



PERSONAL INFORMATION QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. The time you spend answering these questions is a significant investment in your therapy. Please answer each question thoroughly and accurately. The information you provide will enable your therapist to better understand your issues and the course of treatment. It is understandable that you might be concerned about what happens to this information since so much of it is highly personal. The laws of confidentiality apply to case records as well as information shared in a session with your therapist. All communication between you and your therapist, whether written or spoken, will be held in confidence and will not be revealed to anyone without your written consent.

Date: _____

1. General Information:

Name: _____
Address: _____
Phone: (work) _____ (home) _____ (cell) _____
Age: _____ Sex: _____
By whom were you referred? _____ May I thank them? _____
Marital Status (circle one): single engaged married separated divorced
widowed remarried (# of times __) living with someone

2. Description of Presenting Problem(s):

State in you own words the nature of your main problem(s): _____

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

mildly moderately very extremely totally
upsetting _____ upsetting _____ severe _____ severe _____ incapacitating _____

When did your problem(s) begin (include dates): _____

Have you been in therapy before or received any prior professional assistance for your problems? If so, give name(s), professional title(s), dates of treatments and results:

3. Personal and Social History:

- a. Date of birth _____ Place of birth _____
- b. Siblings: # of brothers _____ ages _____
 # of sisters _____ ages _____

- c. Father: living? _____ If alive, give his present age _____
 deceased? _____ If deceased, give his age at time of death _____
 If deceased, how old were you at the time? _____
 Cause of death? _____
 Occupation: _____
- d. Mother: living? _____ If alive, give her present age _____
 deceased? _____ If deceased, give her age at time of death _____
 If deceased, how old were you at the time? _____
 Cause of death? _____
 Occupation: _____
- e. Religion: As a child: _____ As an adult: _____
 Presently, what is the role of religious faith in your life? _____

- f. Education: Last grade completed _____ Degree? _____

g. Circle any of the following that applied during your childhood/adolescence:

- | | | |
|-------------------------------|-----------------|------------------|
| happy childhood | school problems | medical problems |
| unhappy childhood | family problems | alcohol abuse |
| emotional/behavioral problems | legal trouble | others: |
| strong religious convictions | drug abuse | |

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

i. What kinds of jobs have you held in the past? _____

j. Does your work satisfy you? If not, explain: _____

k. Have you ever been hospitalized for psychological problems? _____ If yes, when
and where? _____
Briefly describe the circumstances: _____

l. Have you ever attempted suicide? _____

m. Does any member of your family suffer from alcoholism, depression or anything
else that might be considered a mental disorder? _____

n. Has any relative attempted or committed suicide? _____

o. Has any relative had serious problems with the law? _____

p. Have you ever had an abortion? _____

4. Behavior:

Circle any of the following behaviors that apply to you:

Overeat	Suicide Attempts	Can't keep a job
Take Drugs	Compulsions	Insomnia
Vomiting	Smoke	Take too many risks
Odd behavior	Withdrawals	Lazy
Drink too much	Nervous tics	Eating problems
Work too hard	Concentration difficulties	Aggressive behavior
Procrastination	Sleep disturbance	Crying
Phobias	Outbursts of anger	Impulsive reactions

5. Feelings

Circle any of the following that often apply to you:

Angry	Guilty	Unhappy	Annoyed
Happy	Bored	Sad	Conflicted
Restless	Depressed	Regretful	Lonely
Anxious	Hopeless	Contented	Fearful
Hopeful	Excited	Panicky	Helpless
Optimistic	Energetic	Relaxed	Tense
Envious	Jealous	Joyful	Love

List your four main fears:

1. _____ 2. _____
3. _____ 4. _____

List four things that often make you angry:

1. _____ 2. _____
3. _____ 4. _____

6. Physical Sensations:

Circle any of the following that often apply to you:

