



Life History Questionnaire

1. Staying Connected

Client Name _____	Date _____
Street Address _____	
City _____	State _____ Zip _____
Home Phone _____	Work Phone _____
Calls preferred at:	Home _____ Work _____
OK to leave messages?	Home _____ Work _____
In case of emergency please contact _____	
_____	(name)
_____	(relationship)
_____	(phone)

2. Presenting Problems

■ Please state in your own words the nature of your main problem(s), or the reason you came to counseling.

■ When did this problem start and how did it develop?

■ How severe is this problem? (Please check one box)

mildly upsetting moderately upsetting very upsetting severe totally incapacitating

■ Please list and describe any additional problems here.

■ Why did you choose to come to counseling now?

■ Have you ever seen a psychiatrist or other counselor for these or other problems in the past? _____

■ If so, approximately when and for how long, and with what results?

■ Have you ever been a patient in a psychiatric hospital? _____ If so, approximately when, for how long, and for what reason? If you were given medications, please list their names.

3. Personal Data

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

■ Check any of the following that applied during your childhood:

- | | | |
|--|--|--|
| <input type="checkbox"/> night terrors | <input type="checkbox"/> sleepwalking | <input type="checkbox"/> thumb-sucking |
| <input type="checkbox"/> bed-wetting | <input type="checkbox"/> nail-biting | <input type="checkbox"/> stammering |
| <input type="checkbox"/> fears | <input type="checkbox"/> happy childhood | <input type="checkbox"/> unhappy childhood |

■ Health during childhood? _____

■ List illnesses: _____

■ Health during adolescence? _____

■ List illnesses: _____

■ What is your height? _____

■ What is your weight? _____

■ Any surgical operations? (please list them and give age at time)

■ When were you last examined by a doctor? _____

■ Any accidents? _____

■ List your five main fears:

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

■ Check any of the following that apply to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> dizziness | <input type="checkbox"/> test poorly |
| <input type="checkbox"/> no appetite | <input type="checkbox"/> fatigue | <input type="checkbox"/> fainting spells |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> nightmares | <input type="checkbox"/> stomach trouble |
| <input type="checkbox"/> alcoholism | <input type="checkbox"/> tremors | <input type="checkbox"/> take sedatives |
| <input type="checkbox"/> depressed | <input type="checkbox"/> take drugs | <input type="checkbox"/> feel panicky |
| <input type="checkbox"/> shy with people | <input type="checkbox"/> don't like weekends/vacations | <input type="checkbox"/> unable to relax |
| <input type="checkbox"/> over ambitious | <input type="checkbox"/> can't make decisions | <input type="checkbox"/> palpitations |
| <input type="checkbox"/> inferiority complex | <input type="checkbox"/> home conditions bad | <input type="checkbox"/> bowel disturbance |
| <input type="checkbox"/> can't make friends | <input type="checkbox"/> can't keep a job | <input type="checkbox"/> feel tense |
| <input type="checkbox"/> memory problems | <input type="checkbox"/> unable to have a good time | <input type="checkbox"/> suicidal ideas |
| <input type="checkbox"/> financial problems | <input type="checkbox"/> concentration difficulties | <input type="checkbox"/> sexual problem |
| <input type="checkbox"/> can't do anything right | | |

■ Check any of the words which apply to you:

