**Life History Questionnaire**

The purpose of this questionnaire is to obtain a comprehensive picture of your background. Please answer the questions fully & accurately. They will be reviewed by the Pastor and Director before your intake appointment, and then only by the Counselor who is working with you. No one else will have access to this information without your approval.

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male\_\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_

Marital Status: Single\_\_\_\_\_\_\_ Married\_\_\_\_\_\_\_Widowed\_\_\_\_\_\_\_Divorced\_\_\_\_\_\_\_Remarried\_\_\_\_\_\_\_

**Personal Background**

Church you currently attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best available day: Mon\_\_\_\_\_\_\_Tues\_\_\_\_\_\_\_Wed\_\_\_\_\_\_\_Thurs\_\_\_\_\_\_\_Fri\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the nature of your chief concern:

**Education**

Last Grade Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates & Types of any degree/licenses earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long employed at present job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your present job satisfy you? **Y** or **N** Why or Why not?

What type of employment did you have before & why did you leave?

**Military**

Did you serve in the military? **Y** or **N** When? Where?

Experiences: Crisis:

**Life Issues**

What are your future goals, hopes, and dreams?

How do you spend your free time?

What kind of fun is included in your life? Describe

With whom are you living (Names, relationships to you, ages, occupations)?

Are you responsible to care for aging parents? Please give brief details.

**Spiritual Background**

Describe your spiritual background, if any.

Have you ever been involved in occult activities: (please circle from the following)?

Tarot Cards Ouija Board Horoscopes Seances Hypnosis

Fortune Telling Palm Reading Dungeons & Dragons Astrology

**Health**

Have you received previous counseling? **Y** or **N** Was it helpful? **Y** or **N**

Please explain:

How strongly do you want help for this problem?

Very much Much Moderately Not Much

Circle any of the following that apply to you:

Constant headaches Fatigue Insomnia Nightmares Panic Attack

Stomach or bowel disturbances No appetite Sexual difficulty Anxieties

Unable to relax Depression Suicidal Tendencies Lonely Extremely shy

Feeling inferior or rejected Financial Difficulties

Date of last physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are drugs, sedatives (prescription or other), or alcohol used in dealing with your problems?

Describe:

Have you had any operations in the past 10 years?

Do they impact your current problem?

Describe:

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

Describe:

**Current Marriage/Sexual Partner**

Name of current Spouse/Partner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known one another? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of engagement?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years married\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe traits you like about the person named above:

Describe what you dislike about him/her:

Anything you wish he/she would do less often?

How do you get along with your in-laws (parent/brother/sisters within your spouse’s family)?

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

**Prior Marriage/Sexual Partner** (list most recent here, and any others on separate sheet)

Name of Prior Spouse/Partner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long did you know one another prior to marriage?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of engagement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years married\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age at time of marriage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe traits you liked about the person named above. Disliked:

How did you get along with your in-laws (parents, brothers, sisters or spouses)?

Did anyone (parents, relatives, friends) ever interfere in this marriage?

What was the primary reason why your marriage/relationship broke up?

**Children**

List your children by name & age (all those living with you or elsewhere, including stepchildren, foster, adopted, and children lost through miscarriages, abortions, death)

Which child is most like you & why?

Which child is most different from you and why?

Which child is your favorite and why?

Do you have difficulty with any child?

How do your children relate to your spouse/partner?

What goals do you have for your children?

**Your Father**

Background on your father – the primary man who cared for you during childhood (use separate sheet for pertinent information on any other men who greatly influenced your childhood).

Father Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Health (Circle One): Good Average Poor

Father’s Marital Status: Married Single Separated Divorced

If divorced, how old were you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your reaction to the divorce:

If deceased, age at death & cause:

Describe your reaction to his death:

Your age at the time of his death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the kind of person your father was when you were young:

What did you like about your Dad?

Dislike about Dad?

His Goals/Dreams for you & your siblings:

His relationship to the children in the family:

His relationship with your mother:

His favorite child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Why:

Which child was most like Dad & why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child most different from Dad & why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Mother**

Background on your mother – the primary woman who cared for you during childhood (use separate sheet for pertinent information on any other women who greatly influenced your childhood).

Mothers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Health (Circle One): Good Average Poor

Marital Status: Married Single Separated Divorced

If divorced, how old were you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your reaction to the divorce:

If deceased, age at death & cause \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your reaction to her death:

Your age at the time of her death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the kind of person your mother was when you were young:

Describe her relationship with your father:

What did you like about mom?

Dislike about mom:

Her favorite child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Why?

Which child was most like mom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why?

Child most different from mom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Why?

**Your Siblings**

Background on your siblings (brother & sisters) – list by name & age. (All those who lived with you or elsewhere, adopted, step, miscarried, deceased)

Describe your relationship with your siblings (past).

Describe your relationship with siblings (present).

Which brother/sister was most like you & why?

Who played together?

**Childhood background** (Compare to the best of your knowledge)

Describe your mom’s emotional & physical condition during her pregnancy with you:

How did mom react to the news that you were going to be born?

How did dad react to the news that you were going to be born?

Describe the atmosphere in your home when you were a child: (Examples: tense, peaceful, laughter, fighting)

Was your home affected by alcoholism, drug addiction, mental disorder, etc?

What were important values in your family?

Were you able to confide in your parents?

Describe how your parents disciplined you:

Was your childhood happy or unhappy?

Describe any childhood fears or conditions (i.e. bed-wetting, thumb sucking)

**Sexual Background**

What was your parents attitude toward sexuality? (Was there any discussion/instruction in the home)

Have you ever experienced any trauma or anxieties arising out of sexual experience with the opposite sex? Please Explain:

Have you every experienced any trauma or anxieties arising out of sexual experience with the same sex? Please Explain:

First knowledge of:

Sex-

Sexual Identity –

Sexual Abuse –

Pornography –