Life History Questionnaire

Purpose:

The purpose of this questionnaire is to get a complete picture of your life history and family background. In therapy, we are concerned with issues that impact on you, your relationships, and your family from many sources. Among those sources are (a) your family of origin, that is your parents and grandparents; (b) your physical health; (c) your life history; and (d) things that are influencing you right now. By asking you about these things in questionnaire form, we can save a great deal of valuable therapy interview time. Therefore, answering these routine questions as fully and as accurately as you can will make it possible for us to get to work on the things that concern you much more quickly.

All case records are strictly confidential. NO OUTSIDER IS PERMITTED TO SEE YOUR CASE RECORD WITHOUT YOUR PERMISSION IN WRITING.

If you have any questions about this questionnaire, please feel free to ask at any time. If you do not wish to answer a question, you may write "I do not wish to answer."

DATE_____

General Information:

Name: _____ _____ Age: _____

Partner's Name: _____ Age: __ _____

Children's Names: _____ Sex _____ Age: _____

_____ Sex _____ Age: _____

_____ Sex _____ Age: _____

_____ Sex _____ Age: _____

Address: _____

_____

Telephone Numbers: (days) _____ (evenings) _____

Email address: _____

Your Occupation: _____ Current Relationship Status (check one)

_____ □ Single □ Engaged □ Married

Partner's Occupation: _____ □ Separated □ Divorced □Widowed

Remarried: □ Yes □ No How many times?

Adapted from AAMFT Forms Book

What is/are the issue(s) or problem(s)? Please describe: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

On the scale below, please indicate how upsetting your problem(s) is/are right now:

mildly upsetting _____ moderately upsetting _____ very upsetting _____

extremely upsetting _____ totally upsetting _____

When did your problem(s) begin (describe and give dates)? _____

_____

_____

_____

Please describe any important event occurring at that time or since then that may have started the problem(s) or which keep them going: _____

_____

_____

_____

_____

_____

_____

What do you believe caused or contributes to the maintenance of your problem(s), for example, stresses, emotional reactions, diet, etc.? _____

_____

_____

_____

What solutions to your problems have you found helpful? _____

_____

_____

_____

_____

Have you received any prior professional assistance for your problem? If so, give name(s), professional title(s), date(s) of treatment(s), and results: _____

_____

_____

_____

_____

Family of Origin History:

Date of Birth: _____ Place of Birth: _____

Siblings:
Number of brothers: _____
Brothers' ages: _____
Number of sisters: _____
Sisters' ages: _____

Father: Living? _____ If alive, give father's age: _____
Deceased? _____ If deceased, give father's age at time of death: _____
How old were you at the time? _____ Cause of death: _____
Occupation: _____
Health: _____

Does or did your father have (check all that apply):

- ☐ Drinking problem
- ☐ Drug problem
- ☐ Depression
- ☐ Depression with highs and lows
- ☐ Mental Illness

Mother: Living? ____ If alive, give mothers age ____
Deceased? _____
If deceased, age at time of death: ___

How old were you at the time? _____

Cause of Death: _____

Occupation: _____

Health: _____

Does or did mother have (check all that apply):

- ☐ Drinking problem
- ☐ Drug problem
- ☐ Depression
- ☐ Depression with highs and lows
- ☐ Mental Illness

Did or does any other member of your family have problems with:

☐ Drugs	☐ Alcohol	☐ Depression
☐ Diabetes	☐ Mental Illness	☐ Epilepsy

If so, state who:

_____

_____

_____

Your religion: As a child: _____

As an adult: _____

Your education: What is the last grade completed?

_____

Do you have a degree? Please list: _____

Check any of the following that applied during your childhood or adolescence:

☐ Happy Childhood	☐ Unhappy Childhood
☐ Emotional Problems	☐ Drug Abuse
☐ Eating Disorder	☐ School Problems
☐ Family Problems	☐ Behavior Problems
☐ Physical Abuse	☐ Medical Problems
☐ Alcohol Abuse	☐ Other Problems _____
☐ Sexual Abuse	_____
☐ Legal Trouble	_____

If you were not brought up by your parents, who raised you and between what years? _____

_____

_____

Give a description of your father's (or father substitute's) personality and his methods of discipline (past and present): _____

_____

_____

_____

_____

_____

_____

How did your father show affection, and how often did he share affection with you? With others in the family? (past and present): _____

_____

_____

_____

_____

_____

_____

Give a description of your mother's (or mother substitute's) personality and her methods of discipline (past and present):_____

_____

_____

_____

_____

_____

How did your mother show affection, and how often did she share affection with you? With others in the family? (past and present): _____

_____

_____

_____

_____

_____

_____

What specific methods did your father (or father substitute) use to control you and other members of the family? _____

_____

_____

_____

_____

What specific methods did your mother (or mother substitute) use to control you and other members of the family? _____

_____

_____

_____

_____

_____

What did your father do to control the expression of affection in the family? _____

_____

_____

_____

_____

What did your mother do to control the expression of affection in the family? _____

_____

_____

_____

_____

What were the prevailing emotional overtones in your family when you were growing up? _____

_____

_____

_____

_____

Has any relative attempted or committed suicide?

☐ Yes ☐ No

Has any relative had serious problems with the law?

☐ Yes ☐ No

Your Personal History:

What is your height? _____ ft. _____ inches

What is your weight? _____ pounds

Do you now have or have you ever had (check all that apply):

☐ High blood pressure ☐ Epilepsy
☐ Alcohol problems ☐ Drug problems
☐ Unusual physical problems
☐ Strange or unusual sensations

Other Illnesses:

_____

_____

_____

_____

_____

Have you ever been hospitalized for psychological problems? ☐ Yes ☐ No
If Yes, when and where?

