  
If not, what was the cause of her death? \_\_\_\_\_

Describe your relationship with your parents. How often do you see them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Siblings**

Names of brothers \_\_\_\_\_ Ages \_\_\_\_\_

Names of sisters \_\_\_\_\_ Ages \_\_\_\_\_

How do you get along with your brothers and sisters? \_\_\_\_\_

Past \_\_\_\_\_

Present \_\_\_\_\_

Any major problems or traumatic experiences as a child or adolescent with your siblings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone (parents, relatives, friends) ever interfered in your life? \_\_\_\_\_

How? \_\_\_\_\_

Does any member of your family suffer from obesity/eating disorder, alcoholism, schizophrenia or any "mental disorders?" Give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Recount any fearful or distressing experiences not previously mentioned \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Educational and Occupational History**

What was the last grade in school that you completed? \_\_\_\_\_

Terms which apply to your elementary school history:

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> moved frequently | <input type="checkbox"/> made friends | <input type="checkbox"/> changed schools frequently |
| <input type="checkbox"/> participated     | <input type="checkbox"/> good grades  | <input type="checkbox"/> had many friends           |
| <input type="checkbox"/> loner            | <input type="checkbox"/> poor grades  | <input type="checkbox"/> had few friends            |
| <input type="checkbox"/> popular          | <input type="checkbox"/> hated it     |   |

Terms which apply to your Jr. High and High School history:

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> moved frequently | <input type="checkbox"/> made friends | <input type="checkbox"/> changed schools frequently |
| <input type="checkbox"/> participated     | <input type="checkbox"/> good grades  | <input type="checkbox"/> had many friends           |
| <input type="checkbox"/> loner            | <input type="checkbox"/> poor grades  | <input type="checkbox"/> had few friends            |
| <input type="checkbox"/> popular          | <input type="checkbox"/> hated it     |   |

Adult Education \_\_\_\_\_

Please list the kinds of jobs you held in the past (paid and volunteer) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any military history? If so, how many years and did you get an honorable discharge? \_\_\_\_\_  
\_\_\_\_\_

What sort of work do you do now? \_\_\_\_\_

Does your present work satisfy you? \_\_\_\_\_

Do you have any future educational or work ambitions? \_\_\_\_\_  
\_\_\_\_\_

**5. Marital History**

Spouse's Name \_\_\_\_\_

How long did you know your marriage partner before engagement? \_\_\_\_\_

How long have you been married? \_\_\_\_\_

Spouse's age \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

In what areas are there compatibility/incompatibility? \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Your spouse's personality: (please check)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> nervous   | <input type="checkbox"/> understanding | <input type="checkbox"/> often unfair towards me |
| <input type="checkbox"/> passive   | <input type="checkbox"/> extrovert     | <input type="checkbox"/> often depressed         |
| <input type="checkbox"/> cruel     | <input type="checkbox"/> considerate   | <input type="checkbox"/> not very loving         |
| <input type="checkbox"/> quiet     | <input type="checkbox"/> introvert     | <input type="checkbox"/> fair toward me          |
| <input type="checkbox"/> loving    | <input type="checkbox"/> happy         | <input type="checkbox"/> dominant                |
| <input type="checkbox"/> unhappy   | <input type="checkbox"/> inconsiderate | <input type="checkbox"/> not understanding       |
| <input type="checkbox"/> fun       | <input type="checkbox"/> lazy          | <input type="checkbox"/> hard working            |
| <input type="checkbox"/> easygoing | <input type="checkbox"/> grouchy       | <input type="checkbox"/> complaining             |

Other comments about your spouse's personality \_\_\_\_\_

Were you married previously? \_\_\_\_\_ If so, how old were you when you were married? \_\_\_\_\_

How long were you married to the previous spouse? \_\_\_\_\_

Your previous spouse's personality: (please check)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> nervous   | <input type="checkbox"/> understanding | <input type="checkbox"/> often unfair towards me |
| <input type="checkbox"/> passive   | <input type="checkbox"/> extrovert     | <input type="checkbox"/> often depressed         |
| <input type="checkbox"/> cruel     | <input type="checkbox"/> considerate   | <input type="checkbox"/> not very loving         |
| <input type="checkbox"/> quiet     | <input type="checkbox"/> introvert     | <input type="checkbox"/> fair toward me          |
| <input type="checkbox"/> loving    | <input type="checkbox"/> happy         | <input type="checkbox"/> dominant                |
| <input type="checkbox"/> unhappy   | <input type="checkbox"/> inconsiderate | <input type="checkbox"/> not understanding       |
| <input type="checkbox"/> fun       | <input type="checkbox"/> lazy          | <input type="checkbox"/> hard working            |
| <input type="checkbox"/> easygoing | <input type="checkbox"/> grouchy       | <input type="checkbox"/> complaining             |

Other comments about your previous spouse's personality \_\_\_\_\_

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How many children have you had (and by which spouse)? Please list their names, sex, and ages: \_\_\_\_\_

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Do any of your children have special problems? \_\_\_\_\_

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How do you get along with your in-laws? \_\_\_\_\_

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**6. Sexual History**

What was your parents' attitude toward sex? \_\_\_\_\_

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Any history of sexual traumas or guilt feelings about sex? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any homosexual experiences or desires? Any other unusual sexual preferences? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your present sex life satisfactory? \_\_\_\_\_ If not, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Current Life**

Present interests, hobbies, recreations, and other activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is most of your free time occupied? \_\_\_\_\_  
\_\_\_\_\_

Does your present social life satisfy? \_\_\_\_\_ If not, what is missing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your religious background? \_\_\_\_\_

Has religion played an important part of your life in the past? \_\_\_\_\_ In the present \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who are the most important people in your life at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your ambitions and goals? What would you like to do with your life in the next few months and years? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other information you think would be helpful in understanding you, or you think I should know.

Four horizontal lines for writing.

Please list the benefits you hope to derive from therapy: \_\_\_\_\_

Five horizontal lines for writing.

How would you like to be different after therapy? \_\_\_\_\_

Seven horizontal lines for writing.

**THANK YOU!**

Comments, Insights, Notes:

Thirteen horizontal lines for writing.