

Life History Questionnaire

Instructions. The following questions ask about major events in your life. Please give some answer to each question. Short answers are OK but please put a star (*) next to any items that you think are important to discuss in more detail. Don't worry about your spelling or grammar.

Thanks for your help!

Please print your full name here: _____

Please print any nicknames that you go by here: _____

Please print any aliases you have gone by here: _____

Family Background

1. What's your date of birth? _____
2. Who were the people in the family you grew up with?

Name	Relationship to you	Birth Year (guess if unsure)

3. Who were you closest to when you were growing up?
4. Who were you furthest from?
5. How well-off was your family from a financial standpoint? Check the most accurate description:
 Rich _____ Not rich but comfortable _____ Got by but scrimped _____ Poor _____
6. Was your family religious? Yes _____ No _____
 Denomination or affiliation: _____
7. How did your parents treat one another?
8. How did they treat you?
9. Have either of your parents died or did they divorce/separate from one another?
 Yes _____ No _____ If yes, please write down the year any of these events occurred. After each date, briefly summarize what happened (for example, "my mom and stepdad were divorced"), why this happened (for example, "they fought too much"), and who you lived with after the event.

Date of event	What happened?	Why did this event happen?	Who did you live with afterwards?

10. How close-knit and supportive was your family? Check the most accurate description:

_____ Usually supportive & close
_____ Not very supportive & close

_____ Occasionally supportive & close
_____ Critical & distant

11. Please give some examples of things that happened in your family that illustrate your answer to question 10.

12. How "organized" was your family when you were growing up? Did things run smoothly, so that everyone worked together cooperatively and everyone had a pretty good idea about the direction the family was going? Please check the most accurate description from the following choices:

_____ We were almost always well-organized and able to work together on family issues.

_____ We were usually well-organized and able to work together on family issues.

_____ We were usually pretty disorganized and had a difficult time working together on family issues.

_____ We were almost always pretty disorganized and had a difficult time working together on family issues.

13. Please give some examples of things that happened in your family that illustrate your answer to question 12.

14. How stern was your father as far as discipline was concerned? Please check the most accurate description from the choices below and explain your answer in the space following it.

_____ Always stern and punishing.

_____ Often stern and punishing.

_____ Not very stern, but could provide discipline when it was needed.

_____ Had a difficult time providing discipline, even when it was needed.

15. How stern was your mother as far as discipline was concerned? Please check the most accurate description from the choices below and explain your answer in the space after it.

_____ Always stern and punishing.

_____ Often stern and punishing.

_____ Not very stern, but could provide discipline when it was needed.

_____ Had a difficult time providing discipline, even when it was needed.

16. Were you ever physically or sexually abused? Yes _____ No _____ If yes, by whom? How was this handled?

17. Did you ever runaway from home? Yes _____ No _____ If yes, how old were you, why did you runaway, and how long were you gone?

18. How many times were you placed in foster care? _____ How old were you and why were placed there?
19. How many times were you placed at juvenile hall? _____ How old were you and why were you placed there?
20. How old were you when you moved away from home? _____ What were the circumstances associated with your moving out?
21. Did anyone in your family drink too much or abuse drugs? Yes _____ No _____
If yes, please indicate who this was and describe his or her problems with alcohol or drugs.

Family member having a drug problem	Type of drug problem this family member had

Medical Background

1. What serious illnesses or injuries did you have as a child, how old were you when these happened, and what were the long-term effects on you?

Your age	Type of illness or injury	Long-term effects

2. Consider each of the following behaviors and circle whether or not it was a problem for you. Also indicate how old you were when each was at its worst and how old you were when each was no longer a problem.

Behavior	Was this a problem? (circle one)	Age when this was at its worst	Age when no longer a problem
Peeing the bed or your clothes.	Yes No		
Being too active.	Yes No		
Pooping in your pants or in the bed.	Yes No		
Fighting with other kids.	Yes No		
Crying too often.	Yes No		
Hurting animals or younger children.	Yes No		
Setting fires.	Yes No		
Engaging in vandalism.	Yes No		
Scamming other people	Yes No		
Telling lots of lies	Yes No		

3. What serious illnesses and injuries have you had as an adult? How old were you when these occurred and what effects did they have on you?

Your age	Type of illness or injury	Long-term effects

4. Did you ever attempt suicide? Yes _____ No _____ If yes, when did this happen, how did you try to hurt yourself, and what happened as a result?
5. Did you ever see a mental health professional – that is, a counselor, psychiatrist, or psychologist? Yes _____ No _____ If yes, how old were you when this happened, and what were the reasons you saw this professional?

