

LIFE HISTORY QUESTIONNAIRE

Purpose of this questionnaire:

To be of maximum assistance to you, we need a comprehensive picture of your background. By completing these questions as fully and accurately as you can, you will facilitate your therapeutic program and save both time and expense. There will be more that we need to know and we will be glad to have any additional information which you feel might be relevant.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. Case records are strictly confidential. No outsider, not even your closest relative or family doctor, is permitted to see your case record without your written permission

Date:

1. **GENERAL**

Name: _____

Address: _____

_____ Telephone Numbers: _____

Age: _____ Occupation: _____

With whom are you now living?, (list people) _____

Do you live in a house, hotel, room, apartment, etc? _____

Marital status: single; engaged; married; re-married; separated; divorced; widowed.

2. **CLINICAL**

(a) State in your own words the nature of your chief complaint

(b) Give a brief account of the history and development of your complaint (from onset to present)

(c) What were the precipitating factors or circumstances or events that may have been responsible for the start of your present problem(s)?

(d) What do you think is the cause of your present problem(s)?; what do you think may be wrong with you at the moment?

(e) On the scale below please estimate the severity of your problem

mildly moderately severe very extremely totally
upsetting upsetting severe severe incapacitated

(f) How strongly do you want treatment for your problem? (underline)

very much much moderately slightly could do without it if necessary

(g) Whom have you previously consulted about your present problem?

(h) Nature of the treatment received _____

(i) What medications were prescribed? and dosage?

(j) Describe outcome of the treatment

(k) Whom have you seen for any other psychological/psychiatric problems?

(l) List briefly what these problems were?

(m) List nature of the treatment received for each problem

(n) What medications were prescribed? and dosage?

(o) Describe outcome of the treatment for the problems concerned

- (p) Current medications: What medications are you taking at present?
List names and dosage

3. PERSONAL DATA

- (a) Date of birth and place _____

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

- (c) Underline any of the following that applied during your childhood:

night terrors; bed-wetting; sleep-walking; thumb-sucking; nail-biting; stammering;
fears; happy childhood; unhappy childhood.

Any other: _____

- (d) Health during childhood? _____

- (e) Health during adolescence? _____

List illness (give age at the time): _____

- (f) What is your height? _____ Your weight? _____

- (g) Any surgical operations? (Please list them and give age at the time):

(h) When were you last examined by a doctor? For what problem(s)?

(i) Any accidents? (Please list them and give age at time):

(j) When was the last time you felt well both physically and emotionally for a sustained period?

(k) List your main fears or phobias; and indicate severity of each:

Name the main fear(s) or phobias(s)	mildly upsetting	moderately upsetting	severe	very severe	extremely severe	totally incapacitated
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

(l) Underline any of the following that apply to you:

Headaches	Dizziness	Fainting spells
Palpitations	Stomach trouble	No appetite
Bowel disturbances	Fatigue	Insomnia
Nightmares	Take sedatives	Alcoholism
Feel tense	Feel panicky	Tremors
Depressed	Suicidal ideas	Take drugs
Unable to relax	Sexual problems	Shy with people
Don't like weekends and vacations	Over ambitious	Can't make decisions
Can't make friends	Inferiority feelings	Home conditions bad
Can't keep a job	Memory problems	Unable to have a good time
	Financial problems	Concentration difficulties

(m) Underline any of the following words which apply to you:

Worthless, useless, a "nobody", "Life is empty".

Inadequate, stupid, incompetent, naive, "can't do anything right".

Guilty, evil, morally wrong, horrible thoughts, hostile, full of hate.

Anxious, agitated, cowardly, unassertive, panicky, aggressive.

Ugly, deformed, unattractive, repulsive.

Depressed, lonely, unloved, misunderstood, bored, restless.

Confused, unconfident, in conflict, full of regrets.

Worthwhile, sympathetic, intelligent, attractive, confident, considerate.

