Life Span Ministries
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Life History Questionnaire

Date: _____

Name:_____

Address: _____

With whom are you now living? (list people) _____

_____

Do you live in a house, hotel, room, apartment, etc.? _____

Next of kin/friend, address and phone: _____

_____

1. Presenting Problem

Please state in your own words the nature of your main problem(s), or the reason you came to therapy:

_____
_____
_____
_____
_____

When did this problem start and how did it develop?

_____
_____
_____
_____

How severe is this problem? (Please check one)
____Mildly upsetting ____Moderately upsetting ____Very upsetting

____Severe ____Totally incapacitating

Please list and describe any additional problems here: _____

_____
_____

Have you ever seen a psychiatrist or other counselor for these or other problems in the past? _____ If so, approximately when, for how long, and with what results? _____

_____

2. Personal Data

Mother's condition during pregnancy (as far as you know)_____

Check any of the following that applied during your childhood:

___ Night terrors	___ Sleepwalking	___ Thumb-sucking
___Bed-wetting	___ Nail-biting	___ Stammering
___ Fears	___ Happy childhood	___ Unhappy childhood

Health during childhood?_____

List illnesses:_____

Health during adolescence? _____

List illnesses: _____

Any surgical operations? (Please list them and give age at time) _____

_____

_____

List medications you currently take:_____

_____

When were you last examined by a doctor? _____

Any accidents? _____

List your five main fears:

(1)_____

(2)_____

(3)_____

(4)_____

(5)_____

Check any of the following that apply to you:

___ Headaches	___ Dizziness	___ Test poorly
___ No appetite	___ Fatigue	___ Fainting spells
___ Insomnia	___ Nightmares	___ Stomach trouble
___ Alcoholism	___ Tremors	___ Take sedatives
___ Depressed	___ Take drugs	___ Feel panicky
___ Don't like weekends/vacation	___ Unable to relax	___ Shy with people
___ Can't make decisions	___ Palpitations	___ Overambitious
___ Home conditions bad	___ Inferiority complex	___ Bowel disturbance
___ Can't make friends	___Can't keep a job	___ Feel tense
___ Unable to have a good time	___ Memory problem	___ Suicidal ideas
___ Concentration difficulties	___ Financial problems	___ Sexual problem
___ Can't do anything right		

Check any of the words which apply to you:

___ Worthless	___ Useless	___ a “nobody”	___ “life is empty”	___ Left out
___ Inadequate	___ Stupid	___ Incompetent	___ Sympathetic	___ Confident
___ Morally wrong	___ Evil	___ Anxious	___ Hostile	___ Horrible thoughts
___ Full of hate	___Agitated	___ Cowardly	___ Unassertive	___ Lonely
___ Unattractive	___ Ugly	___ Deformed	___ Repulsive	___ Panicky
___ Depressed	___ Unloved	___ Confused	___ Aggressive	___ Considerate
___ Unconfident	___ Naïve	___In conflict	___ Full of regrets	___ Misunderstood
___ Worthwhile	___ Leader	___ Intelligent	___ Attractive	___ Restless
___ Guilty	___ Bored	___ Participant	___ Feel different	___ Responsible

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

3. Family Background & Childhood History

Where were you born? _____Date of Birth: _____

Describe the kind of places in which you lived as a child (city, country, with relatives, etc.)

_____
_____
_____
_____

If you were not raised by your parents, who did bring you up, and between what ages?

_____
_____

Give an impression of the home atmosphere in which you grew up. Did your parents get along well? Did the children have a good relationship with the parents?

_____
_____
_____

Were you able to confide in your parents?

_____

In what ways were you punished as a child? _____
_____

How did you get attention as a child? (Acting smart, cute, responsible, misbehaving)_____
_____
_____

What made you feel secure as a child: _____

_____

Describe your childhood:_____

_____

_____

_____

_____

_____

_____

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

Your father's or stepfather's personality: (please check)

___ Nervous	___ Understanding	___ Often unfair toward me
___ Passive	___ Extrovert	___ Often depressed
___ Cruel	___ Considerate	___ Not very loving
___ Quiet	___ Introvert	___ Fair toward me
___ Loving	___ Happy	___ Dominant
___ Unhappy	___ Inconsiderate	___ Not understanding

Other comments about his personality: _____

_____

_____

Your mother's or stepmother's personality: (please check)

___ Nervous	___ Understanding	___ Often unfair toward me
___ Passive	___ Extrovert	___ Often depressed
___ Cruel	___ Considerate	___ Not very loving
___ Quiet	___ Introvert	___ Fair toward me
___ Loving	___ Happy	___ Dominant
___ Unhappy	___ Inconsiderate	___ Not understanding

Other comments about her personality:_____

_____

_____

Is your father still living? _____
If so, how old is he and what is his occupation? _____
If not, what was the cause of his death? _____

Is your mother still living? _____If so, how old is she and what is her occupation?_____

_____

If not, what was the cause of her death?_____
Are your parents now living together? _____ If not, how old were you when they separated or divorced? _____

Describe your relationship with your parents._____
_____
_____
_____

How often do you see them? _____

Describe your religious upbringing: _____
_____
_____

What are you religious practices now? _____
_____
_____

Do you attend Church regularly and where? _____
_____ How often (circle): Daily Weekly Monthly Seldom Never

How important is your religion to you? (circle): Not at all Some Somewhat Extremely

What is your denomination? _____

Is there any other information regarding your religious beliefs and upbringing that would help Dr. Clardy: _____
_____
_____
_____

Siblings

Names of brother(s): _____

Ages _____

Names of sister(s): _____

Ages _____

How do you get along with your brothers and sisters?

