

A 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, rather than during 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 questions do not apply to you, simply write "NA" in the space provided.

Date _____

I. GENERAL INFORMATION

A. Name _____ E-mail _____

B. Address _____ Phone _____

C. City _____ State _____ Zip _____

D. Age _____ Occupation _____

E. Religion _____ Attendance: Regular Occasional Never

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

G. How strongly do you want treatment for your problem? (Circle One)
Very much Much Moderately Could do without, if necessary

H. When you called Vertical, did you already know who you wanted to be your
Counselor? Yes or No Who referred you to Vertical? _____

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 problems come 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, state approximately how often it occurs, how long it lasts, and any other information you feel might be helpful in understanding your problem.

C. If your problem is concerned with something not happening as often as you would like, state what you would like to see happen more often, how often you think it should occur, etc.

D. Are any of the people in Section I, items F important in some way with your problems?

YES NO

If yes, please mention specific ways they have helped you - both good and bad points should be mentioned, if possible.

E. With whom have you talked about your problem?

III. 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? _____

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, Sleepwalking, Thumb-sucking, Nail biting, Stammering, Fears, Happy childhood, Unhappy childhood.

D. Health:

1. Health during childhood: _____

2. List childhood illness: _____

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? 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?

9. 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.

Other _____

IV. AVOCATIONAL INTERESTS:

A. Game and interests during childhood.

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?

V. EDUCATION:

A. Last grade or year completed: _____

i. Degree(s): _____

ii. Date (s): _____

B. Relationship to school mates: _____

C. Scholastic abilities & disabilities: _____

D. Were you ever bullied, or given a nick-name? Please explain briefly.

E. Do you make friends easily? Do you keep them?

VI. 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: _____

VII. 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 impulse?

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

SEX INFORMATION (continued)

- E. Did you ever experience any anxieties or guilt feelings or trauma arising out of sexual experiences 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 of first period _____
Were you informed, or did it come as a shock? _____
Are you regular? _____ Duration _____
Do you have pain? _____ Do your period's affect your moods?

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

VIII. 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 liked the first few years:

MARITAL HISTORY –Present Marriage (Continued)

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:

C. In what areas are you most compatible?

D. In what areas is there incompatibility?

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

- F. Give specific examples of 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.):

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

IX. FAMILY DATA

- A. Please list the names of your children, from oldest to youngest: (State if any of these children are from a previous marriage, or adopted) (Also, in the birth order, please included any miscarriages or abortions. Please give the following information:
Name Sex Age Marital Status Job Describe each person

- B. Your relationship with brothers and sisters?

a. Past:

b. Present:

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

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

E. Who played together?

F. Any unusual achievements?

G. Any accidents or illnesses (bumps to head, hospitalization, etc.)?

H. "Father" here means the man who took primary responsibility for raising you. If that is a different person than your biological father, please describe what you know of your biological father on the back of this page, and describe your father on this page.

Father's Name _____ Current Age _____

Occupation _____ Health: Good Average Poor (circle one)

If deceased, cause of death and age of death _____

Your age at the time of death _____

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:

FAMILY DATA (Continued)

- I. "Mother" here means the woman who took primary responsibility for raising you. If that is a different person than your biological mother, please describe what you know of your biological mother on the back of this page, and describe your mother here.

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 children:

Her relationship to the Father (her husband):

Her favorite child, why:

Which child was most like Mom, why?

Which child was most different from Mom, why?

As a child, what I liked about Mom:

As a child, what I disliked about Mom:

- J. As a child, in what ways did your parents punish you?

FAMILY DATA (Continued)

- K. Give an impression of your home atmosphere (i.e., the home in which you grew up).

- L. Were you able to confide in your parents?

- M. 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?

- N. Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?

- O. Does any member of your family suffer from alcoholism, drug addiction, or anything that can be considered a "mental disorder"?

- P. Are there any members of the family about whom information regarding illness, etc. is relevant?

- Q. Please try to remember any fearful or distressing experiences not previously mentioned.

Complete the following sentences:

As a child, I :

For me, school was:

FAMILY DATA (Continued)

My childhood fears were:

My childhood ambitions 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 sister' relationship to Dad was:

Brothers' and sister' relationship to Mom was:

My parents' relationship to us children was:

X. 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, uncontrolled crying, impatience, etc.):

B. In what 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:

Would you be willing to allow a counselor-in-training to sit in on your sessions? _____

Thank you!

Vertical Healing Center

Waiver of Liability/Confidentiality

To whom it may concern:

I voluntarily consent to be ministered to by _____ (prayer minister's name). I understand that some or all of the procedures used to give spiritual and emotional help through prayer may or may not be clinically demonstrated as guaranteeing either short term or long term results. I fully understand that the ministry I receive is NOT counseling in any form but rather prayer ministry. I accept this ministry fully and completely and do not hold anyone responsible for ANY outcome that may arise as a result of this ministry. I do not hold my prayer minister (named above) Vertical Healing Center staff or volunteers, or Vertical Church responsible for any further or additional care that I may need in the future. I take full responsibility for my life, health and wellbeing now and in the future.

I am voluntarily accepting this offer of ministry and acknowledge that I understand that I am free to terminate my participation at any time for any reason. I understand that I must take full responsibility for any and all consequences for prematurely terminating any spiritual intervention done for or on my behalf. I also understand that once I leave this place of ministry, I accept full responsibility for any/all aftercare and follow-up ministry since this ministry opportunity is limited to a particular time frame and does not provide for any promise of future ministry.

I understand that my identity and any information that I may discuss, including all written information, will be kept confidential and will not be disclosed without my written consent, except in the following circumstances: (1) I am aware that my prayer minister (named above) is mandated by law to intervene if he/she suspects that a child (under the age of 18 years), or elder (over the age of 65 years), or a vulnerable adult is currently endangered by abuse or if I am a danger to myself or others; or, (2) I am aware that my written records may be released if subpoenaed by court order and I am aware that my prayer minister may also be required to give testimony regarding our discussions if subpoenaed by court order.

By my signature I acknowledge that I have read and understand all of the above provisions, including the waiver of liability and the waiver of confidentiality, and that I accept the stated conditions and limits of this waiver.

XI. Signed: _____ **Date:** _____

Name: _____ (print clearly)

Address: _____

City: _____ State: _____ Zip: _____

XII. Witnessed by: _____ **Date:** _____