PERSONAL HISTORY QUESTIONNAIRE

Written by
Willard F. Harley, Jr.

Name: ____________________________     Date: ____________________________

Please answer all of the following questions as honestly and thoughtfully as possible. If your answer requires additional space, please use another page.

When answering, it is important to remember the Rule of Honesty and its five parts:

The Rule of Honesty for Successful Marriage

Reveal to your spouse as much information about yourself as you know: Your thoughts, feelings, habits, likes, dislikes, personal history, daily activities, and plans for the future

1. Emotional Honesty: Reveal your emotional reactions – both positive and negative – to the events of your life, particularly to your spouse’s behavior.

2. Historical Honesty: Reveal information about your personal history, particularly events that demonstrate personal weaknesses and failures.

3. Current Honesty: Reveal information about the events of your day. Provide your spouse with a calendar of your activities, with special emphasis on those that may affect your spouse.

4. Future Honesty: Reveal your thoughts and plans regarding future activities and objective.

5. Complete Honesty: Do not leave your spouse with a false impression about your thoughts, feelings, habits, likes, dislikes, personal history, daily activities, or plans for the future. Do not deliberately keep personal information from your spouse.

I agree to consider this information confidential and will not share any information revealed in this questionnaire to anyone without my spouse’s permission. I also agree to reward honesty and not punish my spouse for revealing any new information to me that I may find upsetting.

Signature of Spouse ____________________________

Health History

List childhood diseases, injuries or operations: ____________________________________________
__________________________________________________________________________________

List past adult diseases, injuries or operations: ___________________________________________
__________________________________________________________________________________

List present diseases or injuries (include high blood pressure, arthritis, migraine headaches, etc.)
__________________________________________________________________________________

When did you have your last complete physical examination? ______________________________
What were the results? Did the doctor find a medical problem or are you generally in good health?
__________________________________________________________________________________

How long does it take you to fall asleep? ________    How many hours do you sleep? _________
How often do you awaken? _______    How long does it take to get back to sleep? _________
How many pounds have you gained and/or lost in the past year? ____________
Describe any of your past and present diet programs: _______________________________________
__________________________________________________________________________________

Describe your exercise program: _______________________________________________________

What drugs do you presently take, what dosages, how often and why? _________________________
__________________________________________________________________________________

Have you been hospitalized or received therapy for a mental disorder? If so, list hospital(s) and/or therapist(s) and approximate dates:
__________________________________________________________________________________
__________________________________________________________________________________
Do you or have you ever had venereal disease? If so, when and what were the conditions (describe below):
Family History

Mother’s Name: ____________________________ Age: ______________________

Occupation: ____________________________ Education: ____________________________

How did she punish you? ___________________________________________________________

How did she reward you? ___________________________________________________________

What did she punish? ______________________________________________________________

What did she reward? ______________________________________________________________

How would others describe your mother? _____________________________________________

How would you describe your mother? ______________________________________________

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

How did you get along with your mother? _____________________________________________

Father’s Name: ____________________________ Age: ______________________

Occupation: ____________________________ Education: ____________________________

How did he punish you? ___________________________________________________________

How did he reward you? ___________________________________________________________

What did he punish? ______________________________________________________________

What did he reward? ______________________________________________________________

How would others describe your father? ______________________________________________

How would you describe your father? _______________________________________________
What activities did you do with your father when you were a child? 

How did you get along with your father?

<table>
<thead>
<tr>
<th>Names(s) of Brother(s) and Sister(s)</th>
<th>Birth Date</th>
<th>How did you get along with him/her?</th>
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Does (did) your mother or father favor any one? If so, who and why? 

Were your natural mother and father divorced? If so, why and how old were you?

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

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

Describe any instances of physical violence or sexual advances to you by a parent or siblings when you were a child.
If you were raised by step parents, foster parents or adoptive parents, please describe your most important experiences with them below.
Educational History

What pre-school(s) did you attend? __________________________________________

Describe any significant experiences: ________________________________________

What grammar school(s) did you attend? ____________________________________

What were your grades? ________ Describe any significant experiences: _________

__________________________________________

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

What were your grades? ________ Describe any significant experiences: _________

__________________________________________

What college(s) did you attend? _____________________________________________

What were your grades? ________ Describe any significant experiences: _________

__________________________________________

What was your major? ________________ Degree and date earned: ________________

What post-graduate school(s) did you attend? _________________________________

What were your grades? ________ Describe any significant experiences: __________

__________________________________________

What was your major? ________________ Degree and date earned: __________________
Describe musical instruments played, sports or other extra-curricular activities in which you participated and awards you received throughout your education.

__________________________________________________________________________________

What are your future educational plans? _______________________________________________
## Vocational History

List the jobs you have held with the present or most recent job first. Under “Liked,” indicate what you liked about the job. Under “Disliked,” indicate what you disliked (use separate sheet if necessary).

<table>
<thead>
<tr>
<th>Dates</th>
<th>Job Title</th>
<th>Salary</th>
<th>Liked</th>
<th>Disliked</th>
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How often do you miss work? Jobs you enjoy: _______ Jobs you dislike: _______

Describe how well you get along with your fellow employees. _______________________________

__________________________________________________________________________________

Describe how well you get along with your supervisor(s). _________________________________

__________________________________________________________________________________

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

__________________________________________________________________________________

Does your job satisfy you: Intellectually? Y/N ; Emotionally? Y/N ; Physically? Y/N

What are your vocational ambitions? ____________________________________________________

__________________________________________________________________________________

What were your childhood interests and hobbies? _________________________________________

__________________________________________________________________________________

What are your present leisure time interests and hobbies? ________________________________

__________________________________________________________________________________
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 and frequency of participation (prayer, study, meetings, etc.):

__________________________________________________________________________________

__________________________________________________________________________________

Describe how your religious beliefs and those of your parents effected your childhood?

