# LIFE HISTORY QUESTIONNAIRE

Thank you for filling out this questionnaire. It will provide information from your history and about your present situation that will help in our work together.

**A.** **IDENTIFYING INFORMATION**

| | | |
|---|---|---|
| Name: | Birth date: | Age: |
| City/State **Born**: | | Male Female |
| **Present** Street Address: | | |
| State: | Zip: | |
| Day Phone: | Evening Phone: | Who referred you to me**?** |
| (If no one, please tell us how you learn about my services?): | | |
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**B.** **PRESENTING PROBLEMS**

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| **1.** | Briefly state what problems, symptoms, or complaints have caused you to seek help ***at this time***: |
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| **2.** | To the best of your knowledge, describe when these problems began: |
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| **3.** | What ideas do you have about the cause(s) of these problems? |
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| 4. | What will you have changed about your feeling, thoughts, and behaviors when you have found reasonable solutions to you problem or problems? How will your life be different? |
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| 5. | What kinds of things do you feel we might be able to do for you to help you? |
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## C. Previous Treatment

**What previous experiences have you had with psychological or psychiatric treatment?**

| Dates | Therapist or Institution | Nature of Problem |
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| DO YOU CURRENTLY SEE A PSYCHIATRIST? | | | IF YES, COMPLETE BELOW. | |
|---|---|---|---|---|
| PSYCHIATRIST'S NAME AND PHONE NUMBER: | | | | |
| | | | | |
| **PSYCHIATRIC MEDICATIONS** (CURRENTLY TAKING) | | | | |
| MEDICATION | DOSAGE | TIMES PER DAY | REASON | PRESCRIBED BY |
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| Has anyone in your family or your parents' families had psychological or psychiatric problems or treatment? | | | |
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| | | **Place of Treatment** | |
| **Problem** | **Relationship** | **Outpatient** | **Hospital** |
| Depression | | | |
| Anxiety or Panic | | | |
| Marital Difficulties | | | |
| Bipolar Disorder (manic depression) | | | |
| Schizophrenia | | | |
| Attention Deficit/Hyperactivity Disorder | | | |
| Mental Retardation | | | |
| Substance Use Problems | | | |
| Suicide or Suicide Attempt | | | |
| Physical Abuse | | | |
| Sexual Abuse | | | |
| Emotional Abuse | | | |

## D. Dating and Marriage

| 1. | At what age did you begin dating? What are some of the problems that you had while dating? |
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| 2. | Marital Status: | | Number of Marriages: | |
|---|---|---|---|---|
| Dates of marriages, divorces, and separations: | | | | |
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| 3. | What attracted you to your current or last spouse or partner? |
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| 4. | How well do you and your current or last spouse/partner get along (circle one that fits best): | |
|---|---|---|
| very poor poor fair good excellent | Comments: | |
| | | |
| Who makes most of the decisions in your relationship? | | |
| Does that become a problem? | | |
| How often to you and your spouse/partner go out socially each month? | | |
| What do you and your spouse/partner have in common? | | |
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| 5. | What are most disagreements about? | |
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| How are disagreements handled? Has there been violence (please explain)? | | |
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| 6. | If you are separated or divorced, what are the reasons? | |
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| 7. | List the people who now live in your household and their relationship to you (e.g. mother-in-law, daughter, roommate, etc.). |
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| NAME AND AGE | RELATIONSHIP |
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## E. FAMILY HISTORY

| Mother | | | | | | |
|---|---|---|---|---|---|---|
| Name: | | Age: | | If Deceased, When? | | |
| Religion: | | When you were growing up, how would you describe her? | | | | |

