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BACKGROUND QUESTIONAIRE

Today's Date: ______________________

Name:____ Gender: M F

Address:____ City:____________________ Zip:________

Day phone: _______________________________ Evening phone: _____________________________

Age: _____ Date of Birth: ________________________ Place of birth: __________________________

Who referred you? ____

Describe the primary reasons for which you are seeking psychological services: ____________________

____

____

____

Please give a brief history of your complaints: ____

____

____

____

Please indicate the severity of your problems:

___Mildly upsetting ___Moderately severe ___Very severe ___Extremely severe ___Totally incapacitating

Previous therapists seen, dates seen, and length of therapy? ___________________________________

____

____

What did you like/dislike about the therapy? ____

____

Medications currently taking (include dosage): ____

____

PERSONAL DATA

Current height: ___________________________ Current weight: ___________________________________

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

____

Check any that apply during your childhood:

	Night terrors		Bedwetting		Sleepwalking
	Thumb sucking		Nail biting		Stammering
	Fears		Happy childhood		Unhappy childhood

Any others:____

____

Health during childhood/adolescence (list illnesses/age): ____

____

____

Surgical procedures and age which performed: ____

____

Any accidents and age when occurred: ____

____

List your five main fears:

1. ____
2. ____
3. ____
4. ____
5. ____

Check any that apply to you:

	Headaches		Dizziness		Fainting spells
	Palpitations		Stomach trouble		Anxiety
	Bowel disturbances		Fatigue		No appetite
	Anger		Take sedatives		Insomnia
	Nightmares		Feel panicky		Alcoholism
	Feel tense		Conflict		Tremors
	Depressed		Suicidal ideas		Take drugs
	Unable to relax		Sexual problems		Allergies
	Don't like weekends/vacations		Overambitious		Shy with people
	Can't make friends		Inferiority feelings		Can't make decisions
	Can't keep a job		Memory problems		Home conditions bad
	Financial problems		Lonely		Unable to have a good time
	Excessive sweating		Often use aspirin/painkillers		Concentration difficulties

Please list additional problems or difficulties: ____

____

____

Check any of the words you feel apply to you:

	Worthless		Useless		A “nobody”
	“Life is empty”		Inadequate		Stupid
	Incompetent		Naïve		“Can’t do anything right”
	Guilty		Evil		Morally wrong
	Horrible thoughts		Hostile		Full of hate
	Anxious		Agitated		Cowardly
	Unassertive		Panicky		Aggressive
	Ugly		Deformed		Unattractive
	Repulsive		Depressed		Lonely
	Unloved		Misunderstood		Bored
	Restless		Confused		Unconfident
	In conflict		Full of regrets		Worthwhile
	Sympathetic		Intelligent		Attractive
	Confident		Considerate		

Please list any additional words: ____

____

Present interests, hobbies, activities: ____

____

How is most of your free time occupied: ____

____

What is the last grade of school that you completed: _________________________________

Scholastic abilities: strengths and weaknesses: _____________________________________

____

Were you ever bullied or severely teased? If yes, please explain: ______________________

____

Do you make friends easy? ____

Do you keep them? ____

Relationship status:

	Single		Engaged		Married		Separated
	Divorced		Remarried		Committed relationship		Widowed

If married, spouses name, age, occupation: ____

____

How long did you know your partner before engagement? ____

How long have you been married? ____

Describe the personality of your significant other (in your own words): ______________________________

____

In what areas is there compatibility? ____

____

In what areas is there incompatibility? ____

____

List all children, gender, and age: ____

____

Do any of your children present special problems? _______________________________________

History of miscarriages or abortions? ____

Previous marriages? List name, age of spouse, length of marriage, other significant details: ___________

____

Please list people with whom you are currently living:

Name	Gender	Age	Relationship to you

FAMILY HISTORY

Father, living or deceased? ______ If living, present age, health, occupation: ______________________

____

If deceased, your age at time of his death and cause of death: __________________________________

Describe the relationship with your father: ____

____

Mother, living or deceased? ______ If living, present age, health, occupation: ______________________

____

If deceased, your age at time of his death and cause of death: __________________________________

Describe the relationship with your mother: ____

____

Brothers and their ages: ____

Sisters and their ages: ____

Past relationship with siblings: ____

Current relationship with siblings: ____

Describe the atmosphere of your home life when you were growing up a child: _____________________

____

Were you able to confide in your parents? ____

Did your parents understand you? ____

Did you feel loved and respected by your parents? ____

Did you have step-parents? ______ If yes, list age when parents remarried and describe relationship with

step-parents: ____

____

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

____

Who are the most important people in your life? ____

____

Please list anyone in the immediate family with behavioral or emotional difficulties:

Person (parent, brother, sister, grandparent, uncle, etc)	Type of difficulty (depression, anxiety, drugs, psychosis, trouble with the law, etc)

Additional information that may aid your therapist in understanding and helping you: ____________________

____

____

OCCUPATIONAL DATA

Occupation: ____

Employer: ____

Previous jobs in the last 10 years: ____

____

____

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 ____

____

Signature:____

Best method to contact you:____

Thank you for taking the time to complete this questionnaire. I look forward to working with you.