



If you have already had counselling for this problem, please mention the name of the counsellor and describe the outcome:

Did you address this problem with anybody else?

Please choose from the list what describe your problem:

- | | | |
|----------------------------|----------------------------------|---------------------------|
| headache | depression | shyness |
| dizziness | alcoholism | lonely |
| fainting fits | taking of tranquilizers | tenseness |
| pounding heart/heart spasm | inability to relax | bad conditions at home |
| stomach problems | sexual problems | financial problems |
| lack of appetite | inability to feel joy | hearing sounds and voices |
| digestive problems | can't stand weekends or holidays | panic |
| fatigue | overambitious | trembling |
| exhaustion | unable to keep a job | thoughts about suicide |
| sleeplessness | unable to make friends | inferiority complex |
| night mares depression | unable to make decisions | drugs |

Date and place of birth: _____

Were you welcomed / desired as a child? _____

Was your mother's pregnancy / was the birth a normal? _____

How often did you move? _____

From the following please, choose what applies to your childhood:

- | | | |
|---------------|-------------|------------------------------------|
| nightmares | nail biting | happy childhood |
| bed-wetting | stuttering | unhappy childhood |
| sleepwalking | anxieties | happy youth |
| thumb sucking | excaping | unhappy youth |
| | | no remembrance of childhood yearst |

Children's diseases:

Illnesses during youth / adulthood:

Accidents, operations, times spent in hospital (at which ages?):

Questions concerning sexuality:

What was your parents' attitude towards sexuality (for instance – how did they explain sex – how did they talk about it?)

When and how did you acquire your first knowledge about sex??

When were you first conscious of your sexual drives?

Have you ever had anxieties, guilty feelings or trauma deriving from masturbation? If so, please, explain:

**Have you ever had anxieties, guilty feelings or trauma deriving from sexual experiences with the other sex?
If so, please, explain:**

**Have you ever had anxieties, guilty feelings or trauma, deriving from sexual experiences with the same sex?
If so, please, explain:**

Family data:

Please, list all siblings including yourself – starting with the eldest. As far as you know, include miscarriages / abortions as well.

Name	gender	age	marital status	occupation	character
-------------	---------------	------------	-----------------------	-------------------	------------------

How is your relationship with your siblings?

In the past:

Today:

With "Father" we mean the man who held the main responsibility for your upbringing. If it was not your natural father, please, describe all you know about your natural father on the back of this page. On this side, please, describe the father who brought you up...

Father's name: _____ Birth date: _____

Occupation: _____

Health: good average bad

If deceased, cause and age of death: _____

Faith: not a believer traditional Christian practicing Christianity Other: _____

Character:

His ambitions for his children:

His relationship with his children:

His relationship with your mother (his wife):

His favourite child (explain, please):

Which child resembles your father the most? In which way?

Which child resembled the father the least? In which way?

What was it that you, as a child liked about your father?

What did you, as a child not like about your father?

With "Mother" we mean the woman who held the main responsibility for your upbringing. If it was not your natural mother, please, describe all you know about your natural mother on the back of this page. On this side, please, describe the mother who brought you up...

Mother's name: _____ Birth date _____

Occupation: _____

Health: good average bad

If deceased, please list cause and age of death: _____

Faith: not a believer traditional Christian practicing Christianity Other: _____

Character:

Her ambitions for her children:

Her relationship with her children:

Her relationship with your father (her husband):

Her favorite child (explain, please):

Which child is most similar to your Mother? In which way?

Which child is the least similar to your mother? In which way?

What did you, as a child like about your Mother?

What did you, as a child not like about your Mother?

How did your parents discipline you?

Please, share about / give an impression of the atmosphere of your home (i.e. the place where you grew up):

Could you trust your parents?

**In case you were not brought up by your parents, who did bring you up/ who was it that brought you up?
Over which period of time?**

If you were brought up by your parents, was there another „parental“ figure / person?

Has there ever been someone (parents, relatives, friends) to intrude upon your marriage, your job, etc...?

Does any of your family members suffer from alcoholism, drug addiction or something else that could be defined as an emotional/ psychological illness / disturbance

Are there other family members whose diseases could present us with valuable information?

Marriage :

Your spouse's first name: _____ Birth date: _____

Occupation: _____

How long have you known your spouse before getting engaged? _____

For how long have you been engaged? _____ How long have you been married? _____

About your marriage:

What was it that you liked about your spouse during the first years of marriage?

What was it that your spouse liked about you during the first years of marriage?

What was it that you disliked with your spouse during the first years of marriage?

What was it that your spouse disliked with you during the first years of marriage?

What did you like about your spouse over the last years of your marriage?

What did your spouse like about you over the last years of your marriage?

What did you dislike about your spouse over the last years of your marriage?

What did your spouse dislike about you over the last years of your marriage?

List the names of your children. Please, make mention also if one of the children comes from a former marriage or if it is an adopted child / has been adopted. If there've been possible abortions or miscarriages, please do not forget to list as well.

name sex age marital status occupation character

Former marriages:

Names of former spouses: _____ Birth date: _____

When have you first been married? _____ For how long? _____

What did you like about your former spouse, what did you dislike about him/her?

What did your former partner like / dislike about you?

Why did your relationship come to an end?

Thank you very much!