

Therapist:

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Phone number:

E-Mail:

Name:

Date:

Please complete this questionnaire as legibly and fully as you can help me understand the background to your problems. Firstly, we ask about the history of your life, followed by the current personal situation and the general conditions in which you function. The therapist will relate to those answers during the session, so it doesn't need to be very extensive, points or headwords are enough. But please answer all the questions. We also ask you to answer them yourself, without the help of relatives. If you do not wish to answer a particular question, please put a line through it.

Address:

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Phone number:

E-Mail:

date of birth: place of birth:

Height: Weight:

Please describe your most important current problems/symptoms:

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Please describe when the problems/symptoms have emerged and how they developed:

Please rate how much aggravating are these problems/symptoms:

little aggravating	quite aggravating	very aggravating	extremely aggravating
1	2	3	4

Which areas of life are affected by these problems/symptoms:

When and how often these problems/symptoms appears:

Were there moments / situations when problems / symptoms haven't occurred, or occurred rarely:

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Have you been or are being treated by a physician/psychiatrist/ psychotherapist because of these symptoms/problems:

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What prescribed drugs or medication bought over the counter are you taking now? Please provide the name of the drug, the dose, and how often you take it:

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Do you currently drink alcohol?
If yes, how much do you drink
per week on average:

YES NO

Do you smoke?
If yes, how many cigarettes
do you smoke on average per day?

YES NO

Do you currently take any illegal drugs
(cannabis, cocaine, speed, ecstasy, heroin)?

YES NO

If yes, please give the name of the drug,
how much you use, how often you take it:

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Do you have influence on the strength / duration of your problems / symptoms? What have you tried to do so far to deal with them?

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What explanation do you have for your problems/symptoms?

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If the problems / symptoms disappeared, what would change in your life?

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Do you know someone who has similar problems / symptoms?

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What are your three biggest fears (what are you most afraid of):

- (1)
- (2)
- (3)

What are your three biggest dreams, wishes:

- (1)
- (2)
- (3)

How did you learn about the our practice? (Google, FB, Instagram, Youtube, another mental health professional)

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How high is your motivation for treatment / therapy:

If I had to I would make it without therapy	Average	big	very big
1	2	3	4

What in your current behavior would you like to change?

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What are your expectations from the therapy/therapist?

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What should not under any circumstances happen in therapy (for example, should not do the therapist):

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In your opinion, what characterizes a good relationship between the patient and therapist?

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Please formulate treatment recommendations. What do you want to achieve? (Please, as specific as possible):

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Please describe (in points) a typical day:

Morning:

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Afternoon:

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Evening:

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What was your childhood like? happy or unhappy?

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In your childhood, was it possible to see any typical for you behavior?

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Do you end your friendships quickly?

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How did you get on with school friends?

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How was your health condition in childhood and adolescence?

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Have you ever suffered from any serious medical problems? Have you had any operations or serious accidents?
If yes, please list the problems or operations with your age at the time.

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In your opinion, when you look back in time, what kind of child were you?

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Please describe, how do you see yourself as adolescent (when you look back)

Positives:

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Negatives:

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Please describe, how do you see yourself as an adult today:

Positives:

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Negatives:

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Who do you spend your spare time with (please cross):

	Often	rarely
Alone	-----	
With my partner	-----	
With relatives	-----	
With my friends	-----	
With my and my partner common friends	-----	

Do you have any professional or personal goals that you want to achieve?

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Who do you currently live with?

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family situation:

single

alone

engaged

married remarried

widower divorced

separated

I live with my partner

we are living separate

open relationship

other:

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Do you have any children? If yes, please give their name, age and sex, in order of birth.
If from different relationships, please note.

(1) Name: _____

Age: _____

(2) Name: _____

Age: _____

(3) Name: _____

Age: _____

Family background:

Mather

Father

Name:

Name:

Age:

Age:

Occupation:

Occupation:

Health:

Health:

If deceased:

If deceased:

cause of death:

cause of death:

How old were you at the time?

How old were you at the time?

How would you describe your parents' marriage? Are there any problems?

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Where did you grew up, did you move out? Please write in order:

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Please give a description of your mother's personality and attitudes towards you in your childhood and adolescence:

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Please give a description of your father's personality and attitudes towards you in your childhood and adolescence:

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What is your current relationship with your parents?

mother:

with my father

Please give the names of your brothers and sisters (including step/half siblings) and if alive, their ages, and if deceased their age at death and the cause of death.

(1) Name: Age: Step/half sibling

Your relationship in the past:
relationship today:

(2) Name: Age: Step/half sibling

Your relationship in the past:
relationship today:

(3) Name: Age: Step/half sibling

Your relationship in the past:
relationship today:

In childhood and adolescence, what was your attitude towards your family?

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Please describe the parenting style in your family:

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Important events you went through in your childhood and adolescence which are important for the therapy:

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How did you feel being attached with your local religion society, back than:

Not at all Very much

1 2 3 4 5 6 7 8

Did you feel safe in your family:

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How would you describe your parents' marriage?

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Do you have a stepmother/stepfather? How old were you when your parent got into new relationship?

Have any of your blood relatives (including grandparents, nieces, cousins etc) ever suffered from nerves, anxiety, depression, epilepsy, alcoholism or any mental disorder? Please give details:

If there is anything more that could be helpful for the therapy, please write below:

Have you ever started a therapy that you haven't finished? Please write why? What went wrong?
Did the therapist make a mistake?

Did you have sex education at home? Were those subjects seen as taboo?

With whom and at what age you had your first sexual contact?

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Can you enjoy your sexuality? (please cross)

Usually yes

usually no

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In your life, were/are any unpleasant sexual events? Is sexuality anyhow combined with feeling of guilt or anxiety? (also masturbation)

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Please describe all past romantic relationships that were important for you:

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If currently you are not in any relationship, please go on to questions regarding school.

Questions regarding current partner:

Name: Age: Occupation:

How many years have you been in your current relationship? Months:

What are the positives and negatives of this relationship?

positives:
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negatives:
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Does your partner know about your problems?

If yes, what are his/hers attitude towards it?

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Education

What age did you leave school or further education?

At what age did you start your education?
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What school did you graduate from

What were your strengths when it comes to school:

What were your weaknesses when it comes to school:

Your age when you started to work:

Please describe what do you do professionally, your educations, skills:

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Are you glad with your work?
 Is there anything stressful?
 If you are not glad, please specify:

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Do you have financial problems (debts)?

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Life history

In the table below please write (in points) the most important events in your life. For example, the birth of your youngest sister, moving out to another city, breaking up with your friend, changing work, sickness, death of close person.

	Age	Event
Childhood before starting school		
Elementary school		
Puberty (10-16 years old)		

	Age	Event
16-25 years old		
Adulthood		