Others:

(n) Games and interests during childhood (including make-believe):

(o) Interests and hobbies during adolescence: _____

(p) Any athletic accomplishments? _____

(q) Present interests, hobbies, activities: _____

(r) How is most of your free time occupied? _____

4. SCHOOL

(a) Age of beginning school: _____ Age of finishing school: _____

(b) Standard reached: _____

(c) Scholastic abilities; strengths and weaknesses: _____

(d) Relationship with teacher/teachers: _____

(e) How would you describe your school life? _____

(f) How did you get on with others at school? Were you a loner?

(g) Were you ever bullied or given a nickname? _____

(h) Do you make friends easily? _____ Do you keep them? _____

5. OCCUPATIONAL DATA

(a) Age of starting work: _____

(b) Jobs held (in chronological order) and reasons for change:

(c) Does your present work satisfy you? (If not, in what ways are you dissatisfied?)

(d) Ambition(s) Past: _____

Present: _____

6. SEX EDUCATION

(a) Parental attitudes to sex (eg was there sex instruction or discussion in the home?)

(b) When and how did you derive your first knowledge of sex? _____

(c) When did you first become aware of your own sexual impulses? _____

(d) Did you ever experience any anxieties or guilt feelings arising out of sex or masturbation? If "yes" please explain: _____

(e) Any relevant details regarding your first or subsequent sexual experience:

(f) Is your present sex life satisfactory? (If not, please explain.)

(g) Provide information about any significant heterosexual and/or homosexual relations:

7. **MENSTRUAL HISTORY**

- (a) Age at first period: _____ Were you informed or did it come as a shock? _____
- (b) Are you regular _____ Do you have pain? _____
- (c) Do your periods affect your moods? _____
- (d) Duration _____

8. **MARITAL HISTORY**

- (a) How long have you been married? _____
- (b) How long did you know your marriage partner before engagement? _____
- (c) For how long were you engaged? _____
- (d) Husband's/Wife's age: _____

(e) Husband's/Wife's occupation: _____

(f) Husband's/Wife's personality (in your own words) _____

(g) In what areas is there compatibility _____

(h) In what areas is there incompatibility _____

(i) How did you get along with your in-laws? (This includes brothers and sisters-in-law.) _____

(j) How many children have you? (Please list them in chronological order with names, ages, sex, personality. State if any children are from a previous marriage.)

(k) Do any of your children present special problems? _____

(l) Any relevant details regarding miscarriages or abortions _____

(m) Give details of any previous marriage/s _____

9. **FAMILY DATA**

(a) 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: _____

(b) 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: _____

(c) Siblings:

Brothers (names, ages, occupations. Also indicate whether they are single, married, divorced, etc.)

Sisters (names, ages, occupations. Also indicate whether they are single, married, divorced, etc.)

Relationship with brothers and sisters:

Past: _____

Present: _____

(d) Give description of your father's personality and his attitude towards you (past and present): _____

(e) Give description of your mother's personality and his attitude towards you (past and present): _____

(f) In what ways were you punished by your parents as a child? _____

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

(h) Were you able to confide in your parents? _____

(i) If you have a step-parent, give your age when parent remarried: _____

(j) Give an outline of your religious training: _____

(k) If you were not brought up by your parents, who did and between what years?

(l) Has anyone (parents, relative, friends) ever interfered in your marriage, occupation, etc.? _____

(m) Who are the most interested people in your life? _____

(n) Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a "mental disorder"? _____

(o) Are there any other members of the family about whom information regarding illness, etc is relevant? _____

(p) Please recount any fearful or distressing experiences no previously mentioned:

(q) List any situations that make you feel particularly anxious:

(r) List the benefits you hope to derive from therapy: _____

(s) List any situations which make you feel calm or relaxed:

- (t) Have you ever lost control (eg temper or crying or aggression)?

10. **SELF DESCRIPTION**

Give a word-picture of yourself as would be described:

- (a) By your spouse (girlfriend/boyfriend): _____

- (b) By your best friend: _____

- (c) By your worst enemy (or someone who dislikes you): _____

(d) By yourself: _____

11. OTHER

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