

LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive understanding of your life experience and background. Completing these questions as fully and accurately as possible will benefit you through the development of a treatment plan suited to your specific needs. Please return this questionnaire on your next visit for review and discussion.

PLEASE COMPLETELY FILL OUT THE FOLLOWING PAGES

Name: _____ Date: _____

What do you want to gain from therapy?

What is the role of religion and/or spirituality in your life: _____

Check any of the following that applied during your childhood:

Night Terrors Bedwetting Sleepwalking Irrational Fears
 Thumb Sucking Nail Biting Nervous Behavior Hair Pulling
 Happy Childhood Unhappy Childhood Rational Fears Aggression

What was your health condition during childhood?

Healthy Normal illnesses

Abnormal Illnesses(list) _____

Health condition during adolescence?

Healthy Normal Illnesses

Abnormal Illnesses(List) _____

Health Condition currently?

Healthy Normal Illness: _____

Abnormal Illness (List) _____

Any past surgeries? No Yes: (when and what kind?)

Any accidents? No Yes

(explain) _____

Please list your five main fears:

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

CIRCLE any of the following that apply to you:

Headaches	Dizziness	Fainting Spells	Palpitations	Stomach Trouble
Anxiety	Anger	Insomnia	Nightmares	Bowel Problems
Fatigue	No appetite	Alcoholism	Feel Tense	Take Sedatives
Conflict	Tremors	Depressed	Drug Use	Suicidal Ideas
Can't Relax	Allergies	Shyness	Feel Inferior	Don't like "fun" activity
Can't keep job	Overambitious	Lonely	Poor memory	Poor Concentration
Excessive Sweating		Can't make decisions		Unable to have a good time
Bad Home Conditions		Often use aspirin or painkillers		

CIRCLE any of the following words which apply to you:

Worthless	Useless	"nobody"	"Life is empty"	Inadequate	Unsafe
Stupid	incompetent	naïve	guilty	evil	hostile
"cant do anything right"		morally wrong	horrible thoughts		full of hate
Anxious	agitated	cowardly	unassertive	panicky	aggressive
Ugly	deformed	unattractive	repulsive	depressed	lonely
Unloved	unconfident	in conflict	full of regrets	worthwhile	sympathetic
Intelligent	attractive	confident	considerate	adequate	safe

Current interests, hobbies, activities: _____

How do you spend your free time? _____

Any past or current Legal Problems? ___ No ___ Yes (explain) _____

Any current Financial Problems? ___ No ___ Yes (explain) _____

Any current drug or alcohol use problem? ___ No ___ Yes (include Nicotine/Caffeine):

Substance Used:	How Often?	How used?	Problem?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any Family History of Drug/Alcohol Problems? (explain) _____

Any current general Life problems? Check all that apply:

___ Sexual issues ___ Marriage Stress
___ Relational Problems (other than marriage/family)
___ Family Issues (explain) _____
___ Grief and/or Loss issues ___ General health stress
___ Aggression toward others ___ Anger Management problems ___ Self Esteem
___ Occupational Stress (explain) _____
Other: _____

Is there anything about your present *behavior* that you would like to change? ___ No ___ Yes
(explain): _____

Any Current Sleep Problems? ___ No ___ Yes (explain) _____

Any specific current appetite concern? _____

Any recent lifestyle changes? ___ No ___ Yes (explain): _____

Describe your friends: _____

How satisfied are you in your current friendships?

Describe your Spouse or Partner: _____

How satisfied are you in your Marriage/Intimate Relationship?

What do you see as your current strengths as a person? _____

What do you see as your general struggles? _____

Does Suicide ever become an option for you? ___ No ___ Yes (explain) _____

Any past or current suicidal thoughts or attempts? ___ No ___ Yes:
When and what happened? _____

Does Homicide ever become an option for you? ___ No ___ Yes (explain) _____

Any past or current homicidal thoughts or attempts? ___ No ___ Yes:
When and what happened? _____

What do you consider your most irrational thought or fear? _____

How do you feel inside **most** of the time? _____

What feelings do you want to alter (either increase or decrease)? _____

Any past Trauma or Abuse during your life time? ___ No ___ Yes (explain):
___ Physical Abuse _____
___ Emotional Abuse _____
___ Sexual Abuse: _____
___ Neglect/Abandonment: _____

What are you willing to do to help with therapy? _____

What do you want from your therapist to help with your desired change? _____

I'll know that therapy was successful when: _____

Is there any other information that you want your therapist to know? _____

