



Columbine Counseling Center

PERSONAL HISTORY QUESTIONNAIRE (CONFIDENTIAL)

Date: _____

Name: _____ Sex: Male/Female Age: _____

1. Where were you born _____

2. How old were your parents (caregivers) when you were born:

Mother's age _____ Father's age _____

If you were adopted, what was your age when you were adopted _____

3. Parent's occupation while you were growing up:

Father: _____ Mother: _____

Father: Retired _____ Deceased _____ Lives Where _____

Mother: Retired _____ Deceased _____ Lives Where _____

4. Siblings (Please list oldest to youngest)

NAME	AGE M/F	Relationship Growing Up	Relationship Now	How often you see each other
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5. Where you lived as a child

Your Age

City/State

**List Family Members
You Live With**

**Type of Dwelling
(House/Apt)**

(If there are more, please continue at end of questionnaire)

6. How did your parents (caregivers) treat each other: _____

7. How did your parents (caregivers) and therefore your family deal with conflict?

8. Guardian or Stepparent (if needed): _____

9. Describe your family's financial situation while you were growing up: _____

10. Summarize how close your family was (did lots of family things, took family vacations, or rarely did things together).

11. What was the emotional climate like in your family (i.e., relaxed, happy, fun, sad, tense, distant)

12. In what circumstances, how and by whom were you praised or criticized as a child? How frequently?

13. Was anyone in your family (including yourself) ever in trouble with the law while you were growing up? If yes, explain.

14. Were there any strong ethnic subcultural influences in your early environment? If so, describe.

15. How strong an influence was religion in your family's life?

16. Briefly, describe your childhood relationship with each of your parents. Could you confide in them? Could you count on their help and support if you needed it?

Mother (or other guardian) _____

Father (or other guardian) _____

Stepparent (if necessary) _____

17. What do you know about your parent's relationship with their parents?

18. What activities did you like as a child?

19. What were you afraid of as a child?

20. How happy were you as a child?

21. How social were you as a child?

22. Describe your school experience and your feelings about school academically and socially.

Elementary School _____

Middle School _____

High School _____

23. When did you first begin dating? How frequently?

24. Describe your work while you were growing up. List your ages and type of work.

25. As a child did you:

- Have any serious injury? _____
- Have any prolonged illnesses? _____
- Have any physical disabilities? _____
- Take any medication for an extended period of time? _____

26. Were you ever abused, sexually or otherwise as a child? If yes, Explain. _____

27. What were your parents' attitudes towards sex?

28. Did anyone in your home abuse alcohol or other drugs? If yes, Explain. _____

29. Was anyone in your family ever in treatment for alcohol or drug abuse? If yes, what was the outcome?

30. Is there anything not covered above that you feel is important to mention (i.e., a traumatic event, an accomplishment).

31. Additional Siblings:

NAME	AGE M/F	Relationship Growing Up	Relationship Now	How often you see each other
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32. Additional Residences:
Your Age

City/State

**List Family Members
You Live With**

**Type of Dwelling
(House/Apt)**

(ANY ADDITIONAL INFORMATION CAN BE ADDED ON THE BACK OF THIS PAGE)