_____

_____

Do you have a family physician? ☐ Yes ☐ No
If so, please give his/her name and telephone number:

_____

_____

Have you ever attempted suicide? ☐ Yes ☐ No

What is your current health: _____

_____

What kinds of jobs have you held in the past?

_____

_____

_____

What sort of work are you doing now? _____

_____

_____

_____

Does your present work satisfy you? ☐ Yes ☐ No
If no, please explain: _____

_____

_____

What is your annual family income?
$_____

How much does it cost you to live?
$_____

What were your past ambitions? _____

_____

_____

What are your current ambitions? _____

_____

_____

_____

Check any of the following behaviors that apply to you:

- ☐ Overeat
- ☐ Take drugs
- ☐ Odd behavior
- ☐ Smoke
- ☐ Crying
- ☐ Vomiting
- ☐ Phobic avoidance
- ☐ Nervous tic
- ☐ Outbursts of temper
- ☐ Insomnia
- ☐ Lazy
- ☐ Aggressive behavior
- ☐ Loss of control
- ☐ Procrastination
- ☐ Drink too much
- ☐ Work too hard
- ☐ Suicidal attempts
- ☐ Compulsion
- ☐ Concentration difficulties
- ☐ Withdrawal
- ☐ Sleep disturbance
- ☐ Can't keep a job
- ☐ Take too many risks
- ☐ Eating problems
- ☐ Impulsive reactions

What kinds of hobbies or leisure activities do you enjoy or find relaxing? _____

_____

_____

_____

_____

_____

Menstrual History:

Age at first period: _____
Were you informed or did it come as a shock?

_____

_____

Are your periods regular? ☐ Yes ☐ No

Do you have pain? ☐ Yes ☐ No

Does your period affect your mood? ☐ Yes ☐ No

Your Current Family/Your Family of Procreation

Relationship:
How long have you known your partner? _____

If married, how long did you know your partner before your engagement? _____

How long were you engaged? _____

How long have you been married?_____

Sexual Relationships:
Describe your parents' attitude toward sex: _____

_____

_____

_____

Was sex discussed in your home? ☐ Yes ☐ No

When and how did you derive your first sexual knowledge? _____

_____

_____

_____

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

_____

_____

_____

Have you ever experienced any anxiety or guilty feelings arising out of sex or masturbation? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

_____

Any relevant details regarding your first or subsequent sexual experiences? _____

_____

_____

_____

Is your present sex life satisfactory? ☐ Yes ☐ No

If not, please explain: _____

_____

_____

_____

Provide information about any significant homosexual reactions or relationships: _____

_____

_____

Please note any sexual concerns not discussed above:

_____

_____

_____

Children and Family:

Give a description of your methods of discipline (past and present): _____

_____

_____

_____

How do you show affection, and how often do you share affection with your partner? _____

_____

_____

_____

With others in the family? (past and present): _____

_____

_____

_____

Give a description of your partner's methods of discipline (past and present): _____

_____

_____

How does your partner show affection, and how often does he/she share affection with you? _____

_____

_____

_____

With others in the family? (past and present):

_____

_____

What specific methods do you use to control other members of the family? _____

_____

_____

What specific methods does your partner use to control you and other members of the family?

_____

_____

_____

What do you do to control the expression of affection in the family? _____

_____

_____

What does your partner do to control the expression of affection in the family? _____

_____

_____

What are the prevailing emotional overtones in your family? _____

_____

_____

Do any of your children present special problems?

_____

_____

_____

_____

_____

Stress:

Check any of the following which apply and indicate the family member involved such as partner, child, father, mother, brother, sister, yourself and so on:

Event **Family Member(s) Involved**

- ☐ Death in the family
- ☐ Divorce
- ☐ Trouble with the law
- ☐ Financial trouble
- ☐ Job/School
- ☐ Serious illness
- ☐ Serious operation
- ☐ Mental illness
- ☐ Alcohol
- ☐ Drugs
- ☐ Interpersonal problems
- ☐ Sexual abuse
- ☐ Depression
- ☐ Physical abuse
- ☐ Suicide
- ☐ Other:

_____

_____

Systems Outside of Your Family:

How do you get along with your in-laws, including brothers and sisters-in-law? _____

_____

_____

_____

Have your parents, brothers, or sisters ever interfered in your relationship?

_____

_____

_____

Are you having any trouble on the job or in school?

_____

_____

_____

_____

Have your parents, relatives or friends interfered in your job or school? _____

_____

_____

_____

Has your Bishop, Priest or Clergy made a special effort to talk to you about your behavior or the behavior of a member of your family? ☐ Yes ☐ No

Have the police or other social agencies interfered in your family? ☐ Yes ☐ No

Have there been any other outside disturbances to your family? ☐ Yes ☐ No

Friendships:

Do you make friends easily? ☐ Yes ☐ No

Do you keep them? ☐ Yes ☐ No

Rate the degree to which you generally feel comfortable and relaxed in social situations:

☐ Very relaxed
☐ Relatively comfortable
☐ Relatively uncomfortable (crowds)
☐ Very anxious

Expectations regarding therapy:

In a few words, what do you think therapy is all about?

_____

_____

_____

_____

_____

How long do you think therapy should last?

_____

How do you think a therapist should interact with his/her clients? _____

_____

_____

_____

_____

_____

What personal qualities do you think the ideal therapist should possess? _____

_____

_____

_____

_____

_____

_____

Adapted from AAMFT Forms Book