

# 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 accurately as you can, you will facilitate your therapeutic program. This questionnaire will save you both time and expense. You are requested to answer these routine questions in your own time, instead of using up your actual counseling time.

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. No outsider, not even your closest relative or family doctor is permitted to see your case record without your written permission.

**IMPORTANT:** If you do not desire to answer any question, write, "Do not care to answer". Also, if some particular question does not apply to you, simply write "NA" in the space provided.

Date \_\_\_\_\_

## I. GENERAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_

Religion \_\_\_\_\_ Attendance: Regular Occasional Never (circle)

With whom are you now living? (List people, their names, ages & occupations. If they are students, indicate what grade.)

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

How strongly do you want treatment for your problem? (Circle One)

Very much      Much      Moderately      Could do without, if necessary

When you called about counseling, did you already know who you wanted to be your counselor?

If yes, what counselor \_\_\_\_\_ If No, Who referred you to  
Oaks of Righteousness? \_\_\_\_\_

## II CLINICAL

You can help us save time by explaining in your own words some things about your problem. Please be as specific as possible. A few particular examples of how the problem comes up would be valuable.

A. State in your own words the nature of your chief concern: \_\_\_\_\_

---

---

---

B. If your problem is something that you think happens too often or not often enough, state approximately how often it occurs, how long it lasts, or how often you want it to occur and any other information you feel might be helpful in understanding your problem.

---

---

---

---

---

C. What people are important in some way with your problem? Please mention specific ways they have helped you - both good and bad should be mentioned.

---

---

D. With whom have you talked about your problem?

---

---

### III WHAT IS YOUR SPIRITUAL CONDITION?

- A. Have you accepted Jesus Christ as your Lord and Savior? If yes, when did this happen?
- B. Have you ever prayed to receive the Baptism of the Holy Spirit? If yes, when did this happen? Briefly describe this experience.
- C. (1) Have you ever done a spiritual gifts survey? Yes No  
(2) What spiritual gifts do you feel like you operate in? \_\_\_\_\_  
\_\_\_\_\_
- D. How much time do you spend in prayer or study on an average day? Example (Worship - 10 minutes, read the Bible 10 minutes, praying in tongues - 10 minutes, communicating with God 10 minutes).
- F. Do you have a history of consistently being part of a healthy church family?  
Please explain.
- G. In your local church, where are you serving now? And where have you served in the past?
- H. Do you have a history of consistently giving the first 10% of all your income to your local church family? YES or NO
- I. In light of your answers to the above questions, do you see where you are strong in your spiritual walk, and where you need growth in your spiritual walk?  
Please explain.

## IV COUNT THE COST

There are two attitudes that are always essential to receive Biblical Guidance. They are **Humility** and **Hard Work**.

You have already recognized the need for hard work. Now you face the biggest question. Are you Humble? You are about to be asked to list the character flaws or sin habits in you that have repeatedly caused this problem. No one can make you have a certain reaction. If you don't have joy and peace, it's because you choose to not have God's character and God's strength in a situation.

This is the hardest and most painful part of seeking the Lord's guidance. Once you've made the decision to never blame anyone else for your attitude, the Lord's truth, joy, answers, and peace are free to flood your soul. Thus, before you go forward, we ask you to "Count the Cost".

- A. Are you willing to take 100% responsibility for every attitude, action, and reaction you've ever had? Are you willing to forever give up the lie that your attitude is someone else's fault?

Yes \_\_\_\_\_ No \_\_\_\_\_

- B. What are the key character flaws or sin habits Satan has built as his strongholds in your life? Specifically list these in order of their effect on this problem.

For Example: I am impatient, I am lazy, I am opinionated, I am critical, I whine and feel sorry for myself, I am gloomy, grumpy and never smile, I am stubborn, I am abrasive, I never finish what I start, I worry too much and serve my fears, I try to manipulate people by \_\_\_\_\_, I am very controlling by the way, I \_\_\_\_\_. I have been defensive when my spouse is trying to communicate with me. I have been harsh with my children. I procrastinate and don't finish what I start.