Name and type of mental health professional who was seen	Age when this occurred	Reasons for seeing this professional

6. Were you ever hospitalized for psychiatric reasons? Yes _____ No _____.
If yes, when did this happen, where were you hospitalized, and why were you hospitalized?

Year hospitalized	Name of hospital	Reason for hospitalization

7. Do you consider yourself disabled or handicapped? Yes _____ No _____.
If yes, in what way?

8. Please describe any prescription medications that you are now using. List the medications you use, what they have been prescribed for, and when you started using them.

Name of medication	What it is used for	When it was first prescribed

Educational Background

- Where did you go to high school?
- What's the highest grade you completed?
- Did you graduate from high school? Yes _____ No _____
- Did you obtain a GED? Yes _____ No _____ If yes, how old were you then?
- How many years of college did you complete? _____ Where?

6. Did you obtain a college degree? Yes _____ No _____ If yes, what kind, and in what field of study?
7. What were your average grades in high school (A, B-, C+, etc.)?
8. What were your strongest subjects as a student?
9. What were your weakest subjects?
10. What subjects did you like the most?
11. Were you ever held back for failing any grades? Yes _____ No _____ If yes, what grades did you fail?
12. Were you ever assigned to any special education classes? Yes _____ No _____ If yes, in what grades did this occur and for what reasons?
13. Were you ever expelled or suspended from school? Yes _____ No _____ If yes, in what grades did this occur and for what reasons?
14. Did you ever get in any other types of trouble while attending school? Yes _____ No _____ If yes, what happened and how old were you at the time?

Age	Trouble that occurred

15. Did any of your teachers have a particularly positive or negative effect on your development? Yes _____ No _____ If yes, in what grades did this happen, who were the teachers, and what did they do that had an impact on you?

Military Background (*Go on to the next section if you never applied for military duty*).

1. Was your application for military duty ever rejected? Yes _____ No _____.
If yes, what were the reasons for this?

2. What branch of the military were you in, and during what years were you in the service?

3. What did you do in the military?

4. What sort of training did you receive for your work in the military?

5. How many military operations were you involved in?

6. How much drinking did you do in the service?

7. How many fights did you get into while you were on active duty?

8. How many times did you associate with prostitutes when you were in the military?

9. Were you ever court-martialed? Yes _____ No _____ If yes, what year was this and what were the reasons for being court-martialed? What disciplinary action was taken in each case?

Year when court-martialed	Reasons for court-martial	Disciplinary action

10. What was your rank when you were discharged and what type of discharge did you receive?

11. Are you now in the reserves? Yes _____ No _____

4. How satisfied are you with your present job?
- a. Is it beneath your skill level? Yes _____ No _____
 - b. Is it interesting? Yes _____ No _____
 - c. Is the pay adequate? Yes _____ No _____
 - d. Do you get along well with your co-workers and supervisors? Yes _____
No _____
 - e. Do you have any concerns about how well you do your job? Yes _____
No _____
5. How well did you get along with your supervisors in the past? Who have you had trouble with and for what reasons?
6. Were you ever fired for being intoxicated on the job, fighting with customers, or being irresponsible? Yes _____ No _____ If yes, please explain.
7. What is your total monthly income from your job? _____ What is the total monthly income for your spouse or partner? _____
8. Have you ever had financial difficulties or filed for bankruptcy? Yes _____
No _____ If yes, please explain when these problems arose and the circumstances surrounding them.

Social and Marital Background

1. Describe what your circle of friends was like between the ages of 10 and 12.
 - a. Did you have any particularly close friends or "buddies"? Yes _____
No _____ If yes, who were they and what did you enjoy doing together?
 - b. Do you ever see any of your preteen friends? Yes _____ No _____ If yes, how often?
2. Describe what your circle of friends was like from high school.
 - a. What were the people like you picked as friends?
 - b. What did you enjoy doing together?
 - c. How large was your circle of friends? Check the most accurate description:
Large _____ Moderately Large _____ Small _____ Very Small _____
 - d. What position did you occupy as far as the social activities of this group were concerned? Check the description that's most accurate.

