

Multimodal Life History Questionnaire

Name: _____ Date: _____
Email: _____
Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____
Age: _____ DOB: _____ Occupation: _____ Sex: _____
By whom were you referred? _____
Marital Status: _____ Remarried? (how many times _____) Living with someone _____
Significant other's name _____ DOB _____ Occupation _____

Description of Presenting Problem

The nature of my main problem is:

Please estimate the severity of your problem(s):

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____

Not upsetting

Totally Incapacitating

Describe when your problem began and any significant events occurring at the time or since then, which may relate to the development /maintenance of your problem:

What solutions have been most helpful?

Personal Social History

Birthday _____ Place of Birth _____
Religion: As a child _____ As an adult _____
Education: Last grade completed _____ Degree _____

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Significant family, school, emotional, medical issues during childhood/adolescence

Siblings: Brothers: _____ Sisters: _____ Other _____
Father: Living? _____ Age: _____ Health status: _____
Deceased? _____ Age at death: _____ How old were you? _____
Cause of death _____ Occupation _____
Mother: Living? _____ Age: _____ Health Status: _____
Deceased? _____ Age at death _____ How old were you? _____
Cause of death _____ Occupation _____

Check any of the following that applied to you doing your childhood/adolescence:

Happy childhood ___ Unhappy Childhood ___ Emotional/Behavioral Problems ___ Family Problems ___
Strong Religious Convictions ___ Drug Abuse ___ Legal Trouble ___ School Problems ___ Medical Problems ___

1. What sort of work are you doing now? _____
2. What kinds of jobs have you had in the past? _____
3. Does your present work satisfy you? If not, please explain. _____
4. What is your annual family income? _____ What does it cost to live? _____
5. What were your past ambitions? _____
6. What are your current ambitions? _____
7. Have you ever been hospitalized for psychological reasons? _____. If yes, please elaborate. _____

8. Have you ever attempted suicide? ___ (Please elaborate) Has anyone in your family? ___ (Please elaborate)

Behavior

Check any of the following behaviors that apply to you now:

| | | | | |
|-------------------------|-------------------------|--------------------------|--------------------------------|--------------------|
| Overeat ___ | Suicidal attempts ___ | Can't keep a job ___ | Insomnia ___ | Odd behavior ___ |
| Compulsions ___ | Smoke ___ | Nervous ties ___ | Vomiting ___ | take drugs ___ |
| Take too many risks ___ | Phobias ___ | Eating problems ___ | Work too hard ___ | Drink too much ___ |
| Procrastination ___ | Sleep disturbance ___ | Crying ___ | Concentration difficulties ___ | Obsessions ___ |
| Loss of control ___ | Outbursts of temper ___ | Aggressive behaviors ___ | Impulsive reactions ___ | Other _____ |

Are there any specific behaviors, actions or habits that you would like to change? _____

What are some special talents or skills you feel proud of? _____

How is your free time spent? _____

Do you practice relaxation or meditation regularly? _____

Feelings

List your five main fears:

1. _____
2. _____
3. _____
4. _____
5. _____

Check any of the following feelings that apply to you:

Angry ____

Guilty ____

Unhappy ____

Annoyed ____

Happy ____

Bored ____

Sad ____

Conflicted ____

Restless ____

Depressed ____

Regretful ____

Lonely ____

Anxious ____

Hopeless ____

Contented ____

Fearful ____

Hopeful ____

Excited ____

Panicky ____

Helpless ____

Optimistic ____

Energetic ____

Relaxed ____

Tense ____

Envy ____

Jealous ____

Others: _____

When are you most likely to lose control of your feelings? _____

Describe any situation or place where you feel calm or relaxed. _____

Please complete the following:

If I told you what I'm feeling now _____

One of the things I feel proud of is _____

One of the things I feel guilty about is _____

I am happiest when _____

One of the things that saddens me the most is _____

If I weren't afraid to be myself, I might _____

I get so angry when _____

If I get angry with you _____

Do you have difficulty relaxing and enjoying weekends and vacations? (If "yes", please explain)

Physical Sensations

Check any of the following that often apply to you:

Headaches ____

Stomach trouble ____

Skin problems ____

Dizziness ____

Tics ____

Burning or itchy skin ____

Muscle Spasms ____

Twitches ____

Chest pains ____

Tension ____

Back pain ____

Rapid heart beat ____

Sexual disturbance ____

Tremors ____

Don't like being touched ____

Unable to relax ____

Fainting spells ____

Blackouts ____

Bowel disturbances ____

Hear things ____

Excessive sweating ____

Tingling ____

Watery eyes ____

Visual disturbances ____

Numbness ____

Flushes ____

Hearing problems ____

Menstrual History:

Age of first period _____ Were you informed or did it come as a shock? _____

Are you regular? ____ Do you have pain? ____ Do your periods affect your moods? _____

Images

Check any of the following that apply to you:

Pleasant sexual images ____

Unpleasant sexual images ____

Unpleasant childhood images ____

Lonely images ____

Helpless images ____

Seductive images ____

Aggressive images ____

Images of being loved ____

Thoughts

Check each of the following thoughts or words that apply to you:

I am worthless ____ a bad person ____ not lovable ____ a failure ____ a disappointment ____ permanently damaged ____ ugly ____
stupid ____ shameful ____ have to be perfect ____ am not in control ____ cannot trust anyone ____ cannot protect myself ____ evil ____
cannot trust my judgment ____ Intelligent ____ confident ____ worthwhile ____ ambitious ____ sensitive ____ loyal ____ naïve ____
full of regrets ____ worthless ____ a nobody ____ useless, ____ crazy ____ morally degenerate ____ considerate ____ a deviant ____
unattractive ____ unlovable ____ inadequate ____ confused ____ stupid ____ honest ____ incompetent ____ horrible thoughts ____
conflicted ____ can't make decisions ____ good sense of humor ____ hard-working ____ persevering ____ other _____

