

LIFE HISTORY QUESTIONNAIRE

Name of Client _____

Date: _____

The information you provide will help in the planning of your counseling, and assist you and your therapist in clarifying your therapy goals. Please be as open and honest as possible. This questionnaire will be kept in your private confidential file.

Directions:

Please check all the items below that you currently experience or have difficulty with, and feel free to add any others at the bottom under "Other Concerns or Issues." You may add details as needed to clarify at the end of this questionnaire.

Abortion	Grieving, Mourning	Physical Problems
Abuse - emotional	Guilt	PMS
Abuse - neglect	Headaches, Pains	Poor Self-care
Abuse - sexual	Health, Illness	Pornography Use
Adoption	Hearing Voices	Procrastination
Aggression	Hostility	Relationship Problems
Alcohol Use	Hyperactivity	Relaxation
Ambition	Impulsive Spending	Re-marriage
Anger	Impulsiveness	Risk-taking
Anxiety	Incest	Sadness
Arguing	Indecision	School Problems
Attention Problems	Inferiority Feelings	Self Abuse - burning
Career Concerns	Infertility	Self Abuse - cutting
Childhood Issues	Inhibitions	Self Abuse - other
Children – care of	Interpersonal Conflicts	Self Abuse - scratching
Children - custody	Irresponsibility	Self Abuse – pulling hair out
Children - management	Irritability	Self-centeredness
Choices I've Made	Judgment Problems	Self-control
Chronic Pain	Laziness	Self-esteem
Codependence	Legal Matters, Charges, Suits	Self-neglect, Poor Self-care
Communication	Loneliness	Separation
Compulsive Spending	Loss of Control	Sexual Addiction
Confusion	Losses	Sexual Conflicts
Constant Conflicts	Loss of Interest In Activities	Sexual Desire Differences
Crying	Loss of Interest In Sex	Shyness

Deaths	Low Energy	Smoking
Debt	Low Frustration Tolerance	Spirituality
Decision Making	Low Income	Step-parenting
Dependence	Low Mood	Stress
Depression	Marital Conflict	Stress-management
Distractibility	Marital Distance	Suspiciousness
Divorce/Separation	Marital Infidelity/Affairs	Temper Problems
Domestic Violence	Medical Concerns	Tension/Stress
Drug Abuse – over the counter	Memory Problems	Thought Disorganization
Drug Abuse - prescription	Menopause	Threats of Violence
Drug Abuse – street drugs	Menstrual Problems	Tiredness
Drug Abuse - alcohol	Mixed feelings	Tobacco Use
Education	Mood swings	Unhappiness
Employment – lack of	Motivation	Violence
Employment - overdoing	Mourning	Violence – victim of crime
Employment Problems	Nail-biting	Weight and Diet issues
Employment - termination	Nervousness	Withdrawal - isolating
Emptiness	Nightmares	Work Problems
Exhaustion	Obsessions, Compulsions	Worry All The Time
Failure	Outbursts	Other concerns or issues:
Fatigue, Low Energy	Oversensitive to Criticism	
Fears, Phobia	Oversensitive to Rejection	
Feelings of Helplessness/Hopeless	Overweight	
Financial Troubles	Panic or Anxiety Attacks	
Friendship Problems	Parenting	
Gambling	Perfectionism	
Gender Identity	Pessimism	
Goals Not Being Met	Phobias	

Where did you attend high school?

Did you attend college/professional school? When, where, degree earned?

Any plans to further your education? Yes No If so, when and what?

What is your ethnic background?

African/African American	Asian American/ Chinese/ Filipino/ Japanese/ Korean/ Vietnamese	
East Indian/Pakistani	Latino/ Hispanic/ Mexican-American/ Puerto Rican	
Middle Eastern	Native American/ Alaskan Native	Polynesian/Micronesian
White/Caucasian	Other (specify)	

How much do you identify with your ethnic heritage? (Check one):

Not at all A little Somewhat Moderately Strongly

Religious/Spiritual preference:

Do you consider yourself a religious person? Yes No or spiritual person? Yes No

Comment:

Faith: Group/Denomination in which you were raised:

Current Congregation: How active are you? Inactive Slightly Moderate Very

Does your family speak a language other than English at home? (Check one):

Not at all Very little Sometimes Frequently Always

If "Sometimes" to "Always", what language is spoken?