_____ I was in the center of things and usually took a leading role in deciding what the group would do.

_____ I was in the middle of things, but rarely set the agenda for the group.

_____ I was outside the center of the group, but took part in many activities.

_____ I was usually on the outside of the group and rarely participated.

_____ I was a "loner" for the most part.
 - e. What sorts of special contributions did you make to your group of friends (for example, making others laugh, fixing their cars, buying beer, etc.)?
 - f. Do you still keep in touch with any of your high school friends? Yes _____
No _____ If yes, when was the last time you saw or heard from one of them?

3. When did you start dating?
4. How many different people did you date before you got married?
5. How many different sexual partners have you lived with?
6. Summarize your most significant long-term relationships in the following table. Start with your earliest relationships and put your most recent relationships at the end of the list. In the first column write down your partner's name. In the second, write down the year the relationship began and the year it ended (guess if you aren't sure). In the third, write down the names of the children you had with your partner, their year of birth, and who has custody of them. In the last, describe the reasons that led to the breakup of your relationship.

Partner's first name	Period of relationship	Children's names, birth year, and who has custody	Reasons for breaking up

7. Which of your children do you still have contact with? When was the last time you had contact with any of your children?

8. Use the first column of the table below to write down the names of your four closest friends or relatives who have died. After writing down how they were related to you, indicate the year of each of their deaths in the third column. Write down how you reacted to each of their deaths in the last column.

Name of deceased	Relationship to you	Year of death	Your reaction

9. What has been the greatest satisfaction you have achieved from your long-term relationships?
10. What has been the greatest disappointment you have experienced in these relationships?
11. Have any of your partners or children ever accused you of being physically aggressive or assaultive towards them? Yes _____ No _____ If yes, please explain the circumstances of this.
12. How is your current relationship going? Please check the most accurate description from the choices below.
- Great _____ Pretty good _____ Fair _____ Not too good _____ Poor _____
13. Explain the reasons behind your answer to the previous question.
14. What concerns do you have over the future of your present relationship?

Recreational Background and Use of Drugs

1. Which members of your family who are supportive of you live in the local area?
2. How many friends who are supportive of you live in the local area?
3. What do you like to do for fun by yourself?
4. What do you do like to do for fun with other people?
5. Have you ever used alcohol? Yes _____ No _____ If yes, please answer the following questions.
 - a. How old were you when you started drinking?
 - b. Who introduced you to the use of alcohol?
 - c. Did you ever get in any trouble as a result of drinking? Please write down when the most serious events occurred and what happened.
 - d. When was your drinking at its worst? Please write down the time period(s) when this happened and indicate what your pattern of drinking was like during this period.
 - e. How often do you drink at the present time? _____ When did you first start drinking like this?

f. How often do you get drunk?

6. Answer the following questions about your use of drugs **other than** alcohol.

- a. Have you ever experimented with drugs on an occasional basis or for a brief period of time? Yes _____ No _____ If yes, please describe what drugs you used, when you used them, who (for example, a friend or relative) gave them to you, and how things turned out.
- b. Have you ever used drugs on a regular basis? Yes _____ No _____ If yes, please describe what drugs you used, how long you used them, and how often you used them.
- c. Have you ever been in trouble because of your use of drugs? Yes _____ No _____ If yes, please write down the most serious things that happened and when these events occurred.
- d. When was your drug use at its worst? Please write down the time period(s) when this happened and indicate what your pattern of drug use was like during this period.
- e. If applicable, please describe your present use of drugs for recreational purposes. What do you like to use and how often do you take each type of drug?

f. If applicable, please describe what your behavior is usually like when you are using drugs. Be sure to indicate which drugs have the most significant negative effects on your behavior.

7. If applicable, write down the substance abuse programs you have participated in and the dates of your participation. Also indicate whether these programs were residential or outpatient programs, and whether or not you successfully completed them.

Name of Substance Abuse Program	Residential or Outpatient?	Dates of Participation	Successful Completion?

8. How many fights have you been in since you left high school? Who do you usually get in fights with and what are the situations like when you get in fights?

9. Have you ever used a weapon in a fight or hurt an opponent to the point where he needed to be treated at a hospital? Yes _____ No _____ If yes, please describe the circumstances surrounding these events.

10. Do you ever take risks just for the fun of it? Yes _____ No _____ If yes, how often? What sort of risky things do you do?

Legal Involvements

1. Please use the following table to list all of the times you have been arrested. Include juvenile and adult arrests. Start with your earliest arrests and work forward. In the first column, indicate the name of the offense you were charged with and when you were charged. In the second, summarize what the police accused you of doing (called the “allegations”). In the last, describe the outcome of being arrested --was the case dismissed, were you convicted and sentenced to prison, were you placed on probation, or was some disposition made of the case?