## V WHAT IS YOUR GOAL?

Your problem may be marriage tension, financial tension, child-raising tension, loneliness of being single tension, career tension, distance from God tension, or sin tension. Your desire may be for "stability", for "understanding", for "revenge", or for "joy". For instance; if you are having marital strife your goal may be to: "Stop the strife"

That is a vague goal. Do you mean that you just want your mate to leave you alone? Do you just want peace in this situation? Do you have any goals for the future? You may say in marital strife that your goal is to: "Have a fantastic marriage"

That's better! It's a more pro-active, permanent goal. However, it still leaves a lot out. Do you want to understand what it takes to have a fantastic marriage? Are you willing to change? After you change dramatically in the areas that please your mate, are you willing to require your mate to be humble and hard working also?

- A. It's important to realize that the answer to this question reveals your heart and sets your heart. With that in mind, what do you see as goals? That is, what are the pro-active, permanent changes that you would like to see in your life?

## VI DEVELOPMENTAL INFORMATION

A. Date of birth and place \_\_\_\_\_

B. Approximately how many times did your family move when you were young? \_\_\_\_\_  
Since you left your parental home? \_\_\_\_\_ Your age when you left \_\_\_\_\_

I was born  on time  late: How late? \_\_\_\_\_  premature: How premature? \_\_\_\_\_  
 I was delivered Caesarian Section

I was a wanted baby. How do you know?

I was adopted \_\_\_\_\_  days  weeks  months  years after birth.

Was the birth mother and natural father married to each other before my conception?

Birth mother and natural father were not happily married during my time in the womb.

Natural father was gone much of the time while I was in the womb.

Medications or forceps had to be used for my delivery.

Birth mother and/or natural father were grieving the loss or potential loss of a loved one during my womb life.

Birth mother experienced a previous miscarriage or abortion before I was conceived.

Birth mother had a difficult previous pregnancy.

Birth mother had a difficult pregnancy with me. What made it difficult?

Birth mother and natural father were struggling with difficulties of life during my womb life. If yes, what were they:

---

---

What is the story your family tells about your coming into the world?

---

---

What significant events occurred in your early childhood?

---

---

**VI DEVELOPMENTAL INFORMATION --- continued**

C. Childhood:

1. Mother's condition during pregnancy (as far as you know) \_\_\_\_\_  
\_\_\_\_\_

2. Underline any of the following that apply during your childhood:

Night terrors: Bed Wetting: Sleep-walking: Thumb-sucking: Nail-biting: Stammering:  
Fears: Happy childhood: Unhappy childhood.

D. Health:

1. Health during childhood: \_\_\_\_\_

2. List childhood illnesses: \_\_\_\_\_

3. Health during adolescence: \_\_\_\_\_

4. List adolescent illnesses: \_\_\_\_\_

5. Any physical disabilities? \_\_\_\_\_

How related to your present problem? \_\_\_\_\_  
\_\_\_\_\_

6. Your present height: \_\_\_\_\_ Weight: \_\_\_\_\_

7. Any surgical operations? Any Accidents? Please list them, and at what age they occurred.

8. When was the last time you felt well, both physically and emotionally for a fair amount of time?

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

## **VI DEVELOPMENTAL INFORMATION (Continued)**

A. Underline any of the following that apply to you: Headaches; Dizziness; Fainting spells; Palpitations; Stomach trouble; No appetite; Bowel disturbances; Fatigue; Insomnia; Nightmares; Take Sedatives; Alcoholism; Feel tense; Feel panic; Tremors; Depressed; Suicidal ideas; Drugs; Unable to relax; Sexual problems; Unable to have a good time; Don't like weekends and vacations; Over-ambitious; Shy with people; Can't make friends; Feel lonely; Can't make decisions; Can't keep a job; Inferiority feelings; Home conditions bad; Financial problems.

B. Other \_\_\_\_\_

## **VII AVOCATIONAL INTERESTS:**

A. Game and interests during childhood: (Including make-believe)

B. Interests and hobbies during adolescence:

C. Any athletic interests and/or accomplishments?

D. Present interests, hobbies, activities, organizations:

E. How is most of your free time occupied?

**VIII EDUCATION:**

A. Last grade or year completed: \_\_\_\_\_

Degree s): \_\_\_\_\_

Date (s): \_\_\_\_\_

B. Relationship to school mates: \_\_\_\_\_

\_\_\_\_\_

C. Scholastic abilities & disabilities: \_\_\_\_\_

D. Were you ever bullied, or given a nickname? Please explain briefly. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IX OCCUPATION:**

