

# **LIFE HISTORY QUESTIONNAIRE**

## **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 therapeutic program. We realize that this is a long and detailed questionnaire. On the other hand, people's lives are complex and to help, we need to understand you.

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 as per the legal limits explained at the beginning of therapy.

NOTE: If you need more space to answer any question, use the reverse side of the sheet or attach extra pages.

## **THANK YOU FOR YOUR TIME AND EFFORT**

Adapted by permission of the Cognitive Therapy Unit, Clarke Institute of Psychiatry, Centre for Addiction and Mental Health, Toronto, Ontario, Canada

**GENERAL INFORMATION**

Name: \_\_\_\_\_

**Description of Presenting Problems**

State in your own words the nature of your main problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

On the scale below, please estimate the severity of your problem(s):

Mildly	Moderately	Very	Extremely	Totally
Upsetting	Upsetting	Severe	Severe	Incapacitating

Have you ever attempted suicide? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Do you have any current thoughts of harming yourself? \_\_\_\_\_

When did your problems begin? (Give dates): \_\_\_\_\_

What solutions to your problems have been most helpful? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Personal Information**

How far did you get in school? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

If less than six months, what did you do before that? \_\_\_\_\_

Has there ever been a period of time when you were unable to work or go to school? \_\_\_\_\_

If yes, When? Why was that? \_\_\_\_\_

\_\_\_\_\_

**Treatment History**

Have you ever been in treatment for any kind of emotional/mental problem? When?

What kind of treatment? What was the result? \_\_\_\_\_  
\_\_\_\_\_

**Biological Factors**

How is your physical health? \_\_\_\_\_

Have you had any injuries/major illness in the past? If so, what? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Are you trying to lose weight? \_\_\_\_\_

Do you eat three well-balanced meals each day? If not, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_\_ Number per day: \_\_\_\_\_ Past? \_\_\_\_\_

If you smoke, how long have you been smoking? \_\_\_\_\_

Do you drink tea or coffee? \_\_\_\_\_ Cups per day: \_\_\_\_\_

Are you on any medications? If so what kind and what doses? Include nonprescribed medications such as vitamins. \_\_\_\_\_  
\_\_\_\_\_

How much alcohol do you drink? How often? \_\_\_\_\_

What street drugs are you using? How much? How often? \_\_\_\_\_

Have you ever had any head injuries or loss of consciousness? Please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does/did any member of your family suffer from alcoholism, epilepsy, depression etc?  
Did anyone ever attempt or commit suicide?

\_\_\_\_\_

## Personal and Family History

Place of birth: \_\_\_\_\_

Father:        Living? Y/N  
                  If living, present age: \_\_\_\_\_ present health: \_\_\_\_\_  
                  If deceased, age at time of death? \_\_\_\_\_  
                  How old were you at the time? \_\_\_\_\_  
                  Cause of death: \_\_\_\_\_  
                  Occupation: \_\_\_\_\_

Mother:        Living? Y/N  
                  If living, present age: \_\_\_\_\_ present health: \_\_\_\_\_  
                  If deceased, age at time of death? \_\_\_\_\_  
                  How old were you at the time? \_\_\_\_\_  
                  Cause of death: \_\_\_\_\_  
                  Occupation: \_\_\_\_\_

Siblings:        Number and ages of brothers \_\_\_\_\_  
                  Number and ages of sisters \_\_\_\_\_  
                  Your place in family (e.g., 3<sup>rd</sup> of 4 children): \_\_\_\_\_

Religion as a child: \_\_\_\_\_ As an adult: \_\_\_\_\_

Were you raised by your parents? \_\_\_\_\_

If not, who raised you and between what years? \_\_\_\_\_

Has any relative had serious legal problems? \_\_\_\_\_

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

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Give a description of your father's (or father substitute's) personality and his attitude towards you (past and present): \_\_\_\_\_

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Give a description of your mother's (or mother substitute's) personality and her attitude towards you (past and present): \_\_\_\_\_

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Outline any important events for you as you were growing up (also include moves, school, friends, extracurricular activities etc.)

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Is there anything else you think I should know? \_\_\_\_\_

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