Past_____
_____

Present_____
_____

Any major problems or traumatic experiences as a child or adolescence with your siblings?
_____
_____
_____

Has anyone (parents, relatives, friends) ever interfered in your life? _____
How?_____
_____
_____

Does any member of your family suffer from obesity/eating disorder, alcoholism, schizophrenia or any “mental disorder”? Give details. _____
_____
_____

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

Recount any fearful or distressing experiences not previously mentioned?_____
_____
_____
_____

4. Educational and Occupational History

What was the last grade in school that you completed?_____

Terms which apply to your elementary school history

___ Moved frequently	___ Participated	___ Good grades	___ Had many friends
___ Made friends	___ Loner	___ Poor grades	___ Had few friends
___ Hated it	___ Popular	___ Changed schools frequently	

Terms which apply to your Junior High and High School history

___ Moved frequently	___ Felt different	___ Joined a group	___ Loner
___ Good grades	___ Hated it	___ Enjoyed it	___ Popular
___ Extra curricular activities	___ Poor grades	___ Few friends	___ Many friends

Adult Education_____
_____

Please list the kinds of jobs held in the past (paid and volunteer) _____
_____
_____
_____

Any military history? If so, how many years, and did you get an honorable discharge?

_____

_____

What sort of work are you doing now? _____

_____

_____

Does your present work satisfy you?_____

Do you have any future educational or work ambitions? _____

_____

5. Relationship History

Name of spouse or significant other:_____
Are you married? _____ Yes _____No
If married, how long did you know your marriage partner before engagement? _____

How long have you been together? _____

Partner's Age? _____

Partner's occupation? _____

Describe your relationship, including how you and your partner emotionally connect, if at all, and how you get along: _____

_____

_____

In what areas do you experience compatibility or incompatibility with your partner?_____

_____

_____

_____

Your partner's personality: (please check)

___ Nervous	___ Understanding	___ Often unfair toward me
___ Passive	___ Extrovert	___ Often depressed
___ Cruel	___ Considerate	___ Not very loving
___ Quiet	___ Introvert	___ Fair toward me
___ Loving	___ Happy	___ Dominant
___ Unhappy	___ Inconsiderate	___ Not understanding
___ Fun	___ Lazy	___ Hard working
___ Easygoing	___ Grouchy	___ Complaining

Other comments about your partner's personality: _____
Were you married previously?_____ If so, how old were you when you married?_____

How long were you married to your previous partner? _____

Your previous partner's personality: (please check)

___ Nervous	___ Understanding	___ Often unfair toward me
___ Passive	___ Extrovert	___ Often depressed
___ Cruel	___ Considerate	___ Not very loving
___ Quiet	___ Introvert	___ Fair toward me
___ Loving	___ Happy	___ Dominant
___ Unhappy	___ Inconsiderate	___ Not understanding
___ Fun	___ Lazy	___ Hard working
___ Easygoing	___ Grouchy	___ Complaining

Other comments about your previous partner's personality: _____
_____
_____

How many children have you had (and by which spouse)? Please list their names, sex, and ages.
_____
_____

Do any of your children have special problems? _____
_____

How do you get along with your in-laws? _____
_____

6. Sexual History

What was your parent's attitude toward sex? _____
_____
_____

Any history of sexual traumas or guilt feelings about sex? _____
_____

Any homosexual experiences or desires? _____ Any other unusual sexual preferences?
_____
_____

Is your present sex life satisfactory? _____ If not, please explain:_____
_____
_____
_____

7. Current Life

Present interests, hobbies, recreations, and other activities:_____
_____
_____
_____

How is most of your free time occupied? _____
_____

Does your present social life satisfy you? _____ If not, what is missing? _____
_____
_____

Who are the most important people in your life at this time? _____
_____
_____
_____

What are your ambitions and goals? What would you like to do with your life in the next few months and years? Please explain. _____
_____
_____
_____

Please list any other information you think would be helpful in understanding you, or you think Dr. Clardy should know. _____
_____
_____

Please list the benefits you hope to derive from therapy. _____
_____
_____
_____

How would you like to be different after therapy? _____
_____
_____
_____

THANK YOU!

Comments, insights, notes:
_____
_____
_____