

LIFE HISTORY

Name: _____

Date: _____

I have:

- Never been married
- Been married only once
- Been married two times
- Been married three times or more

I am now: (check all that apply)

- Married
- Separated
- Divorced
- Widowed
- Living with a partner but not married
- Living with a homosexual partner
- Living alone
- Living with family
- Living with friends
- Other (explain) _____

I now have:

- No close friends
- Only one close friend (same sex)
- Only one close friend (opposite sex)
- Several close friends (same sex)
- Several close friends (opposite sex)
- Several close friends (both sexes)

I belong to:

- No church, club or other social group
- One group (church, club or other organization)
- Several groups (specify) _____

I get together with friends or others socially:

- Never
- Seldom
- Fairly often (at least once per week)
- Very often (more than once per week)

PARENTS

Give a description of your father's (or father substitute's) personality and his attitude toward you.

A. Past: _____

B. Present: _____

Give a description of your mother's (or mother substitute's) personality and her attitude toward you.

A. Past: _____

B. Present: _____

Were you ever separated from one or both parents during your childhood or adolescence (other than vacations) for more than one month? _____ Please describe fully and give your age at the time. _____

In what ways were you disciplined or punished by your parents? _____

Check any of the following which describe the atmosphere in your home when you were a child:

____ Trusting

____ Happy

____ Quarrelling

____ Unhappy

____ Rigid

____ Understanding

____ Loving

____ Severe

____ Insecure

____ Cold

____ Casual

What was the atmosphere in the home where you grew up? _____

Where you able to confide in your parents? _____

Did you feel loved and respected by your parents? _____

If you have a step-parent, give your age when your parent(s) remarried. _____

SIBLINGS

Who were you closest to growing up? _____

Any significant details about siblings: (if any are deceased, please give your age at the time of death and the cause of death) _____

Relationship with brothers and sisters:

A. Past: _____

B. Present: _____

As a child were you abused: No _____ Yes _____

If "yes", I was physically abused _____ by whom _____

emotionally abused _____ by whom _____

sexually abused _____ by whom _____

Check any of the following which describe you as a child:

- | | | |
|---|--|--|
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Bed-wetting |
| <input type="checkbox"/> Nail Biting | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Thumb-sucking |
| <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Stealing | <input type="checkbox"/> Fire-setting |
| <input type="checkbox"/> Daydreaming | <input type="checkbox"/> Running away | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Cruelty to Animals | <input type="checkbox"/> Bullying | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Picked on | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Head-banging |
| <input type="checkbox"/> School Problems | <input type="checkbox"/> Ignored | <input type="checkbox"/> Death in Family |

List the people you now live with and check the box which best describes your relationship with them.

<u>Name</u>	<u>Relationship</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___

THOUGHTS

Check each of the following that you might use to describe yourself:

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Intelligent | <input type="checkbox"/> A nobody | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Concentration difficulties | <input type="checkbox"/> Lazy |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Useless | <input type="checkbox"/> Confused | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Untrustworthy |
| <input type="checkbox"/> Worthwhile | <input type="checkbox"/> Evil | <input type="checkbox"/> Ugly | <input type="checkbox"/> Attractive | <input type="checkbox"/> Dishonest |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Crazy | <input type="checkbox"/> Stupid | <input type="checkbox"/> Can't make decisions | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Morally degenerate | <input type="checkbox"/> Naive | <input type="checkbox"/> Suicidal ideas | _____ |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Considerate | <input type="checkbox"/> Honest | <input type="checkbox"/> Good sense of humor | _____ |
| <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Deviant | <input type="checkbox"/> Incompetent | <input type="checkbox"/> Persevering | |
| <input type="checkbox"/> Full of regrets | <input type="checkbox"/> Unattractive | <input type="checkbox"/> Horrible thoughts | <input type="checkbox"/> Hard working | |
| <input type="checkbox"/> Worthless | <input type="checkbox"/> Unlovable | <input type="checkbox"/> Conflicted | <input type="checkbox"/> Undesirable | |