- | | | | | |
|-------------------------------------|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> worthless | <input type="checkbox"/> useless | <input type="checkbox"/> a “nobody” | <input type="checkbox"/> “life is empty” | <input type="checkbox"/> left out |
| <input type="checkbox"/> inadequate | <input type="checkbox"/> stupid | <input type="checkbox"/> fainting spells | <input type="checkbox"/> naïve | <input type="checkbox"/> confident |
| <input type="checkbox"/> guilty | <input type="checkbox"/> evil | <input type="checkbox"/> morally wrong | <input type="checkbox"/> horrible thoughts | <input type="checkbox"/> hostile |
| <input type="checkbox"/> anxious | <input type="checkbox"/> agitated | <input type="checkbox"/> cowardly | <input type="checkbox"/> unassertive | <input type="checkbox"/> full of hate |
| <input type="checkbox"/> ugly | <input type="checkbox"/> deformed | <input type="checkbox"/> unattractive | <input type="checkbox"/> repulsive | <input type="checkbox"/> panicky |
| <input type="checkbox"/> depressed | <input type="checkbox"/> lonely | <input type="checkbox"/> unloved | <input type="checkbox"/> misunderstood | <input type="checkbox"/> aggressive |
| <input type="checkbox"/> confused | <input type="checkbox"/> unconfident | <input type="checkbox"/> in conflict | <input type="checkbox"/> full of regrets | <input type="checkbox"/> considerate |
| <input type="checkbox"/> worthwhile | <input type="checkbox"/> sympathetic | <input type="checkbox"/> intelligent | <input type="checkbox"/> attractive | <input type="checkbox"/> restless |
| <input type="checkbox"/> bored | <input type="checkbox"/> leader | <input type="checkbox"/> responsible | <input type="checkbox"/> feel different | <input type="checkbox"/> participant |

■ Do you make friends easily? _____

■ Do you keep them? _____

4. Family Background & Childhood History

■ Where were you born? _____

■ Date of Birth _____

■ Describe the kind of places in which you lived as a child (city, country, with relatives, etc.)

■ If you were not raised by your parents, who did bring you up, and between what ages?

■ Give an impression of the home atmosphere in which you grew up. Did your parents get along well? Did the children have a good relationship with the parents? _____

■ Were you able to confide in your parents? _____

■ In what ways were you punished/disciplined as a child? _____

■ How did you get attention as a child? (acting smart, cute, responsible, misbehaving)

■ Describe your childhood. _____

■ If you had a step-parent, give your age when parent remarried: _____

■ Your father's or stepfather's personality: (please check all that apply)

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> nervous | <input type="checkbox"/> understanding | <input type="checkbox"/> often unfair toward me |
| <input type="checkbox"/> passive | <input type="checkbox"/> extrovert | <input type="checkbox"/> often depressed |
| <input type="checkbox"/> cruel | <input type="checkbox"/> considerate | <input type="checkbox"/> not very loving |
| <input type="checkbox"/> quiet | <input type="checkbox"/> introvert | <input type="checkbox"/> fair toward me |
| <input type="checkbox"/> loving | <input type="checkbox"/> happy | <input type="checkbox"/> dominant |
| <input type="checkbox"/> unhappy | <input type="checkbox"/> inconsiderate | <input type="checkbox"/> not understanding |

■ Other comments about his personality: _____

■ Your mother's or stepmother's personality: (please check all that apply)

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> nervous | <input type="checkbox"/> understanding | <input type="checkbox"/> often unfair toward me |
| <input type="checkbox"/> passive | <input type="checkbox"/> extrovert | <input type="checkbox"/> often depressed |
| <input type="checkbox"/> cruel | <input type="checkbox"/> considerate | <input type="checkbox"/> not very loving |
| <input type="checkbox"/> quiet | <input type="checkbox"/> introvert | <input type="checkbox"/> fair toward me |
| <input type="checkbox"/> loving | <input type="checkbox"/> happy | <input type="checkbox"/> dominant |
| <input type="checkbox"/> unhappy | <input type="checkbox"/> inconsiderate | <input type="checkbox"/> not understanding |

■ Other comments about his personality: _____

■ Is your father still living? _____ If so, how old is he and what is his occupation? If not, what was the cause of his death? _____

■ Is your mother still living? _____ If so, how old is she and what is her occupation? If not, what was the cause of her death? _____

■ Are your parents now living together? _____ If not, how old were you when they separated or divorced? _____

■ Describe your relationship with your parents. How often do you see them? _____

5. Siblings

■ Names of brothers _____ Ages _____

■ Names of sisters _____ Ages _____

■ How do you get along with brothers and sisters? _____

■ Past _____

■ Present _____

Any major problems or traumatic experiences as a child or adolescence with your siblings? _____

■ Has anyone (parents, relatives, friends) ever interfered in your life? _____

■ How? _____

■ Does any member of your family suffer from obesity/eating disorder, alcoholism, schizophrenia, or any “mental disorder”? Give Details. _____

