

- Fears
- Happy childhood
- Unhappy childhood

Any others: _____

D. Any childhood/adolescent history of any of the following:

- Physical abuse Sexual abuse/molestation Rape Neglect Emotional abuse
- Witness to domestic violence Exposure to pornography Neighborhood violence

E. Health during childhood? List illnesses:

F. Health during adolescence? List illnesses:

G. Any surgical operations? (Please list them and give age at the time):

H. Any accidents: _____

I. List your three main fears:

1. _____
2. _____
3. _____

J. Circle any of the following that apply to you:

- | | | |
|--------------------|----------------------------------|----------------------------|
| headaches | suicidal ideas | no appetite |
| dizziness | unable to relax | insomnia |
| palpitations | sexual problems | alcoholism |
| stomach trouble | don't like weekends or vacations | tremors |
| bowel disturbances | can't make friends | take drugs |
| fatigue | inferiority feelings | allergies |
| anger | can't keep a job | shy with people |
| take sedatives | memory problems | can't make decisions |
| nightmares | financial problems | home conditions bad |
| feel panicky | lonely | unable to have a good time |
| feel tense | excessive sweating | concentration difficulties |
| conflict | often use aspirin or painkillers | self-injury behaviors |
| depressed | fainting spells anxiety | unmotivated |

Please list additional problems or difficulties here _____

K. Circle any of the following words which apply to you:

- | | | |
|---------------|-------------------------|--------------|
| worthless | can't do anything right | agitated |
| useless | guilty | cowardly |
| a "nobody" | evil | unassertive |
| life is empty | morally wrong | panicky |
| inadequate | horrible thoughts | aggressive |
| stupid | hostile | ugly |
| incompetent | full of hate | deformed |
| naive | anxious | unattractive |

repulsive
depressed
lonely
unloved
misunderstood
bored

restless
confused
unconfident
in conflict
full of regrets
worthwhile

sympathetic
intelligent
attractive
confident
considerate

Please list any additional words that describe you: _____

L. Present interests, hobbies, and activities:

M. How is most of your free time occupied? _____

N. What is the last grade of school that you completed? _____

O. Scholastic abilities: strengths and weaknesses _____

P. Were you ever bullied or severely teased? _____

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

Alcohol/Substance Use History

Substance	Age started	Frequency	Last time used
Alcohol:	_____	_____	_____
Marijuana:	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

Do you believe substance use/abuse is a problem for you? _____

Has your substance use/abuse had a negative impact on your family? If yes, please explain. _____

Do you have any family members with substance abuse problems? If yes, who? _____

Have you ever been treated for alcohol/substance abuse? If yes, please describe? _____

Religion/Spirituality

Religious affiliation (if any) _____

Role of religion and/or spirituality in your life:

A. In childhood _____

B. As an adult _____

Occupational Data

A. What sort of work are you doing now? _____

B. List previous jobs/occupations _____

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

D. Ambitions/Goals: (Past)

(Present) _____

Sex Information

A. Parental attitudes toward sex (e.g., was their sex instruction or discussion in the home?) _____

- B. When and how did you derive your first knowledge of sex? _____

- C. Please list any relevant details regarding your first or subsequent sexual experience. _____

- D. Is your present sex life satisfactory? (If not, please explain). _____
- E. If female, age at first period? _____ Mood swings related to period? _____
- F. Sexual orientation: _____

Marital History (if never married, skip down to Family Data section)

- How long did you know your marriage partner before engagement? _____
- How long have you been married? _____ Husband's/Wife's age _____
- Occupation of husband or wife _____
- A. Describe the personality of your husband or wife (in your own words) _____
- B. In what areas is there compatibility? _____
- C. In what areas is there incompatibility? _____
- D. How do you get along with your in-laws? (This includes brothers and sisters-in-law.) _____
- How many children do you have? Please list their gender and age(s). _____

- E. Do any of your children present special problems? _____
- F. Any history of miscarriages or abortions? _____
- G. Comments about any previous marriage(s) and brief details. _____

Family Data

A. Father

- Living or deceased? _____ If deceased, your age at the time of his death. _____
- Cause of death: _____ If alive, father's present age. _____
- His Occupation: _____ His Health: _____

B. Mother

- Living or deceased? _____ If deceased, your age at the time of her death. _____
- Cause of death: _____ If alive, mother's present age. _____
- Her Occupation: _____ Her Health: _____

C. Siblings

- Number of brothers: _____ Brothers' ages: _____
- Number of sisters: _____ Sisters' ages: _____

D. Relationship with brothers and sisters:

- Past: _____

- Present: _____

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

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

G. In what ways were you punished by your parents as a child? _____

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

I. Were you able to confide in your parents? _____

J. Did your parents understand you? _____

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

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

M. Describe your religious training:

N. If you were not raised by your parents, who did raise you, and between what years? _____

O. Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.? _____

P. Who are the most important people in your life? _____

Q. Does any member of your family suffer from additions, epilepsy, or anything which can be considered a "mental disorder"? _____

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

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

T. What do you expect to accomplish from therapy, and how long do you expect therapy to last? _____

U. List any situations/activities which make you feel calm or relaxed. _____

V. Have you ever lost control (e.g., temper or crying or aggression)? If so, please describe. _____

W. Please add any information not brought up by this questionnaire that may aid your therapist in understanding and helping you. _____

Self-Description (Please complete the following sentence stems):

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 _____

Current Circumstances

A. What is there about your present behavior that you would like to change? _____

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

C. What do you consider your most irrational thought or idea? _____

D. Describe any interpersonal relationships that give you:

1. Joy _____

2. Grief _____

E. In a few words, what do you think therapy is all about? _____

This form has been adapted from Lazarus (1977).