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?):		

B. PRESENTING PROBLEMS

1.	Briefly state what problems, symptoms, or complaints have caused you to seek help ***at this time***:

2.	To the best of your knowledge, describe when these problems began:

3.	What ideas do you have about the cause(s) of these problems?

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?

5.	What kinds of things do you feel we might be able to do for you to help you?

C. PREVIOUS TREATMENT

What previous experiences have you had with psychological or psychiatric treatment?		
Dates	**Therapist or Institution**	**Nature of Problem**

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**

Has anyone in your family or your parents' families had psychological or psychiatric problems or treatment?			
		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?

2.	Marital Status:		Number of Marriages:	
Dates of marriages, divorces, and separations:				

3.	What attracted you to your current or last spouse or partner?

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?			

5.	What are most disagreements about?	
How are disagreements handled? Has there been violence (please explain)?		

6.	If you are separated or divorced, what are the reasons?	

7.	List the people who now live in your household and their relationship to you (e.g. mother-in-law, daughter, roommate, etc.).
NAME AND AGE	RELATIONSHIP

E. FAMILY HISTORY

Mother					
Name:		Age:		If Deceased, When?	
Religion:		When you were growing up, how would you describe her?			
When you were growing up, how would others describe her?					
What behavior did she reward?					
How did she reward you?					
What behavior did she punish?					
How did she punish you?					
What activities did you do with your mother?					
How did you get along with your mother?					

Father					
Name:		Age:		If Deceased, When?	
Religion:		When you were growing up, how would you describe him?			
When you were growing up, how would others describe him?					
What behavior did he reward?					

How did he reward you?	
What behavior did he punish?	
How did he punish you?	
What activities did you do with your father?	
How did you get along with your father?	

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?					
When you were growing up, how would others describe this person?					
What behavior did this person reward?					
How did this person reward you?					
What behavior did this person punish?					
How did this person punish you?					
What activities did you do with this person?					
How did you get along with this person?					

Brothers and Sisters		
Name	DOB	How did/do you get along with him/her?

Do (Did) your parents favor anyone?	Yes	No	If so, who and why?	
How did your parents get along when you were growing up?				
Have any of the above people been in trouble with the law?	Yes	No	Who? (Please explain)	

F. SCHOOLING

	Name of School	City and State	Dates Attended	Degree
Elementary				
Secondary				
College/Technical				

How well did you adjust to school situations?	**Poor**		**Fair**		**Well**		**Very Well**	
Were you ever suspended?	**Yes**		**No**		How often and			
For what reason(s)?								
School Activities?								
Other Significant Events?								

G. WORK EXPERIENCE

Job (Most recent first)	Dates	Full/Part-time	Reason for leaving?

If not now employed, why?	

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?				
What kind of work would you really like to do?				

H. SEXUAL HISTORY

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?				
Have you had any sexual experiences that have troubled you?				

I. HEALTH HISTORY

Were you sick more often than most children?				
Other than colds, what other childhood illness or operations have you had?				
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?			
Medication	**Dosage**	**How Often**	**Reason**

Substance Use Over the Last 7 Days			
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 medication (e.g. painkillers; tranquilizers, sleeping tablets)			
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		
In my opinion I do not have a substance use problem		

J. Social Life
What is your religious denomination?
How often do you attend church or temple?
List any church/temple activities or organizations you participate in:
What other social or recreational organizations do you participate in?
What do you like to do in your leisure time?
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?

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:		

L. Legal History	
Have you ever been arrested and/or charged with a crime?	If Yes, Please Explain:

M. Fears – List significant fears

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				
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?

List any faults you think you have:

List your good points:

Please add anything that you feel could help us understand your problem:

When you have solved the problem(s) you are coming here for, what do you think you will have changed in *yourself*?