

# PERSONAL HISTORY QUESTIONNAIRE

Written by  
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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 \_\_\_\_\_

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## Health History

List childhood diseases, injuries or operations: \_\_\_\_\_

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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):

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## 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? \_\_\_\_\_

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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? \_\_\_\_\_

<u>Names(s) of Brother(s) and Sister(s)</u>	<u>Birth Date</u>	<u>How did you get along with him/her?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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## 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: \_\_\_\_\_

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Describe musical instruments played, sports or other extra-curricular activities in which you participated and awards you received throughout your education.

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What are your future educational plans? \_\_\_\_\_

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## 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).

Dates	Job Title	Salary	Liked	Disliked

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? \_\_\_\_\_

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## 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 yo ur 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):

Name	Your Age	Other's Age	How Long Did the Relationship Last?	Were You in Love?	Sexual Relationship?

List all **significant** opposite sex relationships you had **during High School** (use separate sheet of paper if needed):

Name	Your Age	Other's Age	How Long Did the Relationship Last?	Were You in Love?	Sexual Relationship?

List all **significant** opposite sex relationships you had **after High School** (use separate sheet of paper if needed):

Name	Your Age	Other's Age	How Long Did the Relationship Last?	Were You in Love?	Sexual Relationship?

If you have been divorced, answer the following:

Name	Date Married	Date Divorced	Reason For Divorce	Name(s) and Date(s) of Birth of Child(ren)

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.

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If you have been widowed, answer the following:

Name	Date Married	Date of Death	Cause of Death	Name(s) and Date(s) of Birth of Child(ren)

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.

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## Sexual History

When and how did you first learn about sex? \_\_\_\_\_

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How did your parents influence your attitude regarding sex? \_\_\_\_\_

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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: \_\_\_\_\_

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

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

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

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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 effect 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:

Type of Thought	Hardly Ever	Occasionally	Frequently
I am lonely.	_____	_____	_____
The future is hopeless.	_____	_____	_____
Nobody cares about me.	_____	_____	_____
I feel like killing myself.	_____	_____	_____
I am a failure.	_____	_____	_____
I am intellectually inferior.	_____	_____	_____
I am going to faint.	_____	_____	_____
I am going to panic.	_____	_____	_____
People usually don't like me.	_____	_____	_____

Other negative thoughts you may have occasionally or frequently: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.



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## 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_