

A LIFE HISTORY QUESTIONNAIRE

Purpose of This Questionnaire

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and accurately as you can, you will facilitate your therapeutic program. This questionnaire will save you both time and expense. You are requested to answer these routine questions in your own time, instead of using up your actual counseling time.

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.

IMPORTANT: If you do not desire to answer any question, write "Do not care to answer". Also, if some particular question does not apply to you, simply write "NA" in the space provided.

Date: _____

I. GENERAL INFORMATION

A. Name _____

B. Address _____ Phone _____

City _____ State _____ Zip _____

C. Age _____

D. Occupation _____

E. Religion _____

F. Church attendance: Regular Occasional Never (circle)

G. With whom are you now living? (List people, their names ages & occupations. If they are students, indicate what grade.)

H. How strongly do you want treatment for your problem? (circle one)

Very Strong Strong Moderate Ambivalent

I. Who referred you to UCF's counseling program?

II. CLINICAL

You can help us save time by explaining in your own words some things about your problem. Please be as specific as possible. A few particular examples of how the problem comes up would be valuable.

A. State in your own words the nature of your chief concern:

B. If your problem is something that you think happens too often, state approximately how often it occurs, how long it lasts, and any other information you feel might be helpful in understanding your problem:

C. If your problem is concerned with something not happening as often as you would like, state what you would like to see happen more, how often you think it should occur, etc.

- D. Are any of the people in Section I, item G, important in some way with your problem? Yes No

If yes, please mention specific ways they have helped you – both good and bad points should be mentioned, if possible.

- E. With whom have you talked about your problem?

- F. Are you currently under the care of doctor (psychologist, psychiatrist, etc.)?

If so, please provide the doctors name and phone number:

III. DEVELOPMENTAL INFORMATION

- A. Date of birth and place _____

- B. Approximately how many times did your family move when you were young?

Since you left your parental home? _____

Your age when you left? _____

- C. Childhood:

1. Mother's condition during pregnancy (as far as you know)

2. Underline any of the following that apply during your childhood:

Night terrors; Bed wetting; Sleep-walking; Thumb-sucking; Nailbiting;
Stammering; Fears; Happy childhood; Unhappy childhood

D. Health:

1. Health during childhood: _____
2. List childhood illnesses: _____
3. Health during adolescence: _____
4. List adolescent illnesses: _____
5. Any physical disabilities: _____

Are any of the above related to your present problem? If so, how?

6. Your present height: _____ Weight: _____

7. Any surgical operations? Please list them, and at what age they occurred.

8. When was the last time you felt well, both physically and emotionally for a fair amount of time?

9. 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 panic; Tremors; Depressed; Suicidal ideas; Drugs; Unable to relax; Sexual problems; Unable to have a good time; Don't like weekends and vacations; Over-ambitious; Shy with people; Can't make friends; Feel lonely; Can't make decisions; Can't keep a job; Inferiority feelings; Home conditions bad; Financial problems.

Other _____

IV. AVOCATIONAL INTERESTS

- A. Game and interests during childhood: (including make-believe)

- B. Interests and hobbies during adolescence:

- C. Any athletic interests and/or accomplishments?

- D. Present interests, hobbies, activities, organizations:

- E. How is most of your free time occupied?

V. EDUCATION

- A. Last grade or year completed: _____
Degree(s): _____
Date(s): _____
- B. Relationship to school mates: _____
- C. Scholastic abilities & disabilities: _____
- D. Were you ever bullied, or given a nick-name? Please explain briefly.

- E. Do you make friends easily? Do you keep them?

VI. OCCUPATION

- A. Age when you started working: _____
- B. Jobs held (in chronological order and reasons for change)
- _____
- _____
- _____
- C. How long employed in present job? _____
- D. Does your present work satisfy you? (If not, in what ways are you dissatisfied?)
- _____
- _____
- E. What do you or you and your spouse earn?
- _____
- F. Ambitions and aspirations:
- _____
- _____

VII. SEX INFORMATION

- A. Parental attitudes toward sex. (For example, 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 sexual impulses?

D. Did you ever experience any anxiety, trauma, or feelings of guilt arising out of masturbation? If yes, please explain.

E. Did you ever experience any anxiety, trauma, or feelings of guilt arising out of sexual experience with the opposite sex? If yes, please explain.

F. Did you ever experience any anxieties or guilt feelings or trauma arising out of experience with the same sex (homosexuality)? If yes, please explain.

