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Life History Questionnaire

Please completely fill out the following pages

Name: _____ Date of Birth _____

With whom are you now living? (List people – relationship)

_____ DB: _____
Name Relationship

_____ DB: _____
Name Relationship

_____ DB: _____
Name Relationship

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Name Relationship

Where do you reside? ___house ___apartment ___condo ___room ___other

Significant relationship status

___ single

___ engaged

___ married

___ separated

___ divorced

___ remarried

___ committed relationship

___ widowed

If married, spouse's name, age, and occupation

_____ Age Occupation
Name

Clinical

1. State in your own words the nature of your main problems and how long they have been present.

2. Give a brief history and development of your complaints (from onset to present):

3. On the scale below please check the severity of your problem(s):

____ Mildly upsetting ____ Moderately upsetting ____ Severely upsetting

____ Extremely upsetting ____ Totally incapacitating

4. List any medical problems that you are currently experiencing: _____

5. Name of the physician monitoring this condition(s): _____

Phone# _____

6. List all medication and dosage you are presently taking:

7. List all previous medications and dosages you have taken for the present problem:

8. With whom (physicians, psychiatrists, therapists) have you previously consulted about your present problem(s):

9. What is your height? _____ Your weight _____

10. History surgical operations (Please list them and give age at the time):

11. History of Accidents (Please list them and give age of accident)

What are your expectations for therapy?

What are your goals?

What would you like to change in yourself? Between you and partner? Between you and your children?

History

1. Place of birth _____ Wanted child? _____ Yes _____ No

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

A. Drugs or medication used during pregnancy? _____

B. Alcohol consumption during pregnancy? _____ Yes _____ No If so, how much _____

What kind? _____ Which month of the pregnancy? _____

3. Check any of the following that applied during your childhood:

____ Night terrors ____ Bedwetting ____ Sleep walking

____ Thumb sucking ____ Nail biting ____ Stammering /Stuttering

____ Fears ____ Happy childhood ____ Unhappy childhood

4. Health during childhood. List illnesses and dates

_____	_____
_____	_____
_____	_____
_____	_____

5. Health during adolescence. List illnesses and dates (include drug/alcohol recovery)

_____	_____
_____	_____
_____	_____
_____	_____

6 List accidents and dates in childhood and adolescents:

7 Role of religion and/or spirituality in your life:

A. In childhood: _____

B. As an adult: _____

List your five main fears:

1 _____
2 _____
3 _____
4 _____
5 _____

Underline any of the following that apply to you:

Headaches	Dizziness	Fainting spells
Palpitations	Stomach trouble	Anxiety
Bowel disturbance	Fatigue	No appetite
Anger	Take sedatives	Insomnia
Nightmares	Feel panicky	Alcoholism
Feel tense	Conflict	Tremors
Depressed	Suicidal ideas	Use drugs or marijuana
Unable to relax	Sexual problems	Allergies
Overambitious	Shy	Cannot make or keep friends
Inferiority feelings	Memory problems	Dislike weekends and vacations
Home conditions bad	Financial problems	Cannot find/ keep a job
Lonely	Excessive sweating	Often use aspirin or painkillers
Concentrating difficulties	Unable make decisions	Unable to have a good time

Please list additional problems or difficulties here

Circle any of the following words which apply to you:

Worthless, useless, a “nobody”, “life is empty”, inadequate, stupid, incompetent, naïve, “can’t do anything right”, guilty, morally wrong, horrible thoughts, hostile, full of hate, anxious, agitated, cowardly, unassertive, panicky, aggressive, ugly, unattractive, repulsive, depressed, unloved, misunderstood, bored, restless, confused, unconfident, in conflict, full of regrets, worthy, sympathetic, intelligent, attractive, confident, considerate, empathic, smiles, joy, positive, doesn’t like conflict, pleaser, forgetful, distracted, memory loss, rages, negative, victim, abused, abuser, yeller, screamer, laughs, jokes, encourages, patient, ruler, leader, organizer, procrastinator, successful, failer,
Please list any additional words:

Present interests, hobbies, and activities:

How is most of your free time occupied?

What is the last grade in school that you completed? _____ G.P.A. _____

Scholastic abilities: strength and weakness

Were you ever bullied or severely teased? _____

Do you make friends easily? _____

Do you keep them? _____

Occupational Data

What sort of work are you doing now?

List five previous jobs.

- 1.
- 2.
- 3.
- 4.
- 5.

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

How much do you earn? _____

How much does it cost you to live? _____

Ambitions/ goals _____

Past _____

Present _____

Sex Information

Parental attitudes toward sex (e.g., was there sex instruction or discussion in the home?) Describe?

When and how did you derive your first knowledge of sex?

When did you first become aware of your own sexual impulses?

