



## Personal History Questionnaire

All couples that are using this questionnaire must buy the book, Fall in Love Stay in Love by Willard F. Harley, Jr.

### **HEALTH HISTORY**

List childhood diseases, injuries, or operations:

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List past adult diseases, injuries or operations:

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List present medical problems (include high blood pressure, arthritis, migraine headaches, etc.):

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When did you have your last complete physical examination?

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What were the results? Did the doctor find a medical problem or are you generally in good health?

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How long does it usually take you to fall asleep when you go to bed at night? \_\_\_\_

How many hours do you usually sleep? \_\_\_\_

How often do you awaken during the night? \_\_\_\_\_

How long does it take to get back to sleep? \_\_\_\_\_

How many pounds have you gained and/or lost in the past year?

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Describe any of your past and present diet programs:

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Describe your current exercise program:

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What drugs do you presently take, what dosages, how often, and for what conditions?

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Have you ever been hospitalized or received therapy for a mental disorder? If so, list hospital(s) and/or therapist(s) and approximate dates:

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Do you have or have you ever had venereal disease? If so, when and what were the conditions?

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For the wife: When did you have your first period? \_\_\_\_ Are your periods regular? \_\_\_\_  
Are they comfortable? \_\_\_\_ Do they cause you to feel depressed, anxious, or irritable?

## FAMILY HISTORY

Mother's name: \_\_\_\_\_

age: \_\_\_\_ occupation: \_\_\_\_\_ education: \_\_\_\_\_

How did she punish you?

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How did she reward you?

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What behaviors did she punish?

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What behaviors did she reward?

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How would others describe your mother?

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How would you describe your mother?

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What activities did you do with your mother when you were a child?

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How did you get along with your mother?

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**Father's name:** \_\_\_\_\_

age: \_\_\_\_\_ occupation: \_\_\_\_\_ education: \_\_\_\_\_

How did he punish you?

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How did he reward you?

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What behaviors did he punish?

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What behaviors did he reward?

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How would others describe your father?

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How would you describe your father?

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What activities did you do with your father when you were a child?

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How did you get along with your father?

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Does (did) your mother or father favor one child? If so, who and why do you think they favored that child?

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Were your mother and father divorced? If so, how old were you and what do you know about the reasons they divorced?

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How do (did) your mother and father get along?

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Was your father or mother (or both) alcoholic? If so, how did it affect your childhood?

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Describe any instances of physical violence or sexual advances inflicted on you by a parent or siblings when you were a child.

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If you were raised by a stepparent or foster parents, please describe your most important experiences with them.

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What preschool(s) did you attend?

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Describe any significant experiences there:

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What elementary school(s) did you attend?

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Were you a good student? \_\_\_\_\_ Describe any significant experiences at your elementary school:

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What middle and/or secondary school(s) did you attend?

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What were your grades? \_\_\_\_\_ Describe any significant experiences at your middle school or secondary school:

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What college(s) or vocational school(s) did you attend?

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What were your grades? \_\_\_\_\_ Describe any significant experiences at college or vocational school:

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What was your major or specialization? \_\_\_\_\_

Give degree and date earned: \_\_\_\_\_

What postgraduate school(s) did you attend?

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What were your grades? \_\_\_\_\_ Describe any significant experiences in postgraduate school:

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What was your major? \_\_\_\_\_

Give degree and date earned: \_\_\_\_\_

Describe sports or other extracurricular activities in which you participated, awards you received, and musical instruments you played, throughout your education.

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What are your future educational plans?

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## VOCATIONAL HISTORY

List the jobs you have held, giving the present or most recent job first. For each job, give the dates you were employed, your job title and salary, and what you liked or disliked about the job.

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How often do you miss work at jobs you enjoy? \_\_\_\_\_

At jobs you dislike? \_\_\_\_\_

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Describe how well you get along with fellow employees:

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What training or education have you had that is relevant to your present occupation?

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Does your job satisfy you intellectually? Y/N emotionally? Y/N physically? Y/N

What are your vocational ambitions?

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What were your childhood interests and hobbies?

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What are your present leisure time interests and hobbies?

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## RELIGIOUS HISTORY

What is the name of your religion?

Describe your most important religious beliefs.

How do your religious beliefs influence the decisions you make in your life?

