



## Columbine Counseling Center

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### PERSONAL HISTORY QUESTIONNAIRE (CONFIDENTIAL)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male/Female Age: \_\_\_\_\_

#### SECTION I: GENERAL INFORMATION

1. 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 \_\_\_\_\_

2. Parent's occupation while you were grow up:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Father: Retired \_\_\_\_\_ Deceased \_\_\_\_\_ Lives Where \_\_\_\_\_

Mother: Retired \_\_\_\_\_ Deceased \_\_\_\_\_ Lives Where \_\_\_\_\_

3. How did your parents (caregivers) treat each other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

5. Guardian or Stepparent (if needed): \_\_\_\_\_

\_\_\_\_\_

6. Describe your family's financial situation while you were growing up: \_\_\_\_\_

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

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

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9. Where you lived as a child

<b>Your Age</b>	<b>City/State</b>	<b>List Family Members You Live With</b>	<b>Type of Dwelling (House/Apt)</b>

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

**SECTION II: SIBLINGS** (Please list oldest to youngest)

<b>NAME</b>	<b>AGE M/F</b>	<b>Relationship Growing Up</b>	<b>Relationship Now</b>	<b>How often you see each other</b>

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

**SECTION III: SOCIAL AND CULTURAL INFLUENCE**

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

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

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

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

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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?

Mother (or other guardian) \_\_\_\_\_

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Father (or other guardian) \_\_\_\_\_

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Stepparent (if necessary) \_\_\_\_\_

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

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7. What activities did you like as a child?

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8. What were you afraid of as a child?

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9. How happy were you as a child?

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10. How social were you as a child?

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

Elementary School \_\_\_\_\_

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Middle School \_\_\_\_\_

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High School \_\_\_\_\_

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

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

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**SECTION IV: HEALTH INFORMATION**

1. 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? \_\_\_\_\_

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

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3. What were your parents' attitudes towards sex?

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4. Did anyone in your home abuse alcohol or other drugs? If yes, Explain. \_\_\_\_\_

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

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

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Additional Siblings:

<b>NAME</b>	<b>AGE M/F</b>	<b>Relationship Growing Up</b>	<b>Relationship Now</b>	<b>How often you see each other</b>

Additional Residences:

<b>Your Age</b>	<b>City/State</b>	<b>List Family Members You Live With</b>	<b>Type of Dwelling (House/Apt)</b>

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