

LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions fully and accurately you will provide your therapist with important information about you without using your actual therapy time. Case records are strictly confidential. This information will be kept on file by your therapist and cannot be disclosed without your written permission. If you do not wish you answer a question, simply leave it blank or discuss it in session.

THERAPIST'S NAME: _____

CLIENT NAME: _____ AGE: _____

Occupation: _____

Marital Status: (circle one) single engaged married separated divorced widowed

Name of Spouse: _____

CLINICAL:

1. Are you currently seeing a therapist or psychiatrist – what is their name and phone number?
2. (Dr.) _____ (phone) _____
3. Do you have any presenting medical conditions that I should be aware of? _____

4. What medications are you currently on: _____
5. State in your own words the nature of your problem(s) and the duration of time:
6. Give a brief account of the past history and development of your problem(s):
7. On the scale below please estimate the severity of your problem(s): (circle one)
Mildly Upsetting Moderately Severe Severe Extremely Severe Incapacitating
8. What techniques have you used in the past to attempt to resolve this problem(s)?
9. How did you feel and what was the success rate of these attempts?
10. What results would you like to have with your therapist at the conclusion of your sessions?

RELATIONSHIP DATA:

1. Describe your current marriage / relationship compatibility:

2. Describe your level of communication with your partner:

3. Describe your sexual relationship with your partner: (circle one)
very satisfied satisfied somewhat satisfied no intimacy abusive

4. How many children do you have: Please list age and sex:

5. Do any of your children present special problems or concerns in the family?

OCCUPATIONAL DATA:

1. What type of work are you doing now?

2. What type of work have you done in the past?

3. Does your present job satisfy you? If not – in what ways are you dissatisfied?

4. Ambitions:
 - a. Past

 - b. Present

PERSONAL DATA:

1. How do you use your free time? (interests, hobbies and activities)

2. Educational background:

3. Were you ever bullied or severely teased growing up?

4. Do you feel that you are most extroverted or introverted when meeting new people?

5. Who are the most important people in your life?

6. List your main fears in life:

- _____
- _____
- _____
- _____

7. (Circle) any of the following that apply to you:

worthless, useless, a nobody, inadequate, stupid, incompetent, naïve, guilty, hostile, anxious
can't do anything right, life is empty, full of hate, agitated, cowardly, panicky, aggressive
passive, depressed, unloved, misunderstood, bored, restless, deformed, unattractive, wrong

worthwhile, intelligent, attractive, confident, considerate, humorous, good natured, loving, kind
generous, full of life, excited, joyous, important, assertive, makes good choices, organized
positive, capable of change, good health, relaxed, calm, appreciated, successful, happy

8. (Circle) any of the following that apply to your health:

headaches, fainting, palpitations, dizziness, fatigue, insomnia, no appetite, stomach trouble
depression, confusion, forgetfulness, difficulty concentrating, difficulty controlling emotions
feel tense, tremors, sexual problems, unable to relax, suicidal thoughts, fears/phobias, nausea

9. What is your current diet like? _____

How many meals do you eat each day? _____

How much water? _____

<u>Addictions to:</u>	coffee	alcohol	cigarettes	drugs	sex
<u>Cravings for:</u>	sweets	pastries	carbohydrates	sodas	salt



FAMILY DATA:

1. Father: _____	Mother: _____
Age: _____	Age: _____
Living / deceased: _____	_____
Cause of death: _____	_____
Occupation: _____	_____

2. Give an impression of the home atmosphere you grew up in:
3. What was the state of compatibility between parents (or) caretakers and the children:
4. If you have a stepparent what was your age when your parent remarried? What was the relationship like with your new family environment?
5. Were you able to confide in your parents growing up? In what ways were you punished?
6. Did you get along with your siblings?
7. What areas of the family is there compatibility?
8. What areas is there incompatibility?
9. Give a description of your religious training:
10. Parental attitudes to sex and dating: (was there instruction or discussion in the home?)
11. Is there anything else you would like to share that you feel would be valuable for therapy?

Thank you for your input and honesty. I look forward to working with you in achieving your goals.