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Expectations regarding therapy: Have you been in therapy before? _____ With whom, where, and when? _____

In a few words, what do you think therapy is all about and how long should it last? _____

What personal qualities do you think the ideal therapist should possess? _____

Please complete the following:

I am a person who _____

All my life _____

Ever since I was a child _____

It's hard for me to admit _____

One of the things I can't forgive is _____

A good thing about having problems is _____

The bad thing about growing up is _____

One of the ways I could help myself but don't is _____

Interpersonal Relations

A. Family of Origin

1. If you were not brought up by your parents, who raised you and between what years? _____

2. Give a description of your father's (or father substitute's) personality and his attitude toward you (past and present) _____

3. Give a description of your mother's (or mother substitute's) personality and her attitude toward you (past and present) _____

4. In what ways were you disciplined by your parents? _____

5. Give an impression of your home atmosphere (i.e., the home in which you grew up). Mention state of compatibility between parents and between children. _____

6. Were you able to confide in your parents _____

7. Did your parents understand you? _____

8. Basically, did you feel loved and respected by your parents? _____

9. Has anyone ever interfered in your marriage, occupation, etc.? _____

Friendships

1. Do you make friends easily? ____ 2. Do you keep them? ____ 3. Were you ever bullied or teased? ____
4. Describe any relationship(s) that gives you:
 - a. Joy _____
 - b. Grief _____
5. Rate the degree in which you feel comfortable and relaxed in social situations:
Very relaxed____ Relatively comfortable____ Relatively uncomfortable____ Very anxious ____
6. Do you have one or more friends with whom you share your most private thoughts? _____
7. Are there people in your life, past or present, who you would want in your corner, supporting you? Please discuss.

Marriage and/or Living Together

- How long did you know your partner before marriage/ living together? __ How long have you been together? ____
- In what ways are you compatible? _____
- _____
- In what ways are you incompatible? _____
- How do you get along with your inlaws? _____
- How many children do you have? (Please include names, ages, and sexes)
- _____
- _____
9. Do any of your children have special problems? _____
 10. Did you ever have a miscarriage or abortion? Please discuss. _____
- _____

Sexual Relationships

1. Describe your parents' attitude toward sex. Was it discussed in your home? _____
 2. When and how did you derive your first knowledge about sex? _____
 3. Is your present sex life satisfactory? If not, please explain. _____
 4. Provide information about significant homosexual experiences or relationships. _____
 5. Have you ever experienced any anxiety or guilt feelings arising out of sex or masturbation? If yes, please elaborate: _____
 6. Any relevant details regarding your first or subsequent sexual experience? _____
 7. Please note any sexual concerns not discussed above. _____
- _____
- _____

Other Relationships

1. Are there any problems in your relationships with people at work? If so, please describe: _____

2. Please complete the following:

a) One of the ways people hurt me is _____

b) I could shock you by _____

c) A mother should _____

d) A father should _____

e) A true friend should _____

3. Give a brief description of yourself as described by

a) Your spouse /partner _____

b) Your best friend: _____

c) Someone who dislikes you: _____

4. Are you currently troubled by any past rejections or loss of a love relationship? If so, please explain.

Biological factors

Do you have any current concerns about your physical health? Please specify. _____

Please list medications you are currently taking. _____

Do you eat three well-balanced meals each day? If not, please explain _____

Do you get regular exercise? If so, what type and how often? _____

What is your height _____ What is your weight _____

Any current, or past history, of substances, exercise, or overeating as abuse or overuse? Please explain. _____

Check any of the following that apply to you:

| | Never | Rarely | Frequently | Very often |
|-------------------------|-------|--------|------------|------------|
| Early morning awakening | ___ | ___ | ___ | ___ |
| Fitful sleep | ___ | ___ | ___ | ___ |
| Over eat | ___ | ___ | ___ | ___ |
| Poor appetite | ___ | ___ | ___ | ___ |
| Eat “junk food” | ___ | ___ | ___ | ___ |

Check any of the following that apply to you:

Thyroid disease ___ kidney disease ___ asthma ___ neurological disease ___ infectious diseases ___ diabetes ___
cancer ___ gastrointestinal disease ___ prostate problems ___ glaucoma, ___ epilepsy ___ fibromyalgia ___

Others: _____

Have you ever had any head injuries or loss of consciousness? Please give details _____

Please describe any surgery you have had and/or complications. (Give dates) _____

Please describe any accidents or injuries you have suffered (give dates) _____

Any additional information you would like to share: _____

Please outline your significant memories/traumas and family folklore within the following ages:

Prenatal-5

6-10

11-15

16-20

21-26

27-35

36-45

45+ and additional notes

| Please type any symbol on the answer that most accurately reflects your opinions | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------------------|----------|---------|-------|----------------|
| I should not make mistakes. | | | | | |
| I should be good at everything I do. | | | | | |
| I am not good enough | | | | | |
| I am a victim of circumstances. | | | | | |
| My life is controlled by outside forces. | | | | | |
| It is very important to please other people. | | | | | |
| I don't deserve to be happy. | | | | | |
| It's not OK to feel (show) my emotions | | | | | |
| It is my responsibility to make other people happy. | | | | | |
| I should strive for perfection. | | | | | |
| Basically, there are two ways of doing things, the right way in the wrong way. | | | | | |
| When I do not know, I should pretend I do. | | | | | |
| Other people are happier than I am. | | | | | |
| I cannot get what I want | | | | | |