

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.

If you have been in therapy relatively recently and you feel comfortable doing so, please have your previous records sent to me. You can do so by contacting your previous therapist directly or filling out the release form on the last page and I can contact that person directly.

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?

Other Behaviors

Have you ever gambled? _____

If so, have you ever felt the need to bet more and more money? _____

Have you ever had to lie to people important to you about the extent of your gambling? _____

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., 3rd 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).

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

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

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

Is there anything else you think I should know? _____