■ Are there any other members of the family about whom information regarding illness, etc. is relevant? _____

■ Recount any fearful or distressing experiences not previously mentioned? _____

6. Educational and Occupational History

■ What was the last grade in school that you completed? _____

■ Terms which apply to your elementary school history (please check all that apply)

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> moved frequently | <input type="checkbox"/> participated | <input type="checkbox"/> good grades | <input type="checkbox"/> had many friends |
| <input type="checkbox"/> made friends | <input type="checkbox"/> loner | <input type="checkbox"/> poor grades | <input type="checkbox"/> had few friends |
| <input type="checkbox"/> hated it | <input type="checkbox"/> popular | <input type="checkbox"/> changed schools frequently | |

■ Terms which apply to your Junior High and High School history (please check all that apply)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> moved frequently | <input type="checkbox"/> felt different | <input type="checkbox"/> joined a group | <input type="checkbox"/> loner |
| <input type="checkbox"/> good grades | <input type="checkbox"/> hated it | <input type="checkbox"/> enjoyed it | <input type="checkbox"/> popular |
| <input type="checkbox"/> extra curricular activities | <input type="checkbox"/> poor grades | <input type="checkbox"/> few friends | <input type="checkbox"/> many friends |

■ Adult Education _____

■ Please list the kinds of jobs held in the past (paid and volunteer) _____

■ Any military history? If so, how many years, and did you get an honorable discharge? _____

■ What sort of work are you doing now? _____

■ Does your present work satisfy you? _____

Do you have any future educational or work ambitions?

7. Marital History

■ Spouse's name _____

■ How long did you know your marriage partner before engagement? _____

■ How long have you been married? _____

■ Spouse's age? _____

■ Spouse's occupation? _____

■ In what area's are you compatible/incompatible? _____

■ Comments: _____

■ Your spouse's personality: _____ (please check all that apply)

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> nervous | <input type="checkbox"/> understanding | <input type="checkbox"/> often unfair toward me |
| <input type="checkbox"/> passive | <input type="checkbox"/> extrovert | <input type="checkbox"/> often depressed |
| <input type="checkbox"/> cruel | <input type="checkbox"/> considerate | <input type="checkbox"/> not very loving |
| <input type="checkbox"/> quiet | <input type="checkbox"/> introvert | <input type="checkbox"/> fair toward me |
| <input type="checkbox"/> loving | <input type="checkbox"/> understanding | <input type="checkbox"/> often unfair toward me |
| <input type="checkbox"/> unhappy | <input type="checkbox"/> extrovert | <input type="checkbox"/> often depressed |
| <input type="checkbox"/> cruel | <input type="checkbox"/> considerate | <input type="checkbox"/> not very loving |
| <input type="checkbox"/> quiet | <input type="checkbox"/> introvert | <input type="checkbox"/> fair toward me |

■ Other comments about your spouse's personality: _____

■ Were you married previously? _____ If so, how old were you when you were married? _____

■ How long were you married to this previous spouse? _____

■ Your previous spouse's personality: _____ (please check all that apply)

■ Other comments about your previous spouse's personality: _____

■ How many children have you had (and by which spouse)? Please list their names, sex, ages. _____

■ Do any of your children have special problems? _____

■ How do you get along with your in-laws? _____

8. Sexual History

■ What was your parent's attitude toward sex? _____

■ Any history of sexual traumas or guilt feelings about sex? _____

■ Is your present sex life satisfactory? _____ If not, please explain. _____

9. Current Life

■ Present interests, hobbies, recreations, and other activities: _____

■ How is most of your free time occupied? _____

■ Are you satisfied with your present social life? _____ If not, what is missing? _____

■ What is your religious background? _____

■ Has religion been an important part of your life in the past? _____ In the present? _____

■ Please explain. _____

■ Who are the most important people in your life at his time? _____

■ What are your ambitions and goals? What would you like to do with your life in the next few months and years? Please explain.

■ Please list any other information you think would be helpful in understanding you, or you think I should know.

■ Please list the benefits you hope to derive from counseling.