__________________________________________________________________________________

__________________________________________________________________________________

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

__________________________________________________________________________________

__________________________________________________________________________________

Have you made 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** (use separate sheet of paper if needed):

<table>
<thead>
<tr>
<th>Name</th>
<th>Your Age</th>
<th>Other’s Age</th>
<th>How Long Did the Relationship Last?</th>
<th>Were You in Love?</th>
<th>Sexual Relationship?</th>
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List all **significant** opposite sex relationships you had **during High School** (use separate sheet of paper if needed):

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<tr>
<th>Name</th>
<th>Your Age</th>
<th>Other’s Age</th>
<th>How Long Did the Relationship Last?</th>
<th>Were You in Love?</th>
<th>Sexual Relationship?</th>
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List all **significant** opposite sex relationships you had **after High School** (use separate sheet of paper if needed):

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<th>Name</th>
<th>Your Age</th>
<th>Other’s Age</th>
<th>How Long Did the Relationship Last?</th>
<th>Were You in Love?</th>
<th>Sexual Relationship?</th>
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</table>
If you have been divorced, answer the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Married</th>
<th>Date Divorced</th>
<th>Reason For Divorce</th>
<th>Name(s) and Date(s) of Birth of Child(ren)</th>
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If you have been divorced, describe the history of your relationship from the time you met to the present. Include information about what you liked most and what you disliked most about each individual.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

If you have been widowed, answer the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Married</th>
<th>Date of Death</th>
<th>Cause of Death</th>
<th>Name(s) and Date(s) of Birth of Child(ren)</th>
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If you have been widowed, describe the history of your relationship from the time you met to death of your former spouse. Include information about what you liked most and what you disliked most about this person.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Sexual History

When and how did you first learn about sex? _____________________________________________
__________________________________________________________________________________

How did your parents influence your attitude regarding sex? _________________________________
__________________________________________________________________________________

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 freely discussed.

Describe your first sexual experience: ___________________________________________________
__________________________________________________________________________________

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

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

When and how did you first experience sexual climax and how did you feel about it?
__________________________________________________________________________________
__________________________________________________________________________________
If you ever masturbated, when did you start? _________________________________

How often did you masturbate during childhood? ________ Through adolescents? ________

What sexual fantasies do you have when you masturbate? ________________________________

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

________________________________________________________

________________________________________________________

With how many people have you had sexual intercourse? ________________________________

Have you ever had sexual experiences or fantasies about being treated violently? ___________

Sexual experiences or fantasies about treating others violently? _____________________________

Sexual experiences or desire to expose yourself in public? _________________________________

Sexual experiences or desire to have sexual contact with children? _________________________

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

________________________________________________________

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

________________________________________________________

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

________________________________________________________

For the wife: When did you have your first period? ___________ Are they regular? ________

When do they occur? ________________________________ Are they comfortable? ____________________

Do they cause you to feel depressed, anxious or irritable? ________________________________
Personal Assessment

Describe some of your fears: __________________________________________________________

__________________________________________________________________________________

Describe faults you think you have: ____________________________________________________

__________________________________________________________________________________

Describe your good characteristics: ______________________________________________________

__________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Type of Thought</th>
<th>Hardly Ever</th>
<th>Occasionally</th>
<th>Frequently</th>
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<tbody>
<tr>
<td>I am lonely.</td>
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<td>The future is hopeless.</td>
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<td>Nobody cares about me.</td>
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<td>I feel like killing myself.</td>
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<td>I am a failure.</td>
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<td>I am intellectually inferior.</td>
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<tr>
<td>I am going to faint.</td>
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<tr>
<td>I am going to panic.</td>
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<td>People usually don’t like me.</td>
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<td>Other negative thoughts you may have occasionally or frequently: ______________________</td>
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__________________________________________________________________________________
Indicate the degree that the following problems are a concern to you using this scale:

X = concern in the past, not now; 0 = 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.
______ Suicidal feelings.
______ Loss of energy.
______ Low self-esteem.
______ Isolation and loneliness.
______ Sleep disturbance.
______ Headaches.
______ Dizziness.
______ Angry feelings.
______ Mood swings.
______ Verbal or emotional abuse.
______ Physical abuse.
______ Sexual abuse.
______ Financial problems.
______ Career problems.
______ Marital problems.
______ Parent/Child problems.
Goals for Personal Improvement

Below is a list of bad habits that may include some that are making you feel anxious and depressed. Check off any habits 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 little.
- 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.
- Feeling anxious in airplanes.
- 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.
______ Having difficulty controlling my bowel movement.
______ 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 sexual desire to hurt other people.
Feeling sexual desire to be hurt or humiliated.
Feeling non-sexual desire to hurt other people.
Feeling non-sexual desire to be hurt or humiliated.
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.
Difficulty expressing my feelings.
Putting things off that need to be done.
Thinking things that make me feel guilty.
Feeling anxious when my 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: ________________________________

Feeling depressed about: ______________________________

Feeling guilty about: _________________________________

Being unable to control my desire to: ____________________

How do you plan to change the habits checked above? ________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________