Were you and both your biological parents born in the United States? Yes No Unsure

If no, who was foreign-born, where and what was the approximate age of immigration to the USA? (e.g. myself, Korea, 12; father Korea, 40;etc.)

Have you seen another therapist before? Yes No

If yes, who did you see?

Have you ever been hospitalized for psychological/emotional difficulties? Yes No

If yes, please note dates of hospitalization

Are you or have you been on any medication for your psychological problems? Yes No

If yes, please note the type of medication, the dosage, and the dates you used this medication

Briefly describe the problem that brought you here.

Problem Intensity: How would you rate the intensity of the problem or concern that brought you in? (Circle the appropriate number):

1 2 3 4 5 6
Not intense Moderately intense Extremely intense

Problem Duration: Approximately how long have you had the current problem (in months or years)?

Coping Strategies: In what ways have you attempted to cope with this problem?

Expectations: What do you hope to accomplish by coming to therapy? Be as specific as possible.

Have you been married/partnered before? Yes No If yes, when and for how long?

Please list the names of your children or dependents.

Names of Children	Date of Birth	Age	Lives With You?	
			Yes	No

List others who may live with you including their ages and occupations (e.g. brother 16, student, mother-in-law 55, etc.)

Please check any past, present, or impending special problems in your family:

Deaths	Divorce	Frequent relocations
Serious illness	Debilitating injuries/disabilities	Alcohol/drug abuse
Psychiatric disorder	Physical/sexual abuse	Legal problems
Financial crisis/unemployment	Attempted/completed suicide	Eating disorders
Other		
Other		
Other		

Please specify family member(s), with special problems, and approximate year of occurrence (e.g. mother, serious illness, 1998.)

Would you like anyone else involved in the counseling with you? (family members, friends, etc.)

Is there a concern about violence in your life today (either from you or towards you)? Please explain:

Have you personally experienced significant family abuse?

None Unsure Emotional Physical Sexual

Have you personally experienced legal problems? Yes No

Did you experience learning problems in elementary or high school? (Check one):

None A little Some Substantial Lots, constant struggle

In general, how happy or adjusted were you growing up? (Check one):

Not at all A little About average Substantial Completely

How much is your family a source of emotional support for you now? (Check one):

None A little Somewhat Substantial Very strong

How much conflict in values do you currently experience with your parents? (Check one):

Very little or none Some Moderate Strong Extreme

Who in your family do you currently feel closest to?

Most distant from?

In most conflict with?

If you are married or in a committed relationship, are you currently in the process of separation or divorce? Please specify:

Do you consider your alcohol consumption a problem? Yes No Unsure

How often do you engage in recreational drug use? Daily Weekly Monthly Rarely Never
Do you consider this drug use a problem? Yes No Unsure

Do you have any problems or worries about sexual functioning? Yes No
If yes, check where applicable: Lack of desire Performance problem Difficulty maintaining arousal
Worried about sexually transmitted disease Sexual impulsiveness
Other

Have you ever experienced sexual assault, unwanted sex or uncomfortable touching?
Frequently A few times Once Never Unsure

Have you had suicidal thoughts in the last few months ?
Frequently Sometimes Rarely Never

Have you had them in the past?
Frequently Sometimes Rarely Never

Have you ever intentionally inflicted any harm upon yourself? Yes No Unsure

In the past, how would you rate the quality of your peer relationships?
Very poor Unsatisfactory About average Good Excellent

Approximately how many significant intimate relationships (e.g. lasting 6 months or more) have you been involved in?

Are you in one now? Yes No I think so

Besides family members, approximately how many people can you really count on right now for friendship or emotional support?

List them below:

Please enter any additional information about your life history here: