Multimodal Life History Questionnaire
(Adapted from A. Lazarus 1977)

PLEASE USE BLACK INK

Date: _____
Name: _____ Email:_____
Address:_____
_____
Phone: (Home) _____ (Cell) _____
Age: _____ DOB: _____ Occupation: _____ Sex: _____
By whom were you referred? _____
Marital Status:_____ Remarried (how many times? _____ Living with someone _____
Significant other's name _____ DOB _____ Occupation _____

Description of Presenting Problem

The nature of my main problem is:
_____
_____
_____
_____
_____

Please estimate the severity of your problem(s):

0_____1_____ 2_____3_____4_____5_____6_____7_____8_____9_____ 10_____
Not upsetting Totally Incapacitating

Describe when your problem began and any significant events occurring at the time or since then, which may relate to the development /maintenance of your problem:
_____
_____
_____
_____
_____

What solutions have been most helpful?
_____
_____
_____
_____

Personal Social History

Birthday _____ Place of Birth _____
Religion: As a child_____ As an adult_____
Education: Last grade completed _____ Degree _____
Siblings: Brothers: _____ Sisters: _____ Other _____

Father: Living? _____ Age: _____ Health status: _____ Occupation_____
Deceased? _____ Age at death: _____ How old were you? _____ Cause of death_____
Mother: Living? _____ Age: _____ Health Status: _____ Occupation _____
Deceased? _____ Age at death _____. How old were you? _____ Cause of death _____

Significant family, school, emotional, medical issues during childhood/adolescence

Underline any of the following that applied to you doing your childhood/adolescence:

Happy childhood ___ Unhappy Childhood ___ Emotional/Behavioral Problems ___ Family Problems ___
Strong Religious Convictions ___ Drug Abuse ___ Legal Trouble ___ School Problems ___ Medical Problems ___

1. What sort of work are you doing now and does it satisfy you?_____
2. What kinds of jobs have you had in the past? _____
3. What is your annual family income? _____ What does it cost to live? _____
4. What were you past ambitions? _____
5. What are your current ambitions? _____
6. Have you ever been hospitalized for psychological reasons? _____. If yes, please elaborate.

_____
_____
_____
_____
_____

7. Have you ever attempted suicide? _____ Has anyone in your family? _____

Behavior

Underline any of the following behaviors that apply to you now:

Overeat ___ Suicidal attempts ___ Can't keep a job ___ Insomnia ___ Odd behavior ___
Compulsions ___ Smoke ___ Nervous tics ___ Vomiting ___ Take drugs ___
Take too many risks ____ Phobias ___ Eating problems ___ Work too hard ___ Drink too much ___
Procrastination ___ Sleep disturbance ___ Crying ___ Concentration difficulties ___ Obsessions ___
Loss of control ___ Outbursts of temper ___ Aggressive behaviors ___ Impulsive reactions ___ Other_____

Are there any specific behaviors, actions or habits that you would like to change? _____
_____

What are some special talents or skills you feel proud of? _____
_____

Do you practice relaxation or meditation regularly? _____

How is your free time spent? _____

Feelings

Underline any of the following feelings that apply to you:

Angry ____	Guilty ____	Unhappy___
Annoyed ___	Happy ____	Bored ____
Sad ___	Conflicted ____	Restless ____
Depressed ___	Regretful___	Lonely ____
Anxious ____	Hopeless ____	Contented____
Fearful ____	Hopeful ____	Excited ____
Panicky ___	Helpless ___	Optimistic ___
Energetic ___	Relaxed ___	Tense ___
Envy ____	Jealous ___	Others:_____

When are you most likely to lose control of your feelings? _____

_____

Describe any situation or place where you feel calm or relaxed. _____

_____

Do you have difficulty relaxing and enjoying weekends and vacations? (If "yes", please explain) _____

Please complete the following:

If I told you what I'm feeling now _____

One of the things I feel proud of is _____

One of the things I feel guilty about is _____

I am happiest when _____

One of the things that saddens me the most is _____

If I weren't afraid to be myself, I might _____

I get so angry when _____

If I get angry with you _____

Do you have difficulty relaxing and enjoying weekends and vacations? (If "yes", please explain)

