

Anew Place Counseling Services, Inc.

LIFE HISTORY QUESTIONNAIRE
(Confidential)

Name: _____

Date of Birth: _____ Place of Birth: _____

Please give a brief description and history:

1. Current Challenge: List three main problem or challenge areas (e.g. stress, marital tension, depression, etc.) and their possible causes.

A.

B.

C.

2. Current Changes (please circle all that apply):

A. Change in sleep pattern

E. Decreased concentration

B. Change in appetite

F. Increased anxiety

C. Decreased energy

G. Suicidal feelings

D. Decreased motivation

H. Other (please list)

3. Please give at least one example of where and/or how you are having difficulty functioning:

4. Would you say your first 15 years was traumatic or uneventful? (please circle one) List 2-3 traumatic events:

A.

B.

C.

5. Describe your father:

6. Describe your mother:

7. Describe your siblings (names, ages, your relationship with them, etc.):

8. Describe your marriages (how long they lasted, spouses' characteristics, why they may have ended, etc.):

9. Describe your education (when, where, degrees, etc.):

10. Describe your children (names, ages, characteristics, etc.):

11. Describe your religious background and any current involvement:

12. Complete the sentences:

If I could change the world, I would _____.

What I most like about myself is _____.

What I would change about myself is _____.

Something most people don't know about me is _____.

Something I want most for people to know about me is _____.