Headaches	Stomach trouble	Dizziness
Tics	Palpitations	Fatigue
Chest pains	Tension	Back pain
Rapid heart beat	Sexual disturbances	Blackouts
Don't like being touched	Unable to relax	Fainting spells
Bowel disturbances	Excessive sweating	Hear things

Menstrual History:

Age of 1st period: _____

Are you regular? _____

Were you informed or did it come as a shock? _____

Do your periods affect your mood? _____

7. Images

Circle any of the following that apply to you:

Pleasant sexual images	Unpleasant sexual images
Lonely images	Unpleasant childhood images
Helpless images	Seduction images
Aggressive images	Images of being loved

What picture comes into your mind most often? _____

How often do you have nightmares? _____

Describe any recurring dreams you may have had: _____

Describe your earliest memory: _____

8. Thoughts

Circle each of the following words that you might use to describe yourself:

intelligent, confident, worthwhile, ambitious, sensitive, loyal, trustworthy, full of regrets, worthless, a nobody, useless, evil, crazy, morally degenerate, considerate, a deviant, unattractive, unlovable, inadequate, confused, ugly, stupid, naïve, honest, incompetent, horrible thoughts, conflicted, concentration difficulties, memory problems, attractive, can't make decisions, suicidal ideas, persevering, good sense of humor, hard-working

Are you bothered by thoughts that occur over and over again? If so, describe these recurring thoughts: _____

Expectations regarding therapy:

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

How do you think a therapist should interact with his or her clients? _____

What would you like to get out of your therapeutic experience? _____

9. Interpersonal Relationships

A. Family of Origin

1. If you were not brought up by your parents, who raised you and between what years? _____

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

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

4. In what ways were you disciplined (punished) by your parents as a child?

5. Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention the nature of the relationships between parents and between children:

B. Friendships

1. Do you make friends easily? _____

2. Do you keep them? _____

3. Rate the degree to which you generally feel comfortable and relaxed in social situations:

very relaxed ___ relatively comfortable ___ relatively uncomfortable ___ very anxious ___

4. Do you have one or more friends with whom you feel comfortable sharing your most private thoughts and feelings? yes ___ no ___ If yes, list in order of emotional closeness people who are presently important in your life and your relationship to them:

a. _____

b. _____

c. _____

C. Marriage:

1. How long have you been married? _____

2. What is your spouse's age? _____

3. Describe your spouse's personality? _____

4. In what areas are you compatible? _____

5. In what areas are you incompatible?

6. How do you get along with your in-laws (include brothers and sisters-in-law)? _____

D. Sexual Relationships:

1. Describe your parents' attitude toward sex. Was sex discussed in your home? _____

2. Have you ever experienced any anxiety or guilt feelings arising out of sex or masturbation?

If yes, explain: _____

3. Did you have any sex-play experiences with other children or with siblings? If yes, explain:

4. Did any older child or adult touch you in a sexual way or make an approach that you perceived to be sexual? If yes, explain: _____

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

6. Provide information about any significant homosexual reactions, fears or relationships:

7. Are there any sexual concerns not discussed above? If so, explain: _____

10. Biological Factors:

a. Do you have any current concerns about your physical health? Please specify: _____

b. Do you eat three well-balanced meals each day? If not, please explain: _____

c. Do you experience any eating related struggles (e.g. excessive dieting, bingeing, purging or compulsive overeating) either presently or in the past? If so explain: _____

d. Do you get regular physical exercise? If so, what type and how often? _____

e. Have you (past or present) used any non-prescription drugs (e.g. marijuana, tranquilizers, sedatives, cocaine, narcotics, stimulants, hallucinogens)? If so, what type and how often? _____

f. List any medications you are currently taking or have taken during the past six months:

11. Sequential History

List the most significant memories and experiences within the following ages:

0-5 yr _____

6-10 yr _____

11-15 yr _____

16-20 yr _____

21-25 yr _____

26-30 yr _____

31-35 yr _____

36-40 yr _____

41-45 yr _____

46-50 yr _____

51-55 yr _____

56-60 yr _____
