

SMELTZER COUNSELING

Life History 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.

Your Counselor's Name: _____ Appointment Date: _____

1. GENERAL INFORMATION

Patient's Name _____

Spouse's Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Sex _____ Occupation _____

Home Telephone _____ Work Telephone _____

Email _____ Cellular phone _____

Please Circle One: Minor Married Single Engaged Divorced Widowed Separated

Referred by: _____

Religious Denomination _____ Attendance (circle): Regular Occasional Never

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

List 3 people not mentioned above who are important to you; people who are your closest friends. First names only will be fine. _____

How strongly do you want counseling for your problems? (circle one)

Very much

Much

Moderately

Could do without, if necessary

2. CLINICAL INFORMATION

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.

State in your own words the nature of your chief concern: _____

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. _____

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

If you have had previous counseling for this problem, state with whom and describe the outcome. _____

With whom else have you discussed this problem? _____

3. DEVELOPMENTAL INFORMATION

Date and place of birth: _____

Approximately how many times did your family move when you were young? _____

Since you left your parental home? _____ Your age when you left? _____

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; nail-biting; stammering; fears; happy childhood; unhappy childhood; no memories of childhood.

Health:

1. Health during childhood: _____

2. List childhood illnesses: _____

3. Health during adolescence: _____

4. List adolescent disabilities: _____

5. List physical disabilities: _____

How do any of these health issues relate to your present problem? _____

6. Your present height: _____ Weight: _____

7. List any surgical operations and at what age they occurred:

8. List all prescription and non-prescription drugs you now take (include dosage):

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

10. 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; shyness; can't make friends; feel lonely; can't make decisions; can't keep a job; inferiority feelings; home conditions bad; financial problems; hear voices; relationships difficult or impaired; difficulty with intimacy either sexual or emotional.

Other: _____

11. List your childhood friends.

a. Elementary school: _____

b. Junior High school: _____

c. Senior High school: _____

12. When did you begin dating? _____

a. List the most important girl or boyfriend that you had in your childhood:

b. Did you become sexually active in your teen years? _____

Complete the following sentences:

1. As a child, I... _____

2. For me, school was... _____

3. My childhood fears were... _____

4. My childhood ambitions were... _____

5. My role in my group of friends was... _____

6. The significant events in my physical and sexual development were..._____

7. The significant events in my social development were..._____

8. The most important values in my family were..._____

9. What stands out the most for me about my family life is..._____

10. My parents' relationship to each other was..._____

11. My brothers' and sisters' relationships to Dad were..._____

12. My brothers' and sisters' relationships to Mother were..._____

13. What I loved to do as a child younger than 10 years old was to _____

4. AVOCATIONAL INTERESTS

Games and interests during childhood (including make-believe): _____

Interests and hobbies during adolescence: _____

Athletic interests and/or accomplishments: _____

Present interests, hobbies, activities, organizations: _____

Present use of free time: _____

5. EDUCATION

Last grade or year completed: _____

Degree(s): _____

Date(s): _____

Relationship to school mates: _____

Scholastic abilities & disabilities: _____

Were you ever bullied, or given a nickname? Please explain briefly: _____

Do you make friends easily? Do you keep them? _____

6. OCCUPATION

Age when you started working: _____

Jobs held (in chronological order and reasons for change):

How long employed in present job? _____

Does your present work satisfy you? Why? (If not, in what ways are you dissatisfied?)

Ambitions and aspirations: _____

7. SEX INFORMATION

Parental attitudes toward sex. (For example, how was sex instructed or discussed in the home?) _____

When and how did you derive your first knowledge of sex? _____

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

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

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

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

Have you ever experienced any sexual abuse or trauma? _____

Do you know from whom you experienced the abuse? _____

What was the nature of the abuse? _____

List any other details which you would consider relevant. _____

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? How? _____

Is there any question or concern you have about sex; past, present, or future? Is there any question about your sexual orientation?

