



Questionnaire

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Please provide the following information. The information is used to gain a better understanding of you as a person. All information is confidential. There are no wrong answers.

About You

Name _____ M _____ F _____ AGE _____ DATE _____

Ethnicity _____ Religious Affiliations _____

Address _____

Phone _____ EMail _____

What do you do for a living? _____ annual income _____

Education - Grammar school _____, High school _____, Collage 2 year _____, 4 year _____, Masters _____ PHD _____

Interests/hobbies _____

Single _____ Married _____ Living together _____ Divorced _____ Widowed _____

Siblings, Names, Ages, and gender _____

Father's name _____ age _____ deceased _____ age _____

Ethnicity _____ Religious Affiliations _____

Work history _____

Education _____

Interests/hobbies _____

Mothers Name _____ age _____ deceased _____ age _____

Ethnicity _____ Religious Affiliations _____

Work history _____

Education _____



Interests/hobbies_____

Describe your parent's relationship_____

Describe your relationship with your Father (kind, generous, caring, loving, mean, passive, or aggressive)

What's your favorite memory of your father? _____

What's your least favorite memory of your father? _____

To your knowledge did your father have any mental or personality issues? _____

Describe your relationship with your Mother (kind, generous, caring, loving, mean, passive, or aggressive)

What's your favorite memory of your mother? _____

What's your least favorite memory of your mother? _____

To your knowledge did your mother have any mental or personality issues? _____



Partner

Partner's name _____ m _____ f _____ age _____

Ethnicity _____ Religious Affiliations _____

Work history _____

Education _____

Interests/hobbies _____

Partners Parents

Father's name _____ Ethnicity _____ age _____

Work history _____

Education _____

Interests/hobbies _____

Mothers Name _____ Ethnicity _____ age _____

Work history _____

Education _____

Interests/hobbies _____

Your Children

First Childs Name _____ M _____ F _____ AGE _____

Through present relationship _____ through previous relationship _____ Adopted _____

Are there any issues with this child? Medically _____ Mentally _____ Emotionally _____ Physical _____

Other _____

Please explain _____



Second Childs Name _____ M _____ F _____ AGE _____

Through present relationship _____ through previous relationship _____ Adopted _____

Are there any issues with this child? Medically _____ Mentally _____ Emotionally _____ Physical _____
Other _____

Please explain _____

Third Childs Name _____ M _____ F _____ AGE _____

Through present relationship _____ through previous relationship _____ Adopted _____

Are there any issues with this child? Medically _____ Mentally _____ Emotionally _____ Physical _____
Other _____

Please explain _____

Is there anyone else living in the home? Mother _____ Father _____ Grandparent _____ Other _____

Why is this person living in the home? _____

More Questions

Describe a normal day growing up as a child. _____

What stands out as high points in your life? _____

What stands out as low points in your life? _____



Please list your top three strongest personal qualities

Please list three personal qualities that need improving

Describe yourself _____

Did you engage in sports in, high school _____, college _____, now _____

Do exercise regularly yes _____ no _____ How many times a week _____ what type exercise _____

Do you have any health issues? _____



How would you rate the following?

	High	Moderate	Fair	Poor or Low
Emotional control ----				
Confidence -----				
Communication skills				
Relationship skills ---				
Present stress level -				
Coping skills -----				
Trust -----				
Worry -----				
Anxiety -----				
Depression -----				
Impulsive behaviors-				
Panic -----				

How long have you been experiencing these feelings and behaviors? One week _____, one month _____,
Three months _____, six months _____, a year or more _____

Are you presently taking any medications? Please list medication, purpose of medication and for how long.

What medications have you taken in the past? Please list medication, purpose of medication and for how long.



What are your three most important concerns right now?

Would you consider yourself an extrovert _____ or an Introvert _____

During your youth did you:

- drink alcohol _____
- take drugs _____ What drugs _____
- smoke cigarettes _____

Do you now use:

- drink alcohol _____
- take drug _____ What drugs _____
- smoke cigarettes _____

Describe your relationship with teachers? _____

Describe your youth peer group (Intellectual, athlete, rebellious, other) _____

Did you have close friends when you were in high school? What were their names? _____

What was your grade point average in high school? A, B, C, D

Did you attend collage Yes _____ No _____ Grade point average _____ Degree _____

How old were you when you first had intimate relations? _____

Do you have good friends now? Name them _____



What do you do for fun? _____

Have you ever been treated for mental illness? Yes____, No ____ , Explain _____

Are you currently being treated for depression, anxiety, or personality disorder? Yes ____ , No ____

If yes explain _____

Define the following:

Success _____

Confidence _____

Self esteem _____

Failure _____

Anger _____

Fear _____

Anxiety _____

Depression _____

Trust _____

Optimism _____

What is your form of communication? passive ____, assertive ____, or aggressive ____

When you get tired or stressed what bad habits develop? _____

What do expect to gain from taking this course? _____



What makes you anxious? _____

How do you deal with anxiety? _____

What thoughts do you have when you are anxious? _____

How do you behave when afraid or anxious? _____

What makes you angry? _____

How do you respond when you are angry? _____

What thoughts do you have about yourself when you are angry?

What makes you depressed? _____

How do you deal with depression? _____

What thoughts do you have when you are depressed? _____

How do you behave when sad or depressed? _____

What makes you angry? _____

How do you respond when you are angry? _____

What thoughts do you have about yourself when you are angry? _____

What makes you happy? _____

Do you feel happy often? Yes ____ No ____

Have you ever witnessed a situation in which someone was seriously injured or killed or you feared someone would be seriously injured or killed? Yes ____, No ____, If yes, How old were you ____

If yes Explain _____

Have you ever been in a situation that you were seriously injured or you feared you might be seriously injured or killed? Yes ____, No ____, If yes, how old were you ____



If yes, explain _____

Have you ever served in a war-zone? Yes ____ No ____

If yes explain _____

Have you ever been in a major natural or manmade disaster, such as a fire, tornado, hurricane, flood, or earthquake, or building collapse, train wreck, airplane crash, or similar. Yes ____ No ____

If yes explain _____

Have you ever had a life-threatening illness, such as cancer, a heart attack, leukemia, aids, multiple sclerosis, and so forth? Yes ____ No ____

If yes, explain _____

Have you ever been attacked, beaten up, or mugged by anyone, including friends, family members, or strangers? How old were you ____

As a child, were you ever physically punished or beaten by a parent, caretaker, or other person so that you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps, or other injuries?

Have you ever self-harmed yourself? Yes ____ No ____ Explain _____

Have you ever had suicidal thoughts? Yes ____ No ____

When did you have these thoughts? _____

Have you ever been in a situation in which someone made or pressured you into having some type of unwanted sexual situation or contact? Yes ____ No ____ If yes, How old were you? ____

Do you have any questions? _____

Thank you

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