Arrest charges & date of arrest	Allegations	Outcome of the case

2. Have you ever been convicted of violating the conditions of your probation, parole, or post-prison supervision? Yes _____ No _____ If yes, please describe when these events occurred, what you were accused of doing, and what happened as result of these violations.

3. Have you ever failed to appear for a court hearing? Yes _____ No _____ If yes, when was this and what happened?

4. List the names of your probation or parole officers below and indicate what year you were supervised by each of them. Which of these officers did you get along with? Which did you have difficulties with and what was the nature of the difficulties that arose between the two of you?

Name of PO	Period of supervision	Relationship with POs

5. Has anyone in your immediate family ever been arrested or convicted of a crime? Yes _____ No _____ If yes, please describe who this was, what their relationship was to you, what they were convicted of, and when this happened.

Sexual History

1. How did you learn about masturbation?
 How old were you when you first masturbated? _____
 Did you ever masturbate with anyone else when you were growing up? Yes _____
 No _____ If yes, who?

You don't need to answer the next three questions now, but you may be asked to answer them in a later interview. How often do you masturbate to fantasies of:

- a) Forcing someone to have sex with you?
 - b) Having sex with a child who hasn't reached puberty?
 - c) Dominating someone to the point you can do anything you want to them?
2. Did you ever have any sex education courses? Yes _____ No _____ If yes, was this the way you learned about sex or did you find out about it in some other way?

3. How old were you when you first had intercourse? _____ Who was your partner, how old was this person, and what was your relationship to him or her?
4. How many sexual partners have you had since then? _____ How many of these partners have been female and how many were male?
5. Please indicate whether you have engaged in any of the following behaviors:
 - a. Attempted to force anyone to have sex with you who didn't want to? Yes _____ No _____ If yes, please explain what year(s) and what happened.
 - b. Been sexually involved with any children since you became an adult or when you were significantly older than they were? Yes _____ No _____ If yes, please explain what year(s) and what happened.
 - c. Masturbated in public or exposed your private parts to a stranger? Yes _____ No _____. If yes, please explain what year(s) and what happened.
 - d. "Peeped" in anyone's windows in an attempt to see them undressing or having sex? Yes _____ No _____ If yes, please explain what year(s) and what happened.
 - e. Touched a strangers' private parts without their permission, or tried to get away with rubbing your private parts against an unsuspecting stranger in a public setting? Yes _____ No _____ If yes, please explain what year(s) and what happened.
 - f. Engaged in any acts of prostitution, either by selling yourself or buying sex from another? Yes _____ No _____ If yes, please explain what year(s) and what happened.

- g. Gone to adult video arcades or bookstores? Yes _____ No _____ If yes, please explain what year(s) and what happened.
- h. Gone to bars that feature nude dancers? Yes _____ No _____ If yes, please explain what year(s) and what happened.
- i. Bought or rented any pornographic materials? Yes _____ No _____ If yes, also please describe the types of materials (for example, magazines or videotapes) you obtained and who shared them with you.
- j. Owned a collection of pornography? Yes _____ No _____ If yes, also please describe the types of materials in this collection.
- k. Been unfaithful to a sexual partner or had extramarital affairs? Yes _____ No _____ If yes, also estimate how often this has happened.
6. What worries do you have about your sexual performance?
7. You don't have to answer this question right now, but you might be asked about it in a later interview. Think about describing three of your most frequent and arousing sexual fantasies in the table below. Indicate who else is involved, what the situation is like, and what you imagine doing with the other person. In answering this question don't forget that there are as many different types of sexual fantasies as there are people—some people think about oral sex, others about anal sex, others about rear entry sex, others about forcible sex, others about having sex while being tied up, others about being spanked, others about talking dirty, others about group sex, others about wearing lingerie, leather outfits, or certain types of shoes. Each person has his or her “own thing.” Please do your best to put yours into words.

Who is in the fantasy?	What is the situation like where the fantasy occurs?	What happens in the fantasy?

8. What do you like to do when you have sex in real life?

Plans for the Future

1. What are your plans for the future?
2. What goals do you want to achieve within the next year?
3. What goals do you want to achieve within the next five years?
4. What skills do you want to develop?
5. What aspects of your lifestyle do you want to change or enhance?

Thank you for your patience and assistance in completing the life history.