

# LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions, as fully and as accurately as you can, you will provide your therapist with important information, without using your actual therapy time. Please answer these questions on your own time. The information in this questionnaire will be kept by your therapist and will not be disclosed to anyone without your written permission. Case records are strictly confidential. If you do not wish to answer a question, simply write, Do not care to answer.

HYPNOTHERAPIST'S NAME: Lecia Plamondon

CLIENT'S INITIALS: \_\_\_\_\_ AGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

By whom were you referred? \_\_\_\_\_

Who presently lives with you? \_\_\_\_\_

Marital Status: (circle one)      Single    Engaged    Married    Separated    Divorced    Widowed

If married, how many times? \_\_\_\_\_ Do you live in a house, hotel, room, apartment, etc.?

## CLINICAL:

1 State in your own words the nature of your main problems and their duration:

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

3 On the scale below please estimate the severity of your problems:

Mildly Upsetting    Moderately Severe    Very Severe    Extremely Severe    Totally Incapacitating

4 With whom have you previously consulted about your present problem(s)?



3 Underline any of the following words which apply to you:

worthless, useless and "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, depressed, unloved, misunderstood, bored, restless, confused, unconfident, in conflict, full of regrets, worthwhile, sympathetic, intelligent, attractive, confident, considerate, assertive

## OTHER AREAS:

1 Present interest, hobbies and activities:

2 How is most of your free time occupied?

3 What is the last grade of school you completed?

4 Scholastic abilities; strengths and weaknesses:

5 Were you ever bullied, severely bullied or severely teased?

6 Do you make friends easily? If so, do you keep them?

7 List five main fears:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

8 Underline any of the following that apply to you:

headaches, financial problems, fainting, palpitations, dizziness, no appetite, bowel disturbances, stomach trouble, insomnia, nightmares, fatigue, alcoholism, feel tense, take sedatives, tremors, unable to relax, suicidal ideas, shy with people, depressed, feel panicky, take drugs, don't like weekends, sexual problems, can't make decisions, don't like vacations, can't make friends, over rambunctious, can't keep a job, disoriented, unable to have a good time, concentration difficulties, memory problems



**7 Father:**

Living or deceased? \_\_\_\_\_

If deceased, your age at the time of his death? \_\_\_\_\_

Cause of death? \_\_\_\_\_

If alive, father's present age? \_\_\_\_\_

Occupation? \_\_\_\_\_

Health? \_\_\_\_\_

**Mother:**

Living or deceased? \_\_\_\_\_

If deceased, your age at the time of her death? \_\_\_\_\_

Cause of death? \_\_\_\_\_

If alive, mother's present age? \_\_\_\_\_

Occupation? \_\_\_\_\_

Health? \_\_\_\_\_

8 As a child in what ways were you punished by your parents?

9 Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention state of compatibility between parents and between parents and children.

10 Were you able to confide in your parents?

11 If you have a stepparent, what was your age when your parent remarried?

12 Give a description of your religious training.

13 If you were not brought up by your parents, who brought you up, and between what years?

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

15 Who are the most important people in your life?

# SELF-DESCRIPTION:

Please complete the following:

I am \_\_\_\_\_

I am \_\_\_\_\_

I am \_\_\_\_\_

I am \_\_\_\_\_

I feel \_\_\_\_\_

I feel \_\_\_\_\_

I feel \_\_\_\_\_

I feel \_\_\_\_\_

I think \_\_\_\_\_

I think \_\_\_\_\_

I think \_\_\_\_\_

I think \_\_\_\_\_

I wish \_\_\_\_\_

I wish \_\_\_\_\_

I wish \_\_\_\_\_

I wish \_\_\_\_\_

I would like to:

Get advice on how to deal with my life and with other people.

Have my therapist respond to me on a person-to-person basis.

Get better self-control.

Get clarity regarding which things I think and feel are real and which things are mostly in my mind.

Work out a particular problem that's been bothering me.

Get my therapist to say what he/she really thinks.

	NO	SOME	A LOT
Get advice on how to deal with my life and with other people.			
Have my therapist respond to me on a person-to-person basis.			
Get better self-control.			
Get clarity regarding which things I think and feel are real and which things are mostly in my mind.			
Work out a particular problem that's been bothering me.			
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