

LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions, as fully and as accurately as you can, you will provide your therapist with important information, without using your actual therapy time. Please answer these questions on your own time. The information in this questionnaire will be kept by your therapist and will not be disclosed to anyone without your written permission. Case records are strictly confidential. If you do not wish to answer a question, simply write, "Do not care to answer."

THERAPIST'S NAME: PETRA GUSTIN, CMH

CLIENT'S NAME: _____ AGE: _____

OCCUPATION: _____

By whom were you referred? _____

Who presently lives with you? _____

Marital status: (circle one) Single Engaged Married Separated Divorced Widowed

If married, how many times? _____ Do you live in a house, hotel, room, apartment, etc? _____

CLINICAL:

1. State in your own words the nature of your main problems and their duration:

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

3. On scale below please estimate the severity of your problems:

Mildly Upsetting Moderately Severe Very Severe Extremely Severe Totally Incapacitating

4. With whom have you previously consulted about your present problems?

OCCUPATIONAL:

1. What sort of work are you doing now?

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

3. Does your present work satisfy you? (If not, why are you dissatisfied?)

4. Ambitions:

Past:

Present:

PERSONAL DATA:

1. Date of birth: _____ Place of birth: _____

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

2. Underline any of the following that applied during your childhood:

Night Terrors
Thumb-sucking
Fears

Bed Wetting
Nail-biting
Happy Childhood

Sleepwalking
Stammering
Unhappy Childhood

3. Health during childhood (List illnesses):

4. Health during adolescence (List illnesses):

5. What is your height? _____ Your weight: _____

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

7. When were you last examined by a doctor? _____

8. Any accidents? _____

9. List five main fears:

1. _____
2. _____
3. _____
4. _____
5. _____

10. Underline any of the following that apply to you:

- | | | | |
|---------------------|--------------------|-----------------------|----------------------------|
| Headaches | Financial problems | Fainting | Don't like vacations |
| Palpitations | Dizziness | No appetite | Can't make friends |
| Bowel Disturbances | Stomach trouble | Insomnia | Over Rambunctious |
| Nightmares | Fatigue | Alcoholism | Can't keep a job |
| Feel tense | Take sedatives | Tremors | Disoriented |
| Unable to relax | Suicidal ideas | Shy with people | Concentration difficulties |
| Depressed | Feel panicky | Take drugs | Memory Problems |
| Don't like weekends | Sexual problems | Can't make a decision | Unable to have a good time |

11. Underline any of the following words, which apply to you:

Worthless	Useless	A 'nobody'	'Life is empty'
Inadequate	Stupid	Incompetent	Naïve
'can't do the right thing'	Guilty	Evil	Morally Wrong
Horrible Thoughts	Hostile	Full of Hate	Anxious
Agitated	Cowardly	Unassertive	Panicky
Aggressive	Ugly	Deformed	Unattractive
Depressed	Unloved	Misunderstood	Bored
Restless	Confused	Unconfident	In Conflict
Full of Regrets	Worthwhile	Sympathetic	Intelligent
Attractive	Confident	Considerate	Assertive

OTHER AREAS:

1. Present hobbies, interests, and activities:

2. How is most of your free time occupied?

3. What is the last grade of school you completed?

4. Scholastic abilities; strengths and weaknesses:

5. Were you ever bullied or severely teased?

6. Do you make friends easily? Do you keep them?

FAMILY DATA:

1. **Father:**

Living or deceased? _____

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

Cause of death: _____

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

Health: _____

2. **Mother:**

Living or deceased? _____

If deceased, your age at the time of her death? _____

Cause of death: _____

If alive, mother's present age: _____ Occupation: _____

Health: _____

3. Give a description of your father's/ mother's personality and attitude towards you (past and present):

4. In what ways were you punished by your parents as a child?

5. Give an impression of your home atmosphere (the home in which you grew up). Mention state of compatibility between parents and between parents and children.

6. Were you able to confide in your parents? _____

7. If you have a stepparent, give your age when parent remarried: _____

8. Give an outline of your religious training: _____

9. If you were not brought up by your parents, who did bring you up, and between what years?

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

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

12. Does any of your family suffer from alcoholism, epilepsy, or anything, which can be considered a "mental disorder"? Give details.

13. Recount any fearful or distressing experience not previously mentioned:

14. List the benefits you hope to derive from therapy.

15. List any situations, which make you feel calm and relaxed.

16. Please add any information not mentioned by this questionnaire that may aid your therapist in understanding and helping you.

SELF-DESCRIPTION:

Please complete the following:

I am _____

I am _____

I am _____

I am _____

I am _____

I feel _____

I feel _____

I feel _____

I feel _____

I feel _____

I think _____

I think _____

I think _____

I think _____

I think _____

I wish _____

I wish _____

I wish _____

I wish _____

I wish _____

I would like to:

	NO	SOME	A LOT
Get advice on how to deal with my life and other people	0	1	2
Have my therapist respond to me on a person-to-person basis	0	1	2
Get better self-control	0	1	2
Get clarity regarding which things I think and feel are real and which things are mostly in my mind	0	1	2
Work out a particular problem that has been bothering me	0	1	2
Get my therapist to say what she really thinks	0	1	2

THANK YOU.