

PERSONAL HISTORY QUESTIONNAIRE

ADULTS

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 as accurately as you can, you will facilitate your counseling experience. If the answer space provided is not adequate, please use the backs of the sheets of paper.

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 private. NO OUTSIDER IS PERMITTED TO SEE YOUR COUNSELING RECORD WITHOUT YOUR PERMISSION. And, after due time, all records are destroyed.

The reasoning for some of the questions may elude you right now but will likely become more clear as we proceed. However, if you do not wish to answer a question, merely write "Do not care to answer."

NAME _____ AGE _____ DATE OF BIRTH _____

HOME ADDRESS _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

SEX M F (Circle one)

DRIVER LICENSE NUMBER _____ STATE _____

FAMILY INCOME BEFORE TAXES \$ _____

EMPLOYER _____

BUSINESS ADDRESS _____ ZIP _____

BUSINESS PHONE _____

BY WHOM WERE YOU REFERRED? _____

WITH WHOM ARE YOU NOW LIVING? (List people/relationship _____

MARITAL STATUS: (Circle one)

SINGLE ENGAGED MARRIED REMARRIED SEPARATED DIVORCED WIDOWED

If married, spouse's name _____
Age _____ Occupation _____

Have you been married more than once? ___ Yes ___ No If yes, which marriage is this?
____ Reason other(s) ended _____

Name, Address and Telephone Number of a Person who does not live with you but will usually know your whereabouts: _____

RELIGION: a) in childhood _____ b) as an adult _____

FAMILY DATA:

Father: Living or deceased? _____

If deceased, your age at the time of his death? _____

Cause of his death? _____

If alive, father's present age? _____

Occupation: _____

Health: _____

Mother: Living or deceased? _____

If deceased, your age at the time of her death? _____

Cause of her death? _____

If alive, mother's present age? _____

Occupation: _____

Health: _____

Siblings:

Number of brothers: _____ Age of brother(s): _____

Number of sisters: _____ Age of sister(s): _____

Children:

Number of sons: _____ Age of son(s): _____

Number of daughters: _____ Age of daughter(s): _____

COUNSELING INFORMATION

a) State in your own words the nature of your main problems and their duration: _____

b) Give a brief account of the history and development of your complaints (from onset to present): _____

c) On the scale below, please **circle** the best estimate of the severity of your problem(s):

Mildly Upsetting	Moderately Severe	Very Severe	Extremely Severe	Totally Incapacitating
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d) Whom have you previously consulted about your present problem(s)? List name(s) and address(es) _____

e) What have you done so far to deal with your struggle? _____

e) Are you taking any medication? ____ Yes ____ No If "yes," what, how much, and with what results? _____

PERSONAL DATA

a) Underline any of the following that applied during your childhood:

Night terrors	Bed-wetting	Sleep-walking	Nail biting	Fears
Thumb sucking	Stammering	Unhappy Childhood	Happy Childhood	

Any others? _____

b) Health during childhood:

List illnesses: _____

c) Health during adolescence:

List illnesses: _____

d) What is your present height? _____ Your weight? _____

e) List your main fears: _____

f) Underline any of the following that apply to you now or in the recent past:

Headaches	Can't keep a job	Sexual problems	No appetite	Anger
Alcoholism	Financial problems	Over ambitious	Nightmares	Lonely
Palpitations	Excessive sweating	Memory problems	Take drugs	Fatigue
Feel tense	Stomach trouble	Inferior feelings	Dizziness	Anxiety
Feel panicky	Unable to relax	Shy with people	Allergies	Insomnia
Fainting spells	Conflict	Often use aspirin or painkillers	Home conditions bad	
Suicidal ideas	Can't make decisions	Tremors	Bowel disturbances	
Can't make friends	Can't keep friends	Concentration difficulties	Can't sleep	
Unable to have a good time	Don't like weekends/vacations	Can't relax		

Others: please list additional problems or difficulties here. _____

g) Underline any of the following words you think apply to you:

Worthless, useless, a "nobody", "life is empty", inadequate, stupid, incompetent, naive, "can't do anything right", guilty, evil, morally wrong, horrible thoughts, hostile, full of hate, anxious, agitated, cowardly, unassertive, panicky, aggressive, ugly, deformed, unattractive, repulsive, depressed, depressing, lonely, unloved, shameful, misunderstood, bored, restless, confused, unconfident, in conflict, full of regrets, worthwhile, sympathetic, intelligent, attractive, confident, considerate, successful, relaxed, carefree, happy, respected, admirable

Others _____

h) Present interests, hobbies and activities: _____

i) How is most of your free time occupied? _____

j) What is the last grade of schooling that you completed? _____

Scholastic abilities; strengths and weaknesses: _____

Were you ever bullied or severely teased? _____ When and by whom? _____

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

OCCUPATIONAL DATA

What sort of work are you doing now? _____

Kinds of jobs held in the past? _____

Does your present work satisfy you? _____ If not, in what ways are you dissatisfied?

Do you live within or above your means? _____ Describe: _____

AMBITIONS

Past _____

Present _____

SEXUAL DATA

Provide information about any significant heterosexual (and/or homosexual) reactions or difficulties: _____

Have you ever had sexual activity that would be considered inappropriate? _____

If so, please specify the nature of this/these activity(ies): _____

MARITAL HISTORY

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

Husband's/Wife's age: _____ Occupation of husband/wife: _____

Personality of husband/wife (in your own words): _____

In what area(s) is there incompatibility? _____

Do any of your children present special problems? _____ If yes, please explain:

FAMILY HISTORY

Give a description of your father's personality and his attitude towards you (past and present): _____

Give a description of your mother's personality and her attitude towards you (past and present): _____

Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention state of compatibility between parents and between parents and children.

Were you able to confide in your parents? _____

Did your parents understand you? _____

Basically, did you feel loved and respected by your parents? _____

If you have a step-parent, give your age when parent remarried: _____

Give an outline of your religious training: _____

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

Who are the most important people in your life? (List in order.) _____

Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a "mental disorder"? _____ If yes, who? _____

What was the diagnosis? _____

Are there any other members of the family about whom information regarding illness, etc., is relevant? _____ If yes, who? _____

Recount any fearful or distressing experiences not previously mentioned: _____

SELF-DESCRIPTION Please complete the following:

- a) I am a person who _____
- b) All my life _____
- c) Ever since I was a child _____
- d) One of the things I feel proud of is _____
- e) It's hard for me to admit _____
- f) One of the things I can't forgive is _____
- g) One of the things I feel guilty about is _____
- h) If I didn't have to worry about my image _____
- i) One of the ways people hurt me is _____
- j) Mother was always _____
- k) What I needed from mother and didn't get was _____
- l) Father was always _____
- m) What I wanted from my father and didn't get was _____
- n) If I weren't afraid to be myself, I might _____
- o) One of the things I'm angry about is _____
- p) What I need and have never received from a woman (man) is _____
- q) The bad thing about growing up is _____
- r) One of the ways I could help myself but don't is _____

Is there anything about your present behavior that you would like to change? _____
If so, what is it and how would you like it to change? _____

What emotions or feelings do you wish to alter (e.g., increase or decrease)? _____

What is your experience with counselor or therapy? _____

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