A. Age when you started working: \_\_\_\_\_

B. Jobs held (in chronological order and reasons for change)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. How long employed in present job? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

E. What do you and your spouse earn? \_\_\_\_\_

F. Ambitions and aspirations: \_\_\_\_\_

\_\_\_\_\_

## X SEX INFORMATION

A. Parental attitudes toward sex. (For example, was there sex instruction or discussion in the home?) \_\_\_\_\_

B. When and how did you derive your first knowledge of sex? \_\_\_\_\_

C. When did you first become aware of your sexual impulses? \_\_\_\_\_

---

---

D. Did you ever experience any anxieties or guilt feelings or trauma arising out of masturbation?

If yes, please explain. \_\_\_\_\_

---

---

E. Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experience with the opposite sex? If yes, please explain.

---

---

F. Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experience with the same sex (homosexuality)? If yes, please explain.

---

---

G. Menstrual History: Age at first period \_\_\_\_\_

Were you informed, or did it come as a shock? \_\_\_\_\_

Are you regular? \_\_\_\_\_ Duration \_\_\_\_\_

Do you have pain? \_\_\_\_\_ Do your periods affect your moods? \_\_\_\_\_

---

---

H. Is there any question or concern you have about sex past/present or future, or sexual identity?

## **XI MARITAL HISTORY - Present Marriage**

- A. How long did you know your marriage partner before engagement? \_\_\_\_\_  
For how long were you engaged? \_\_\_\_\_ How long have you been married? \_\_\_\_\_
- B. Please describe something of what you liked and disliked about your mate:

What I like the first few years:

What my mate liked the first few years:

What I disliked the first few years:

What my mate disliked the first few years:

What I have liked the last few months:

What I have disliked the last few months:

What my mate has liked/disliked the last few months:

What my mate has liked/disliked the last few months:

**XI MARITAL HISTORY - Present Marriage (Continued):**

In what areas are you most compatible?

In what areas is there incompatibility?

How do you get along with your in-laws? (This includes brother-in laws, and sister-in laws):

Give specific examples of those things you would like to see your spouse do more often (E.G., take the garbage out, bring you a cup of coffee when you have just sat down to relax, etc.):

Give three specific examples of things you would like to see your spouse stop doing. (Three particular things that irritate you.):

Please list the names of your children, from the oldest to youngest: (State if any of these children are from a previous marriage, or adopted) (Also, in the birth order, please include any miscarriages, or abortions.) Please give the following information:

Name	Sex	Age	Marital	Status	Job	Describe each person
_____						
_____						
_____						
_____						
_____						

## **XII MARITAL HISTORY - Previous Marriages:**

When were you first married and for how long? \_\_\_\_\_

How long did you know your first spouse before engagement? \_\_\_\_\_

How long were you engaged? \_\_\_\_\_

Please describe something you liked and disliked about your previous mate:

What I liked:

What I disliked:

Please describe something of what your previous mate liked and disliked about you:

What he/she liked:

What he/she disliked:

Please describe something of what your previous mate liked and disliked about you:

What he/she liked:

What he/she disliked:

### XIII FAMILY DATA

A. Please list the names of your brothers and sisters, from the oldest to youngest: (State if any of these children are from a previous marriage, or adopted) (Also, in the birth order, please include any miscarriages, or abortions.) Please give the following information:

Name	Sex	Age	Marital	Status	Job	Describe each person
------	-----	-----	---------	--------	-----	----------------------

---

---

---

---

---

---

---

---

C. Your relationship with your brothers and sisters?

(a) Past:

(b) Present:

D. Brother or sister most like you? In what respect?

E. Brother or sister most different from you? In what respect?

F. Who played together?

G. Any unusual achievements?

H. Any accidents or illnesses (bumps to head, hospitalizations, etc.)?

### **XIII FAMILY DATA (Continued):**

- A. As a child, in what ways did your parents punish you?
  
- B. Give an impression of your home atmosphere (i.e., the home in which you grew up).
  
- C. Were you able to confide in your parents?
  
- D. If you were not brought up by your parents, who did raise you? Between what years? If your parents raised you, was there another parental figure?
  
- E. Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?
  
- F. Does any member of your family suffer from alcoholism, drug addiction, or anything that can be considered a “mental disorder”?
  
- G. Are there any other members of the family about whom information regarding illness, etc. is relevant?
  
- H. Please try to remember any fearful or distressing experiences not previously mentioned.

### **XIII FAMILY DATA (Continued):**

#### **NATURAL FATHER**

Father's Name \_\_\_\_\_ Current Age \_\_\_\_\_

Occupation \_\_\_\_\_ Health: Good Average Poor  
(Circle One)

If deceased, cause of death \_\_\_\_\_

Your age at the time \_\_\_\_\_

Kind of person:

His ambition for the children:

His relationship to the children:

His relationship to the Mother (his wife):

His favorite child, why:

Which child was most like Dad, why?

Which child was most different from Dad, why?

As a child, what I liked about Dad:

As a child, what I disliked about Dad:

**XIII FAMILY DATA (Continued):**

**STEPFATHER**

Step Father's Name \_\_\_\_\_ Current Age \_\_\_\_\_

Occupation \_\_\_\_\_ Health: Good Average Poor  
(Circle One)

If deceased, cause of death and age at death \_\_\_\_\_

Your age at the time \_\_\_\_\_

Kind of person:

His ambition for the children:

His relationship to the children:

His relationship to the Mother (his wife):

His favorite child, why:

Which child was most like Dad, why?

Which child was most different from Dad, why?

As a child, what I like about Dad:

As a child, what I disliked about Dad:

**XIII FAMILY DATA (Continued):**

**FATHER FIGURE**

Father Figure's Name \_\_\_\_\_ Current Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Health: Good Average Poor  
(Circle One)

If deceased, cause of death and age at death \_\_\_\_\_  
Your age at the time \_\_\_\_\_

Kind of person:

His ambition for the children:

His relationship to the children:

His relationship to the Mother (his wife):

His favorite child, why:

Which child was most like Dad, why?

Which child was most different from Dad, why?

As a child, what I liked about Dad:

As a child, what I disliked about Dad:

### **XIII FAMILY DATA (Continued):**

#### **NATURAL MOTHER**

Mother's Name \_\_\_\_\_ Current Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Health: Good Average Poor

If deceased, cause of death and age at death \_\_\_\_\_  
Your age at the time \_\_\_\_\_

Kind of person:

Her ambition for the children:

Her relationship to the Father (her husband):

Her relationship to the children:

Her favorite child, why:

Which child was most like Mom, why?

As a child, what I liked about Mom:

As a child, what I disliked about Mom:

### **XIII FAMILY DATA (Continued):**

#### **STEP MOTHER**

Step Mother's Name \_\_\_\_\_ Current Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Health: Good Average Poor

If deceased, cause of death and age at death \_\_\_\_\_  
Your age at the time \_\_\_\_\_

Kind of person:

Her ambition for the children:

Her relationship to the Father (her husband):

Her relationship to the children:

Her favorite child, why:

Which child was most like Mom, why?

As a child, what I liked about Mom:

As a child, what I disliked about Mom:

### **XIII FAMILY DATA (Continued):**

#### **MOTHER FIGURE**

Mother Figure's Name \_\_\_\_\_ Current Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Health: Good Average Poor

If deceased, cause of death and age at death \_\_\_\_\_  
Your age at the time \_\_\_\_\_

Kind of person:

Her ambition for the children:

Her relationship to the Father (her husband):

Her relationship to the children:

Her favorite child, why:

Which child was most like Mom, why?

As a child, what I liked about Mom:

As a child, what I disliked about Mom:

## XIV SELF DESCRIPTION

- A. In what kinds of situations do you most readily lose self-control? (Cite particular instances if at all possible. Examples might be temper, uncontrollable crying, impatience, etc.):
- B. In which situations are you best able to maintain self-control?
- C. Give a word picture (description) of yourself as you would be described by:
1. Your spouse:
  2. Your best friend:
  3. Your worst enemy:
  4. Yourself:

#### **IV SELF DESCRIPTION (Continued)**

**Complete the following sentences:**

- As a child, I:

- For me, school was:

-My childhood fears were:

-My role in my group of friends was:

-The significant events in my physical and sexual development were:

-In my social development were:

-The most important values in my family were:

-What stands out the most for me about my family life is:

-My parents' relationship to each other was:

-Brothers' and sisters' relationship to Dad was:

-My parents' relationship to us children was: