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LIFE HISTORY QUESTIONNAIRE

This questionnaire will provide important information to assist us in our work together. Often it can be helpful to gather as much information as possible in order to get a full picture of a problem. You may want to have your parents help you fill it out, or you can do it by yourself.

Feel free to skip any questions that you do not feel comfortable answering.

Name _____ Age _____

Current problem

Describe the difficulties you are currently facing and how long they have been going on:

History

Date of birth _____ Place of birth _____

Your mother's condition when she was pregnant with you _____

Underline any of the following that applied during your early childhood:

Night Terrors Bedwetting Sleepwalking Thumbsucking

Nail biting Stammering Fears Happy childhood

Unhappy childhood Any others _____

Health during childhood:

How would you describe yourself as a child?

How would you describe yourself now?

List any illnesses, surgeries, or accidents you have had (with your approximate age):

Medication

Please list any medications that you are currently taking and describe why you are taking them:

Sleep

How many hours of sleep do you get per night? _____

Describe any difficulties with sleep:

Diet

How would you describe your diet?

How do you feel about your current weight?

Exercise

Describe your attitude toward and involvement in physical exercise:

How do you feel about your physical condition?

Social

How would you describe your friendships? How many friends do you have, and are they very good friends?

How do you like to spend your time with friends?

How much time do you spend with friends compared to time with your family?

Psychological

Describe any past therapy experiences (include dates). What worked or didn't work?

Please put a check mark by any of the following that you have experienced in the last 6 months:			
	Increased/decreased appetite		Lack of energy/lethargy
	Isolating from others		Repetitive behavior
	Loss of Interest		Relationship issues
	Feeling empty		Recurring thoughts
	Hopelessness		Extreme worry
	Crying spells		Nightmares
	Increased fears		Flashbacks
	Sleep problems		Too much energy
	Short attention span		Trouble concentrating
	Increased anger		Sexual issues
	Abuse of alcohol/drugs		Memory problems
	Feeling paranoid		Racing thoughts
	Increased irritability		Mood swings
	Nervousness		Violent actions
	Panic attacks		Change in weight
	Easily frustrated		Feeling stressed
	Low self-esteem		Depressed mood
	Anxiety		Unusual/extreme euphoria
	Increased fatigue		Recklessness
	Self-hate		Procrastination
	Confusion		Hearing voices that others don't
	Seeing things that others don't		Disorientation

What are five words you would use to describe yourself? _____

What are five words someone who knows you very well would use to describe you? _____

Do you feel that you have a difficult time controlling your anger? Yes No

Have you ever become violent with another person? If so, when and what situation?

Have you ever spent time in jail or juvenile detention? If so, when and for what crime?

Have you had any suicidal thoughts or attempted suicide in the last six months? Yes No

Have you ever attempted suicide? Yes No

Have you ever been psychiatrically hospitalized? Yes No (If, "yes," where and when?):

Educational

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

How do you like school?

Do you ever skip school? Why?

Occupational Information

Do you have a job?

Do you enjoy your job? Why or why not?

Describe your ideal job:

Relationships

What is your current relationship status? (single, in a relationship, dating)

If you are in a relationship:

How long have you been in this relationship? _____

How would you describe your relationship?

Name of your partner: _____

How would you describe your partner?

Have you ever been pregnant or do you have any children?

Religion

What is your participation in religious activities?
In early childhood:

Currently:

Cultural

What cultural/ethnic group do you include yourself in? _____

What does your affiliation with this group mean to you?

Recreation

What do you do for fun (e.g. hobbies, interests)?

Family Information

Father (biological or adoptive):

Living or deceased? _____ If deceased, how old were you when he died? _____

Cause of death: _____

If alive, your father's present age? _____ Occupation: _____

Health: _____

Give a description of your father's attitude towards you (past and present):

Mother (biological or adoptive):

Living or deceased? _____ If deceased, how old were you when she died? _____

Cause of death: _____

If alive, your mother's present age? _____ Occupation: _____

Health: _____

Give a description of your mother's attitude towards you (past and present):

If you have a stepparent/s, give your age(s) when your parent(s) remarried: _____

Who would you say is/are your primary caretaker(s)? _____

Siblings

Number of brothers: _____ Brothers' ages: _____

Number of sisters: _____ Sisters' ages: _____

How would you describe the atmosphere in your home?

Does any member of your family suffer from alcoholism, substance abuse, or anything that could be called a mental disorder?

Therapy

What do you hope to get out of our work together?

How would you describe an ideal therapist?

Do you have ideas about an approach or techniques that work best for you?

What suggestions would you give your therapist in working with you?

I know that I have asked you a lot of questions, but is there any additional information that you feel would be important to add?