8. MARITAL HISTORY – Present Marriage:

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

How long were you engaged? _____ How long have you been married? _____

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

1. What I liked the first few years: _____

2. What my mate liked the first few years: _____

3. What I disliked the first few years: _____

4. What my mate disliked the first few years: _____

5. What I have liked the last few months: _____

6. What I have disliked the last few months: _____

7. What my mate has liked/disliked the last few months: _____

In what areas are you and your mate most compatible? _____

In what areas is there incompatibility? _____

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

Give specific examples of those things you would like to see your spouse do more often (e.g., take the garbage out, bring you a cup of coffee when you have just sat down to relax, etc.):

Give three specific examples of things you would like to see your spouse stop doing (three particular things that irritate you): _____

Please list the names of your children, from the oldest to youngest: State if any of the children are from a previous marriage, or adopted. Also, in birth order, please include any miscarriages or abortions.

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Marital Status</u>	<u>Job</u>	<u>Describe each person</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

8-b. 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:

1. What I liked: _____

2. What I disliked: _____

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

1. What he/she liked: _____

2. What he/she disliked: _____

What ended the relationship? _____

9. FAMILY DATA

List all of your brothers and sisters from oldest to youngest, including yourself. Please list in birth order, including any miscarriages, or abortions of which you are aware.

Name Sex Age Marital Status Job Describe each person

1. _____

2. _____

3. _____

4. _____

5. _____

What is your relationship with your brothers and sisters like?

1. Past: _____

2. Present: _____

Which brother or sister is most like you, and in what respect? _____

Which brother or sister is most different from you, and in what respect? _____

Who played together? _____

List any accidents or illnesses (bumps to head, hospitalizations, etc.) _____

In the following section, "Father" refers to the man who took primary responsibility for raising you. If that is a different person from 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: (circle) Good Average Poor

If deceased, cause of death and age at death _____

Your age at the time _____

1. Kind of person: _____

2. His ambitions for the children: _____

3. His relationship to the children: _____

4. His relationship to Mother (his wife): _____

5. His favorite child (explain): _____

6. Which child was most like Dad? How? _____

7. Which child was most different from Dad? How? _____

8. As a child, what I liked about Dad: _____

9. As a child, what I disliked about Dad: _____

In the following section, “Mother” refers to the woman who took primary responsibility for raising you. If that is a different person from 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: (circle) Good Average Poor

If deceased, cause of death and age at death _____

Your age at this time _____

1. Kind of person: _____

2. Her ambitions for the children: _____

3. Her relationship to Father (her husband): _____

4. Her relationship to the children: _____

5. Her favorite child (explain): _____

6. Which child was most like Mom? How? _____

7. Which child was most different from Mom? How? _____

8. As a child, what I liked about Mom: _____

9. As a child, what I disliked about Mom: _____

As a child, in what ways were you punished or disciplined by your parents?_____

Give an impression of your home atmosphere (i.e., the home in which you grew up)._____

Were you able to confide in your parents?_____

If you were not brought up by your parents, who raised you? Between what years? If you were raised by your parents, was there another parental figure?_____

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?

Describe the relationship your parents had with each other when you were in HIGH SCHOOL ONLY. Please do not describe your relationship with them. Were they affectionate with each other? Did you see them touch each other, hug and kiss? Were they ever playful with each other? Did they have dates? Did they sleep together in the same bed and did you believe that they had a sexual relationship at that time? Did either parent have an affair? Did they argue or fight? Did they have couple friends that they regularly got together with? Did they attend church together? What was the emotional atmosphere when Mom and Dad were together? Did you ever see them sit and talk with each other on a regular basis? Were they romantic in any way? THIS SECTION MAY BE THE MOST IMPORTANT SECTION IN THE ENTIRE QUESTIONNAIRE. PLEASE ANSWER IT THOROUGHLY AND CAREFULLY.

Does any member of your family suffer from alcoholism, drug addiction, or anything which can be considered a “mental disorder”? _____

List any fearful or distressing experiences not previously mentioned: _____

10. SELF-DESCRIPTION

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.)

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

How do you believe you would be described by?:

1. Your spouse: _____

2. Your best friend: _____

3. Your worst enemy (even if you don't really have one): _____

4. Yourself: _____