Did you ever experience any anxieties or guilt feelings arising out of sex or masturbation? If "yes", please explain.

At what age was your first sexual experience?

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

Is your present sex life satisfactory? (If not, please explain).

Provide information about any significant heterosexual (and/or homosexual) reactions.

Are you sexually inhibited in any way?

How many sexual partners have you had?

Menstrual History

Age of first period? _____

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

Are your regular? _____

Do you have pain? _____ Date of last period _____

Do your periods affect your moods? _____

Any history of miscarriages or abortions? If so, what dates? _____

Marital History

How long did you know your present marriage partner before marriage? _____

How long have you been married? _____

Husband's/ Wife's age at the time of marriage: _____

Occupation of husband or wife _____

Describe the personality of husband or wife in your own words

In what areas is there compatibility?

In what areas is there incompatibility?

How do you get along with your in-laws?

How many children do you have from this marriage? _____

Please list their names and ages. _____

Do any of your children present special problems

Previous Marriages

How long did you know your first marriage partner before marriage? _____

How long were you married? _____

Husband's wife's age at the time of marriage _____

Reason for a separation/ divorce:

In what areas is there compatibility?

In what areas is there incompatibility?

How do you get along with your in-laws?

How many children do you have from this marriage? _____

Please list their names and ages. _____

Do any of your children present special problems

How long did you know your second marriage partner before marriage? _____

How long were you married? _____

Husband's wife's age at the time of marriage _____

Reason for a separation/ divorce:

In what areas is there compatibility?

In what areas is there incompatibility?

How do you get along with your in-laws?

How many children do you have from this marriage? _____

Please list their names and ages. _____

Do any of your children present special problems

Family Data

Father

Living or deceased?

If deceased, your age at the time of his death.

Cause of death.

If alive, father's present age.

Occupation.

Heath

Mother

Living or deceased?

If deceased, your age at the time of her death.

Cause of death.

If alive, mother's present age.

Occupation.

Heath.

Siblings

Number of brothers: _____ Brothers' ages: _____

Number of sisters: _____ Sisters' ages: _____

Relationship with brothers and sisters: (name sibling and then describe)

Past:

- 1.
- 2.
- 3.
- 4.

Present:

- 1.
- 2.
- 3.
- 4.

Give a description of your father's personality and his attitude toward you

Past

Present

Give a description of your mother's personality and her attitude toward you

Past

Present.

Please describe the relationship between your parents

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

Give an impression of your home atmosphere including the relationship between parents and siblings).

Were you able to confide in your parents and siblings?

Mother

Father

Siblings (Name):

1.

2.

3.

4.

Did your parents and siblings understand you? If so, how? If not, why?

Mother:

Father:

Siblings (Name):

1.

2.

3.

4.

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

If you have a step-parent, give your age when parent remarried?

Give a description of step parents' personality and his/her attitude towards you.

Past

Present

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

Has anyone (parents, relatives, friends) ever interfered in your marriage? If so, who and how

Who are the most important people in your life?

Does any member of your family suffer from (name member):

Alcoholism

Epilepsy

Cognitive delays

Depression

Bipolar

Suicide

Was anyone ever hospitalized for the above? (Whom? When? For What?)

Are there any other members of the family about whom information regarding illness is relevant?

Recount any fearful or distressing experiences not previously mentioned during childhood/adolescents/adulthood?

Have you ever been physically/emotionally abused? If so, by whom? What age for you?

Have you had/presently have drinking/drug problem? If so, please describe

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

Please describe a place/situation that helps you to stay calm

Self Description

I am a person who _____

All of my life _____

Ever since I was a child _____

One of the things I feel proud of is _____

It's hard for me to admit _____

One of the things I cannot forgive is _____

One of the things I feel guilty about is _____

If I didn't have to worry about my image, I would be _____

One of the ways people hurt me is _____

My mother was always _____

What I needed from my mother and didn't get was _____

My father was always _____

What I wanted from my father and didn't get was _____

If I weren't afraid to be myself, I might _____

One of the things I am angry about is _____

What I need and have never received from a woman is _____

What I need and have never received from a man is _____

The bad thing about growing up is _____

One of the ways I could help myself but don't _____

What feelings do you wish to alter?

Increase

Decrease

What sensations are especially:

Pleasant for you?

Unpleasant for you?

Describe a very pleasant image of fantasy.

Describe a very unpleasant image of fantasy.

What do you consider your most irrational thought or idea?

Describe any interpersonal relationships that give you:

Joy

Grief

Take a separate sheet of paper and for ten-minutes write as fast as you can without lifting your pen, the following topics:

1. When I look into my mother's eyes, I see
2. When I look into my father's eyes, I see
3. When I look into my significant person's eyes, I see

