



Columbine Counseling Center

PERSONAL HISTORY QUESTIONNAIRE (CONFIDENTIAL)

Date: _____

Name: _____ Age: _____

SECTION 1: GENERAL INFORMATION

1. How old were your parents when you were born:
Mother's age? _____ Father's age? _____
If you were adopted, what was your age when you were adopted?

2. <u>Sibling's Name</u>	<u>Current Age/Sex</u>	<u>Status of Relationship</u>	
		<u>Then</u>	<u>Now</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If you have more siblings, please continue at end of questionnaire.)

3. Parent's occupations while you were growing up:
Father: _____ Mother _____

Parents Now: Retired ___ Deceased ___ Live Where Now:
Mother _____
Father _____

How did your parents treat each other?

Guardian or Stepparent (if needed):

4. How did your parents and family deal with conflict? _____

5.

<u>Your Age</u>	<u>City, State</u>	<u>List Family Members You Lived With</u>	<u>Type of Dwelling</u> (House, Apt)

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

6. Briefly describe your family's financial situation while you were growing up.

7. Briefly summarize how close your family was (did lots of family things, took family vacations or rarely did things together)

SECTION II: SOCIAL AND CULTURAL INFLUENCE

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

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

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

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

5. 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?

Mom (or other guardian) _____

Dad (or other guardian) _____

Stepparent (if necessary) _____

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

7. What was the emotional climate like in your family?

8. What activities did you like as a child?

9. What were you afraid of as a child?

10. How happy were you as a child?

11. How social were you as a child?

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

Elementary School: _____

Middle School _____

High School: _____

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

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

SECTION III: HEALTH INFORMATION

1. As a child did you:

■ Have any serious injury? _____

■ Have any prolonged illness? _____

■ Have any physical disabilities? _____

■ Take any medication for an extended period of time? _____

2. Were you ever abused, sexually or otherwise as child? If yes, Explain.

3. What were your parents' attitudes towards sex?

4. Did any one in your home abuse alcohol or other drugs? If yes, Explain.

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