G. Menstrual History: Age at first period _____

Were you informed, or did it come as a shock? _____

Are you regular? _____ Duration _____

Do you have pain? _____ Do your periods affect your moods? _____

H. Is there any question or concern you have about sex past, present or future, or sexual identity?

VIII. MARITAL HISTORY – Present Marriage

A. How long did you know your marriage partner before engagement?: _____

How long were you engaged? _____

How long have you been married? _____

B. Please describe something of what you liked and disliked about your mate:

What I liked the first few years:

What my mate liked the first few years:

What I disliked the first few years:

What my mate disliked the first few years:

What I have liked the last few months:

What I have disliked the last few months:

What my mate has liked and disliked the past few months:

- C. In what areas are you most compatible?
- D. In what areas is there incompatibility?
- E. How do you get along with your in-laws? (This includes brother-in-laws, and sister-in-laws):
- F. Give specific examples of those things you would like to see your spouse do more often (ex., take the garbage out, bring you a cup of coffee when you have just sat down to relax, etc.)
- G. Give three examples of things you would like to see your spouse stop doing. (Three particular things that irritate you.) :
- H. Please list the names of your children, from the oldest to youngest: (state if any of these children are from a previous marriage, or adopted) (Also, in the birth order, please include any miscarriages, or abortions.) Please give the following information by filling in the table below:

Name	Sex	Age	Marital Status	Job	Describe each person

VIII. MARITAL HISTORY – Previous Marriages:

When were you first married and for how long?

How long did you know your first spouse before engagement?

How long were you engaged?

Please describe something you liked and disliked about your previous mate:

What I liked:

What I disliked:

Please describe something of what your previous mate liked and disliked about you:

What he/she liked:

What he/she disliked:

IX. FAMILY DATA

- A. List all brothers and sisters from oldest to youngest including yourself. Please list in birth order, including any miscarriages, or abortions that you know of.

Name	Sex	Age	Marital Status	Job	Describe each person

B. Your relationship with your brothers and sisters?
(a) Past:

(b) Present:

C. Brother or sister most like you? In what respect?

D. Brother or sister most different from you? In what respect?

E. Who played together?

F. Any unusual achievements?

G. Any accidents or illnesses (bumps to head, hospitalizations, etc.)?

H. "Father" here means the man who took primary responsibility for raising you. If that is a different person than your biological father, please describe what you know of your biological father on the back of this page, and describe your father on this page.

Father's Name _____ Current Age _____

Occupation _____ Health: Good Average Poor
(circle one)

If deceased, cause of death and age at death

Your age at the time _____

Kind of person:

His ambition for the children:

His relationship to the children:

His relationship to the Mother (his wife):

His favorite child, why:

Which child was most like Dad, why:

Which child was most different from Dad, why:

As a child, what I liked about Dad:

As a child, what I disliked about Dad:

- I. “Mother” here means the woman who took primary responsibility for raising you. If that is a different person than your biological mother, please describe what you know of your biological mother on the back of this page, and describe your mother here.

Mother's name _____ Current Age _____

Occupation _____ Health: Good Average Poor
(circle one)

If deceased, cause of death and age at death _____

Your age at the time _____

Kind of person:

Her ambition for the children:

Her relationship to the Father (her husband):

Her relationship to the children:

Her favorite child, why?

Which child was most like Mom, why?

Which child was most different from Mom, why:

As a child, what I liked about Mom:

As a child, what I disliked about Mom:

- J. As a child, in what ways were you punished by your parents?
- K. Give an impression of your home atmosphere (i.e., the home in which you grew up).
- L. Were you able to confide in your parents?
- M. If you were not brought up by your parents, who did raise you? Between what years? If you were raised by your parents, was there another parental figure
- N. Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?
- O. Does any member of your family suffer from alcoholism, drug addiction, or anything which can be considered a “mental disorder”?

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

Q. Please try to remember any fearful or distressing experiences not previously mentioned.

X. SELF DESCRIPTION

A. In what kinds of situations do you most readily lose self-control? (Cite particular instances if at all possible. Examples might be temper, uncontrollable crying, impatience, etc.):

B. In which situations are you best able to maintain self-control?:

C. Give a word picture (description) of yourself as you would be described by:

1. Your spouse:

2. Your best friend:

3. Your worst enemy:

4. Yourself:

Thank you!

