

LIFE HISTORY QUESTIONNAIRE

PURPOSE: This questionnaire asks for background information about your life. Since much of this is highly personal, it is understandable that you may be concerned about its use. This information is held to be STRICTLY CONFIDENTIAL. **NO OUTSIDERS** are allowed to see any information without your **WRITTEN PERMISSION**. **If you do not wish to answer a particular question, cross it out or leave it blank.*

I. GENERAL

Name: _____ Date: _____

Age: _____ Birthdate: _____ Race: _____ Height: _____ Weight: _____

Marital Status: Single Engaged Married Remarried
 Separated Divorced Widowed

II. PROBLEM Underline any of the following that apply to you:

Frequent headaches	Tired/No energy	Over ambitious
Other pain problems	“Picked on”	Inferiority feelings
Dizziness	Bad dreams	Shy
Fainting spells	Depressed	Can 't make friends
Heart racing	Unable to relax	Lonely
Nervousness	Feel panicky	Unhappy
Nausea/vomiting	Feel tense/uptight	Frightened
No appetite	Worried	Legal problems
Can't sleep	Marital/family conflict	Physically abused
Sleeping too much	Sexual problems	Fear of losing mind
Drinking too much	Home conditions bad	Taking drugs
Seeing strange visions	Financial problems	Hearing strange sounds/voices
Poor health	Bad nerves	Other:
Bad thoughts	Others controlling your thoughts	_____
Angry		_____
Guilty feelings	Crying spells	

II. PHYSICAL HISTORY (Please Circle)

YES NO NOT SURE 1. Have you received MEDICAL TREATMENT for any of the following problems? (If yes, please underline each)

Headaches
Pain, other
Diabetes
High blood pressure
Heart trouble
Asthma
Allergies

Ulcers
Thyroid trouble
Stomach/Colon
Blackouts/Unconscious
Epilepsy/Seizures
Tumors/Cysts
Cancer

Head injury
Hypoglycemia TB
Addison's Disease
Mitral Valve Disease
Venereal Disease
AIDS
Other: _____

YES NO NOT SURE 2. Are you taking any medication? If yes, please list:

YES NO NOT SURE 3. Are you allergic to any medication? If yes, please list:

4. Underline any medicine or drugs you have taken, now or in the past.

Diet pills
Pain killers
Birth control pills
Tranquilizers/Nerve
Medicine
Blood pressure medicine

Diabetes medicine
Seizure medicine
Vitamins Antidepressants
Sleeping Pills
Any "street drugs"
Alcohol

"Speed" or "Uppers"
"Downers"
Tobacco
Caffeine (Coffee, etc.)
Other _____

YES NO NOT SURE 5. Have you ever been hospitalized for any reason? If yes, please explain.

YES NO NOT SURE 6. Have you ever been treated for an emotional or mental condition?

YES NO NOT SURE 7. Have any of your close relatives or family members been treated for an emotional or mental problem?

YES NO NOT SURE 8. Have you ever been treated for drug or alcohol addiction?

YES NO NOT SURE 9. Have you ever had a problem with drugs or alcohol?

YES NO NOT SURE 10. Have any close relatives or family members ever had a problem with drugs or alcohol?

YES NO NOT SURE 11. Have you ever heard unusual noises or voices that other people nearby were not able to hear?

YES NO NOT SURE 12. Have you ever had visions of people or animals that seemed real?

- YES NO NOT SURE 13. Have you ever smelled unusual odors that others nearby don't smell?
- YES NO NOT SURE 14. Have you ever thought that someone else might be controlling your mind or putting thoughts into your head?
- YES NO NOT SURE 15. Have you ever attempted suicide?
- YES NO NOT SURE 16. Have you been thinking about suicide lately?
- YES NO NOT SURE 17. Have you lost or gained an unusual amount of weight lately?
Lost _____ lbs. Gained _____ lbs.
- YES NO NOT SURE 18. Has your sexual history/behavior changed recently?
- YES NO NOT SURE 19. (Females) Has there been any recent changes in your menstrual cycle regularity?
- YES NO NOT SURE 20. Have you ever had periods of time when you were so full of plans and energy that you felt you had to keep busy all of the time and got by on very little sleep without feeling tired?

III. SOCIAL HISTORY (Please Circle)

A. INTERPERSONAL

- YES NO NOT SURE 21. Have any nicknames (positive or negative) been given to you?
List: _____
- YES NO NOT SURE 22. Have you been in trouble with the law as an adult?
- YES NO NOT SURE 23. Do you have few friends?
24. How do you spend your free time? _____

25. What are your ambitions in life? _____

26. What do you do for fun? _____

27. What is your position in your family of origin? (e.g. oldest, youngest, etc.)

- YES NO NOT SURE 28. Were you ever raised by someone other than your natural parents? If so, who?

- YES NO NOT SURE 29. Did you have an unhappy childhood?
- YES NO NOT SURE 30. Were you ever abused or mistreated as a child or teenager?
- YES NO NOT SURE 31. Were you often in poor health as a child or teenager?

