

Your Childhood:

Date of birth: _____ City/State/Country: _____

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

Was there anything difficult about your birth (as far as you know)? _____

Your physical health in childhood-- any major diseases? _____

accidents? _____

Major incidents in childhood or adolescents, for example moves, deaths of close family, etc.

Describe your experiences in school in grades K-3: _____

Describe your experiences in school in grades 3-6: _____

Describe your experiences in school in grades 6-9: _____

Describe your experiences in school grades 10-12: _____

Circle any descriptors that apply to your childhood:

- | | | | | |
|--|--------------|--------------------|----------------|-----------------|
| happy | fearful | thumb-sucking | physical abuse | was bullied |
| unhappy | sexual abuse | problems in school | bed-wetting | temper tantrums |
| no memory of childhood (or very spotty memory) | | head banging | exciting | |
| separation from parents | | emotional abuse | sleep walking | moved a lot |
| lonely | nail biting | shyness | humorous | night terrors |

In what way were you punished as a child? _____

Who were you closest to as a child? _____

Are your parents still married? _____

If not, when did they divorce? _____

How did that affect you? _____

Did either of your parents remarry? _____

If so, how did that affect you? _____

List your siblings, in their birth order, and give their current ages. Also, please indicate the quality of your relationship with them and if they suffer from any emotional problems that you know of:

Personal Information:

How is your physical health? _____

When was the last time you saw a physician? _____

Do you take any medications? _____

If so, what are the names, dosages and what are they for? _____

Have you ever lost consciousness? If so, please describe each instance (i.e. what happened, how long you were unconscious, what treatment you received)

List your five main fears:

List your interests, hobbies and activities: _____

What do you do to relieve stress? _____

How far did you get in school? _____

Do you make friends easily? _____

Do you keep them? _____

Please describe your current support system: _____

Are you religious or spiritual? _____

If so, what faith are you associated with? _____

What are your personal ambitions, past, present and future? _____

Circle each of the following as it applies to you:

- indecisive panicky headaches suicidal ideas
anxious drug abuse confused insecure insomnia
trouble concentrating oversexed can't make friends nightmares
job problems don't enjoy myself heart palpitations shy
tremors dizziness life is no fun ambitious
tense alcohol abuse discouraged depressed fatigue
get into fist fights fainting spells argue a lot daydream lonely
no sex drive feel shame a lot withdrawn strange experiences
shortness of breath no appetite overeating stomach trouble

Other: _____

Occupational information:

What do you do for work? _____

How long have you held this job? _____

Do you enjoy your work? _____

What kind of jobs have you held in the past? _____

Do you earn enough to cover your expenses? _____

What are your occupational goals? _____

Sexual Information:

What was your father's attitude towards sex? _____

What was your mother's attitude towards sex? _____

Was there sexual instruction or discussion in your home growing up? _____

At what age did you first become aware of sexual feelings? _____

How did you first become aware of sexual activity? _____

How do you feel about your sex life now? _____

Do you have any sexual performance concerns? (i.e. for women, trouble achieving orgasm or trouble becoming aroused, for men, problems with erections or premature ejaculation)

Do you utilize pornography (in any format)? _____

If so, with what frequency? _____

Have you ever been (or has your partner ever been) pregnant? _____

If any of these pregnancies was lost or terminated, please give a brief account:

Family Information:

Have any of the members of your immediate family died? _____

If so, please give a brief account (date, their relationship to you, the impact of the death on you, etc.)

Circle any of the following conditions that you think may occur (or have occurred) in your blood relatives:

- | | | | |
|-------------------|--|---------------------------------------|-----------------------|
| epilepsy | heart troubles | severe nervousness | depression |
| anxiety | suicide attempts | Post traumatic stress disorder (PTSD) | |
| schizophrenia | bipolar disorder (formerly called manic depressive disorder) | | |
| ADD/ADHD | bizarre behavior | paranoia | drug abuse |
| alcohol abuse | OCD/obsessive compulsive disorder | severe anger | |
| criminal behavior | extreme mood swings | panic attacks | psychiatric treatment |

Information about yourself:

Please describe any significant or distressing events not already mentioned:

Have you ever lost control, for example in a fit of rage or crying? _____

If so, please explain: _____

What are you hoping to accomplish in therapy? _____

Self-description:

Please complete the following sentences:

I am _____

I am _____

I feel _____

I feel _____

I think _____

I think _____

I wish _____

I wish _____

I want _____

I want _____

I need _____

I need _____

Please list any other information about yourself not discussed in this form that might help us in your treatment: _____

Please write your reactions to completing this questionnaire: _____