_____

Physical Sensations

Underline any of the following that often apply to you:

Headaches ___	Stomach trouble ___	Skin problems ___
Dizziness ____	Tics ___	Burning or itchy skin ___
Muscle Spasms ___	Twitches ___	Chest pains ___
Tension ___	Back pain ___	Rapid heart beat ___
Sexual disturbance ___	Tremors ____	Don't like being touched ___
Unable to relax ___	Fainting spells ___	Blackouts ___
Bowel disturbances ___	Hear things ___	Excessive sweating ___
Tingling ___	Watery eyes ___	Visual disturbances ___
Numbness ___	Flushes ___	Hearing problems ___

Thoughts

Underline each of the following thoughts or words that apply to you:

I am worthless__ a bad person__ not lovable__ a failure__ a disappointment__ permanently damaged__ insignificant__ powerless__ ugly__ stupid shameful__ have to be perfect__ am not in control__ I cannot trust anyone __ cannot protect myself __cannot trust my judgment__ Intelligent__ confident __ worthwhile __ ambitious __ sensitive__ loyal __ trustworthy __full of regrets __ worthless__ a nobody __ useless __ evil__ crazy __ morally degenerate__ considerate __ a deviant __ unattractive __ unlovable __ inadequate __ confused __ stupid,__naïve __ honest__ incompetent __ horrible thoughts __ conflicted __ can't make decisions __ good sense of humor, __hard-working __ persevering__

Marriage and/or Living Together

How long have you know your partner_____ How long are you together? _____

In what ways are you compatible? _____

In what areas are you incompatible? _____

How do you get along with your in-laws?_____

Do you have children? _____How many children do you have? _____(Please include names, ages, sexes).

_____

_____

Do any of them have special needs? _____

_____

Did you ever have a miscarriage or abortion? Please discuss _____

Expectations regarding therapy:

Have you been in therapy before? _____ With whom, where, and when? _____

In a few words, what do you think therapy is all about? _____

How long do you think your therapy should last? _____

What personal qualities do you think the ideal therapist should possess? _____

Friendships

1. Do you make friends easily? _____ 2. Do you keep them? _____ 3. Were you ever bullied or teased? _____
2. Rate the degree in which you feel comfortable and relaxed in social situations:
   Very relaxed_____ Relatively comfortable_____ Relatively uncomfortable_____ Very anxious _____

Other Relationships

1. Are there any problems in your relationships with people at work? If so, please describe: _____

_____

2. Please complete the following:

a) One of the ways people hurt me is _____
b) A mother should _____
c) A father should _____
d) A true friend should _____

Biological factors

Do you have any current concerns about your physical health? Please specify. _____

Please list medications you are currently taking. _____
_____
_____

Do you eat three well-balanced meals each day? ____ If not, please explain. _____

Do you get regular exercise? ____If so, what type and how often? _____

What is your height_____ What is your weight _____

Any current, or past history, of substance abuse or overuse? Please explain. _____
_____

Do any of the following that apply to you and /or your family:

Thyroid disease ___kidney disease___ asthma___neurological disease___ infectious diseases ___diabetes ___ cancer ___ gastrointestinal disease ___ prostate problems___ glaucoma ___ epilepsy___fibromyalgia ___ Others:_____

Have you ever head any head injuries or loss of consciousness? Please give details. _____
_____

Please describe any surgery you have had and/or complications. (Give dates) _____
_____

Please describe any accidents or injuries you have suffered (give dates) _____
_____

Sequential Trauma History

Please outline your most significant memories/traumas and experiences within the following ages:

Pre-natal
0-5_____

Elementary
years_____

Middle school
years_____

High school
years_____

Post High School,
College_____

Adulthood_____

Please type any symbol on the answer that most accurately reflects your opinions	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
I should not make mistakes.					
I should be good at everything I do.					
I am not good enough					
I am a victim of circumstances.					
My life is controlled by outside forces.					
It is very important to please other people.					
I don't deserve to be happy.					
It's not OK to feel (show) my emotions					
It is my responsibility to make other people happy.					
I should strive for perfection.					
Basically, there are two ways of doing things, the right way in the wrong way.					
When I do not know, I should pretend I do.					
Other people are happier than I am.					
I cannot get what I want					