- YES NO NOT SURE 32. Were you very poor when growing up?
- YES NO NOT SURE 33. Did you have a poor relationship with your father?
- YES NO NOT SURE 34. Did you have a poor relationship with your mother?
35. Choose 3 words to describe your mother: _____

36. Choose 3 words to describe your father: _____

37. What important expectations were held for children growing up in your family of origin? _____

- YES NO NOT SURE 38. Were you especially close to any adult(s) other than your parents? (If yes, who?)

- YES NO NOT SURE 39. Was religion a major part of your upbringing?
- YES NO NOT SURE 40. Is religion a major part of your life now?
41. How was anger expressed in the home growing up?

42. How was anger expressed *by you* in the home where you grew up?

- YES NO NOT SURE 43. Were there any unusual or very disturbing experiences in your childhood? If yes, please explain? _____

- YES NO NOT SURE 44. Do you feel your current problems may be directly related to the way you were raised? (If yes, please explain on back of page.)
45. At what age () and under what circumstances did you leave home?

B. SCHOOL

- YES NO NOT SURE 46. Did you graduate from high school? If no, give highest grade completed.

- YES NO NOT SURE 47. Did you have any post high school training or college? If yes, please describe

- YES NO NOT SURE 48. Were you generally a below average student?
- YES NO NOT SURE 49. Were you generally an above average student?

- YES NO NOT SURE 50. Were you a behavior problem in school or when growing up?
- YES NO NOT SURE 51. Were you ever in trouble with the law or juvenile authorities while growing up?

C. OCCUPATIONAL HISTORY

- YES NO NOT SURE 52. Are you presently employed? (If yes, please describe occupation)

- YES NO NOT SURE 53. Are you satisfied with your present work?
- YES NO NOT SURE 54. Are there problems in the job that you wish to discuss with your counselor?

55. JOBS HELD	HOW LONG	WHY LEFT
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____

IV. SEXUAL HISTORY (Please Circle)

- YES NO NOT SURE 56. Are you currently sexually active?
- YES NO NOT SURE 57. Is sex a problem area for you?
- YES NO NOT SURE 58. Is sex a problem area for any member of your family?
- YES NO NOT SURE 59. Is your present sex life satisfactory to you?
- YES NO NOT SURE 60. Have you had any unusual sex experiences?
- YES NO NOT SURE 61. Have you gotten into trouble over sex matters?
- YES NO NOT SURE 62. Have you experienced anxiety or guilt over sex or masturbation?
- YES NO NOT SURE 63. Have you ever had several sex partners?
- YES NO NOT SURE 64. Did you ever go on dates (or only rarely)? Age began dating: _____
- YES NO NOT SURE 65. Did your first sexual experience occur before age 18? If yes, at what age? _____
- YES NO NOT SURE 66. Are you strongly attracted to members of the same sex?
- YES NO NOT SURE 67. Are you sexually inhibited in any way?
- YES NO NOT SURE 68. Do you have any physical or mental problems that affect your sex life?
- YES NO NOT SURE 69. Would you like to discuss sexual matters with your counselor?
- YES NO NOT SURE 70. Does it make a difference to you whether your counselor is a man or woman?

V. MARITAL (If you have never been married, please skip to Section VI.)

- YES NO NOT SURE 71. Have you been married more than once? (If yes, please describe earlier marriages on back of this page.)
- YES NO NOT SURE 72. Are you now living with a spouse? (If yes, list names and ages of spouse and children.) _____
- YES NO NOT SURE 73. Are you now living alone or with other not your spouse? If yes, go to Section VII.
- YES NO NOT SURE 74. Is the marriage in trouble?
- YES NO NOT SURE 75. Are there areas of incompatibility in the marriage? (If yes, please describe)

- YES NO NOT SURE 76. Do you have any problems with relatives or in-laws?
- YES NO NOT SURE 77. Are there any issues about your marriage you wish to discuss with your counselor?
- YES NO NOT SURE 78. If never married, are you now involved in a serious relationship with anyone?

VI. PERSONAL

A. UNDERLINE any words which apply to you.

- | | | | |
|--------------|---------------|---------------|-------------|
| competent | confident | shy | lonely |
| “a nobody” | not confident | weak | unloved |
| intelligent | guilty | strong | loving |
| stupid | evil | superstitious | kind |
| attractive | morally wrong | outgoing | considerate |
| unattractive | irritable | friendly | quiet |
| plain | angry | neat | loud |
| ugly | aggressive | messy | bored |
| repulsive | timid | disorganized | restless |
| a loner | misunderstood | confused | regretful |
| nervous | jumpy | OTHERS: _____ | |

B. Please complete the following sentences.

I am a person who _____

All my life _____

I am proud of _____

I regret _____

It's hard to admit that _____

I can't forgive _____

Life is _____

My mother _____

My father _____

I would like to change _____

My earliest memory is _____

My motto is _____

I like _____

My greatest fear _____

What makes me angry is _____

I can't _____

I am embarrassed _____

I secretly _____

YES NO Is there anything of importance about you that was missed by this questionnaire?

If so, please explain. _____