What do you consider to be your craziest thought or idea? _____

Are you bothered by thoughts that occur over and over again? ___Yes ___No

If yes, what are these thoughts? _____

What worries do you have that may negatively affect your mood or behavior? _____

On each of the following items, please circle the number that most accurately reflects your opinions:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I should not make mistakes.	1	2	3	4	5
I should be good at everything I do.	1	2	3	4	5
When I do not know something, I should pretend that I do.	1	2	3	4	5
I should not disclose personal information.	1	2	3	4	5
I am a victim of circumstances.	1	2	3	4	5
My life is controlled by outside forces.	1	2	3	4	5
Other people are happier than I am.	1	2	3	4	5
It is very important to please other people.	1	2	3	4	5
Play it safe; don't take any risks.	1	2	3	4	5
I don't deserve to be happy.	1	2	3	4	5
If I ignore my problems, they will disappear.	1	2	3	4	5
It is my responsibility to make other people happy.	1	2	3	4	5
I should strive for perfection.	1	2	3	4	5
Basically there are two ways of doing things – the right way and the wrong way.	1	2	3	4	5
I should never be upset.	1	2	3	4	5

Friendships

Do you make friends easily? ___Yes ___No

Do you keep them? ___Yes ___No

Did you date much during high school? ___Yes ___No

College? ___Yes ___No

Were you ever bullied or severely teased? ___Yes ___No

Describe any relationship that gives you:

Joy: _____

Grief: _____

Rate the degree to which you generally feel relaxed and comfortable in social situations:

Very relaxed 1 2 3 4 5 6 7 Very anxious

Do you have one or more friends with whom you feel comfortable sharing your most private thoughts? ___Yes ___No

Marriage (or a committed relationship)

How long did you know your spouse before your engagement? _____

How long were you engaged before you got married? _____

How long have you been married? _____

What is your spouse's age? _____ His /Her occupation? _____

Describe your spouse's personality: _____

What do you like most about your spouse? _____

What do you like least about your spouse? _____

What factors detract from your marital satisfaction? _____

List your five main fears:

1. _____

2. _____

3. _____

4. _____

5. _____

Structural Profile

Directions: Rate yourself on the following dimensions on a seven-point scale with “1” being the lowest and “7” being the highest.

BEHAVIORS:	Some people may be described as “doers” – they are action oriented, they like to busy themselves, get things done, take on various projects. How much of a doer are you?	1 2 3 4 5 6 7
FEELINGS:	Some people are very emotional and may or may not express it. How emotional are you? How deeply do you feel things? How passionate are you?	1 2 3 4 5 6 7
PHYSICAL SENSATIONS:	Some people attach a lot of value to sensory experiences, such as sex, food, music, art, and other “sensory delights.” Others are very much aware of minor aches, pains, and discomforts. How “tuned into” your sensations are you?	1 2 3 4 5 6 7
MENTAL IMAGES:	How much fantasy or daydreaming do you engage in? This is separate from thinking or planning. This is “thinking in pictures,” visualizing real or imagined experiences, letting your mind roam. How much are you into imagery?	1 2 3 4 5 6 7
THOUGHTS:	Some people are very analytical and like to plan things. They like to reason things through. How much of a “thinker” and “planner” are you?	1 2 3 4 5 6 7
INTERPERSONAL RELATIONSHIPS:	How important are other people to you? This is your self-rating as a social being. How important are close friendships to you, the tendency to gravitate toward people, the desire for intimacy? The opposite of this is being a “loner.”	1 2 3 4 5 6 7
BIOLOGICAL FACTORS:	Are you healthy and health conscious? Do you avoid bad habits like smoking, too much alcohol, drinking a lot of coffee, overeating, etc.? Do you exercise regularly, get enough sleep, avoid junk foods, and generally take care of your body?	1 2 3 4 5 6 7