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| When you were growing up, how would others describe her? | |
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| What behavior did she reward? | |
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| How did she reward you? | |
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| | |
| What behavior did she punish? | |
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| How did she punish you? | |
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| What activities did you do with your mother? | |
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| | |
| How did you get along with your mother? | |
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| **Father** | | | | | |
|---|---|---|---|---|---|
| Name: | | Age: | | If Deceased, When? | |
| Religion: | | When you were growing up, how would you describe him? | | | |
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| When you were growing up, how would others describe him? | | | | | |
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| What behavior did he reward? | |
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| How did he reward you? | |
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| What behavior did he punish? | |
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| How did he punish you? | |
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| What activities did you do with your father? | |
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| How did you get along with your father? | |
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| **Did anyone else help raise you?** (E.g. Grandparents, stepparent, foster parent, etc.) | | | | | |
| Name: | | Age: | | If Deceased, When? | |
| Religion: | | Relationship: | | | |
| When you were growing up, how would you describe this person? | | | | | |
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| When you were growing up, how would others describe this person? | | | | | |
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| What behavior did this person reward? | | | | | |
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| How did this person reward you? | | | | | |
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| What behavior did this person punish? | | | | | |

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| How did this person punish you? | |
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| What activities did you do with this person? | |
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| How did you get along with this person? | |
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| Brothers and Sisters | | |
|---|---|---|
| Name | DOB | How did/do you get along with him/her? |
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| Do (Did) your parents favor anyone? | Yes | No | If so, who and why? | |
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| How did your parents get along when you were growing up? | | | | |
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| Have any of the above people been in trouble with the law? | Yes | No | Who? (Please explain) | |
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## F. Schooling

| | Name of School | City and State | Dates Attended | Degree |
|---|---|---|---|---|
| Elementary | | | | |
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| Secondary | | | | |
| | | | | |
| College/Technical | | | | |
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|---|---|---|---|---|---|---|---|---|
| How well did you adjust to school situations? | Poor | | Fair | | Well | | V e r y Well | |

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|---|---|---|---|---|---|
| Were you ever suspended? | Yes | | No | | How often and |
| For what reason(s)? | | | | | |
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| School Activities? | | | | | |
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| Other Significant Events? | | | | | |
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**G. WORK EXPERIENCE**

| Job (Most recent first) | Dates | Full/Part-time | Reason for leaving? |
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| If not now employed, why? | | | |
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| **How often do (did) you miss work?** | a. Jobs you liked: | | | |
| | b. Jobs didn't like: | | | |
| Did you like your last job? | Yes | No | Why? | |
| | | | | |
| How do you get along with other workers? | Poorly | Fair | Very Well | |
| How did you get along with your boss/supervisor? | | | | |
| | | | | |
| What training or education have you had for your jobs? | | | | |
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| What kind of work would you really like to do? | | | | |
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## H. Sexual History

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| When and how did you first learn about sex? | | | | |
| | | | | |
| Was sex ever talked about at home? | No | Sometimes | Fairly often | A lot |
| How do you think your parents felt about sex? | | | | |
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| Have you had any sexual experiences that have troubled you? | | | | |
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## I. Health History

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| Were you sick more often than most children? | |
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| Other than colds, what other childhood illness or operations have you had? | |
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| Were you ever hospitalized as a child? | |

| **Have you or anyone in your family had problems with:** | | | |
|---|---|---|---|
| | **Yes** | **No** | **Relationship/Self** |
| high blood pressure | | | |
| diabetes | | | |
| Heart disease | | | |
| stroke | | | |
| AIDS or HIV | | | |
| cancer | | | |
| gastrointestinal problems | | | |
| muscular or skeletal pain | | | |
| allergy or asthma | | | |
| epilepsy (convulsions, seizures) | | | |
| Other (specify) | | | |
| Have you every been unconscious (knocked out, passed out?): | | | Why? |
| | | | |
| Have you ever stopped breathing for more than a few minutes? | Why? | | |
| | | | |
| Have you ever received a serious blow to the head? | Describe: | | |
| Do you have trouble falling asleep? | Yes | No | How long does it take you to fall asleep |
| once you've gone to bed? | Typical hours of sleep nightly? | Feel rested? | |
| If you wake up during the night, can you get back to sleep easily? | | | |
| How is your appetite? | Poor | Average | Good | Very Good |
| Do you smoke cigarettes? | If so, how many a week? | | |
| Primary Care Physician Name: | | Phone | |
| Do you see another physician for any reason? | | | |
| If yes, physician's name | | Phone | |
| | | | |

| **What medications, prescribed by a doctor, are you taking now and why?** | | | |
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| **Medication** | **Dosage** | **How Often** | **Reason** |
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| Substance Use Over the Last 7 Days | | | |
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| **Substance** | **Total # drinks** | **Most drinks in a day** | **Type of drinks** |
| Alcohol | | | |
| | **Total in a week** | **Most in a day** | **Route (smoked, injected, etc.)** |
| Tobacco | | | |
| Marijuana | | | |
| Prescription painkillers | | | |
| Other | | | |

| **For alcohol and other substances:** | **Yes** | **No** |
|---|---|---|
| I am currently in recovery | | |
| Others have told me I need to cut down or stop using | | |
| I have tried to stop or cut down using on my own | | |
| Substance use has caused job problems | | |
| Substance use has caused marital/relationship problems | | |
| Substance use has caused health problems | | |
| Substance use has caused legal or criminal problems | | |
| I have been treated for substance use as an outpatient | | |
| I have been treated for substance use as an inpatient | | |
| I have done things I regret while taking a substance | | |
| I have used prescription drugs in larger amounts than ordered | | |

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|---|---|---|
| In my opinion I do not have a substance use problem | | |

| J. Social Life |
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| What is your religious denomination? |
| How often do you attend church or temple? |
| List any church/temple activities or organizations you participate in: |
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| What other social or recreational organizations do you participate in? |
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| What do you like to do in your leisure time? |
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| About how much television do you watch weekly? |
| How often do you exercise physically? |
| What do you do to obtain physical exercise? |
| Do you have at least one person you can confide in and talk with about personal matters? If yes, who? |
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| K. Military Experience | | | |
|---|---|---|---|
| None: | If Yes, Branch: | Years in Service 19__ to19__ | Rank at Discharge: |
| Type Discharge: | Specialty: | Military Punishment? | |
| Serve Overseas? | If so, where? | | |
| Combat? | If Yes, Briefly Describe: | | |
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| L. Legal History | |
|---|---|
| **Have you ever been arrested and/or charged with a crime?** | If Yes, Please Explain: |
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| M. Fears – List significant fears |
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**N. Check how often you feel or experience the following:**

| | Never | Hardly Ever | Sometimes | Very Often |
|---|---|---|---|---|
| I am lonely | | | | |
| I feel sad or depressed | | | | |
| I feel nervous or anxious | | | | |
| I have panic attacks | | | | |
| I have disturbing thoughts I wish I could stop | | | | |
| I do things I wish I could stop | | | | |
| The future is hopeless | | | | |
| At times I can't control my temper | | | | |
| I have boundless energy for no apparent reason | | | | |
| At times I hardly need any sleep | | | | |
| I have racing thoughts | | | | |
| Nobody cares about me | | | | |
| I don't get enough sleep | | | | |
| I feel like killing myself | | | | |

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| I am a failure | | | | |
| I am not as smart as other people | | | | |
| My close relationships are stormy | | | | |
| I often feel I can’t meet my own standards | | | | |
| Its hard for me to say “no” to other people | | | | |
| People usually don't like me | | | | |
| I do things without thinking that I later regret | | | | |
| I am going to go off | | | | |
| I am going to hurt someone | | | | |
| I am going to kill someone | | | | |
| I am going crazy | | | | |
| Something is wrong with my mind | | | | |
| I buy more than I should in order to feel O.K. | | | | |
| I get anxious or nervous talking to people | | | | |
| I have difficulty making or keeping friends | | | | |
| | **Never** | **Hardly Ever** | **Sometimes** | **Very Often** |
| At times, I binge eat | | | | |
| I use laxatives or throw up on purpose to lose weight | | | | |
| I have periods of time from day to day I can’t remember | | | | |
| Lately I’ve been forgetting small details | | | | |
| I eat to feel O.K., not necessarily because I’m hungry | | | | |
| I go for long periods of time without eating | | | | |
| I sometimes feel like another person | | | | |
| Life is hopeless | | | | |

| **Other Negative Thoughts?** |
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| **List any faults you think you have:** |
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| **List your good points:** |
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| **Please add anything that you feel could help us understand your problem:** |
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| **When you have solved the problem(s) you are coming here for, what do you think you will have** |
| **changed in *yourself*?** |
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