List your religious activities (prayer, study, meetings, etc.) and how frequently you participate in each one:

Describe how your religious beliefs and those of your parents affected your childhood:

Describe any differences between your religious beliefs and those of your spouse:

Describe any important changes in your religious beliefs during your lifetime:



## OPPOSITE SEX RELATIONSHIP HISTORY

List all significant opposite-sex relationships you had prior to high school and give the person's name, your age, and the person's age during the relationship, and the duration of the relationship. Indicate if you were in love and if you had a sexual relationship (use separate sheet of paper if needed):

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List all significant opposite-sex relationships you had during high school and give the person's name, your age, and the person's age during the relationship, and the duration of the relationship. Indicate if you were in love and if you had a sexual relationship (use separate sheet of paper if needed):

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List all significant opposite-sex relationships you had after high school and give the person's name, your age, and the person's age during the relationship, and the duration of the relationship. Indicate if you were in love and if you had a sexual relationship (use separate sheet of paper if needed):

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If you have been divorced, give the name of your former spouse, date married, date divorced, reason for divorce, what you liked most and disliked most about the person, and the names and birth dates of children (use separate sheet of paper if needed):

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If you have been widowed, give the name of your former spouse, date married, date and cause of death, reason for divorce, what you liked most and disliked most about the person, and the names and birth dates of children (use separate sheet of paper if needed):

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## SEXUAL HISTORY

When and how did you learn about sex?

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How did your parents influence your attitude regarding sex?

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What was your parents' attitude concerning sex? (circle one of the following)

1. Sex was shameful and not to be discussed.
2. Sex was not shameful but it wasn't discussed.
3. Sex was shameful but was also discussed.
4. Sex was not shameful and was freely discussed.

Describe your first sexual experience:

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Describe your most important sexual experiences and how they influenced the way you think about sex today:

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When and how did you first experience sexual arousal and how did you feel about it?

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When and how did you first experience sexual climax and how did you feel about it?

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If you ever masturbated, when did you start? \_\_\_\_\_

How often did you masturbate during childhood? \_\_\_\_\_

During adolescence? \_\_\_\_\_

What sexual fantasies do you have when you masturbate?

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When did you first have sexual intercourse and how did the experience affect you?

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How many people have you had sexual intercourse? \_\_\_\_\_

Have you ever:

had sexual experiences with or fantasies about being treated violently? Y/N

had sexual experiences with or fantasies about treating others violently? Y/N

exposed yourself or desired to expose yourself in public? Y/N

had sexual contact with children or desire to have sexual contact with children? Y/N

Have you ever been in legal trouble because of your sexual behavior? If so, please describe the behavior and circumstances.

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Have you ever had an extramarital sexual relationship(s)? If so, please describe it.

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Have you ever had an homosexual relationship(s)? If so, please describe it.

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## PERSONAL ASSESSMENT

Describe some of your fears:

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Describe faults you think you have:

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Describe your good characteristics:

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If you have any of the thoughts below, check the frequency of occurrence:

Type of thought	hardly ever	occasionally	frequently
I am lonely.	<hr/>	<hr/>	<hr/>
The future is hopeless.	<hr/>	<hr/>	<hr/>
Nobody cares about me.	<hr/>	<hr/>	<hr/>
I feel like killing myself.	<hr/>	<hr/>	<hr/>
I am a failure.	<hr/>	<hr/>	<hr/>
I am intellectually inferior.	<hr/>	<hr/>	<hr/>
I am going to faint.	<hr/>	<hr/>	<hr/>
I am going to panic.	<hr/>	<hr/>	<hr/>
People don't usually like me.	<hr/>	<hr/>	<hr/>

Other negative thoughts you may have occasionally or frequently:

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Indicate the degree that the following are a concern to you doing this scale:

X = concern in the past, not now

O = never a concern

1 = very slight degree of concern

2 = mild degree of concern

3 = moderate degree of concern

4 = severe degree of concern

5 = very severe degree of concern

sadness \_\_\_ mood swings \_\_\_

suicidal feelings \_\_\_ verbal or emotional abuse \_\_\_



loss of energy \_\_\_\_ physical abuse \_\_\_\_  
low self-esteem \_\_\_\_ sexual abuse \_\_\_\_  
isolation and loneliness \_\_\_\_ financial problems \_\_\_\_  
sleep disturbance \_\_\_\_ career problems \_\_\_\_  
headaches \_\_\_\_ marital problems \_\_\_\_  
dizziness \_\_\_\_ parent/child problems \_\_\_\_  
angry feelings \_\_\_\_

## GOALS FOR PERSONAL IMPROVEMENT

Below is a list of bad habits and uncomfortable feelings that may include some that are making you feel anxious and depressed. Check off any habits or uncomfortable feeling that you would like to change:

- \_\_\_\_ drinking alcoholic beverages too much
- \_\_\_\_ smoking too much
- \_\_\_\_ using drugs too much—name the drug(s) \_\_\_\_\_
- \_\_\_\_ eating too much
- \_\_\_\_ exercising too much
- \_\_\_\_ feeling too much attraction to members of my own sex
- \_\_\_\_ feeling too much attraction to members of the opposite sex
- \_\_\_\_ feeling nauseated when nervous
- \_\_\_\_ thinking depressing thoughts
- \_\_\_\_ feeling anxious in crowds
- \_\_\_\_ feeling anxious in high places
- \_\_\_\_ worrying about my health
- \_\_\_\_ stuttering
- \_\_\_\_ washing my hands too often
- \_\_\_\_ cleaning and straightening things up too often
- \_\_\_\_ biting my fingernails
- \_\_\_\_ being careless of my physical appearance
- \_\_\_\_ feeling anxious in enclosed places
- \_\_\_\_ feeling anxious in open places
- \_\_\_\_ being too afraid of blood
- \_\_\_\_ feeling anxious about contamination or germs
- \_\_\_\_ feeling anxious about being alone
- \_\_\_\_ feeling afraid of darkness
- \_\_\_\_ feeling afraid of certain animals



- \_\_\_ thinking the same thoughts over and over
- \_\_\_ counting my heartbeats
- \_\_\_ hearing voices
- \_\_\_ feeling people are against me or out to get me
- \_\_\_ seeing visions or objects that aren't really there
- \_\_\_ wetting the bed at night or having difficulty controlling my bladder 12
- \_\_\_ taking too much medicine
- \_\_\_ having too many headaches
- \_\_\_ gambling too much
- \_\_\_ being unable to fall asleep at night
- \_\_\_ exposing my body to strangers
- \_\_\_ wearing clothes of the opposite sex
- \_\_\_ feeling sexually attracted to other people's clothing or belongings
- \_\_\_ feeling sexually attracted to children
- \_\_\_ feeling sexually attracted to animals
- \_\_\_ feeling a sexual desire to hurt other people
- \_\_\_ feeling a sexual desire to be hurt or humiliated
- \_\_\_ feeling a nonsexual desire to hurt other people
- \_\_\_ feeling a nonsexual desire to be hurt or humiliated
- \_\_\_ feeling stealing or a desire to steal
- \_\_\_ lying
- \_\_\_ yelling at people when I'm angry
- \_\_\_ poor management of money
- \_\_\_ saying foolish things to people
- \_\_\_ having difficulty carrying on a conversation with people
- \_\_\_ bothering or irritating people too much
- \_\_\_ forgetfulness
- \_\_\_ contemplating suicide
- \_\_\_ setting fires or a desire to set fires
- \_\_\_ difficulty being steadily employed
- \_\_\_ feeling uncomfortable at work
- \_\_\_ swearing
- \_\_\_ being too upset when criticized by others
- \_\_\_ having difficulty expressing feelings
- \_\_\_ putting things off that need to be done
- \_\_\_ thinking things that cause guilty feelings
- \_\_\_ feeling anxious when work is being supervised
- \_\_\_ feeling anxious about sexual thoughts



- ☐ feeling anxious about kissing
- ☐ feeling anxious about petting
- ☐ feeling anxious about sexual intercourse
- ☐ having difficulty making decisions when they need to be made
- ☐ feeling uncomfortable with groups of people
- ☐ feeling anxious about: \_\_\_\_\_

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- ☐ feeling depressed about: \_\_\_\_\_

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- ☐ feeling guilty about: \_\_\_\_\_

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- ☐ feeling unable to control my desire to: \_\_\_\_\_

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How do you plan to change the habits and/or uncomfortable feelings checked above?

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