APPENDIX F

PERSONAL HISTORY QUESTIONNAIRE

For the Four Gifts of Love® Class

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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 gift of honesty and its five parts:

The Gift of Honesty for a Successful Marriage

Reveal to your partner 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 partner'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 partner with a calendar of your activities, with special emphasis on those that may affect your partner.
4. *Future Honesty*: Reveal your thoughts and plans regarding future activities and objectives.
5. *Complete Honesty*: Do not leave your partner 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 about my partner without permission. I also agree to reward honesty and not punish my partner for revealing any new information to me. If there is information revealed that causes me pain, I will be thankful for the honesty. If a thoughtless behavior from the past is continuing in the present, we will negotiate how it can be avoided in the future. Otherwise, past mistakes will stay in the past and will not be brought up in future conversation.

Signature of Partner:_____

Health History

List childhood diseases, injuries, or operations:

_____

_____

List past adult diseases, injuries, or operations:

_____

_____

List present medical problems (include high blood pressure, arthritis, migraine headaches, etc.):

_____

_____

When did you complete 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 when you go to bed at night? _____

How many hours do you usually sleep? _____

How often do you awaken during the night? _____

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 for what condition?

_____

Have you been hospitalized or received therapy for a mental disorder? If so, list hospital(s) and/or therapist(s) and approximate dates:

_____

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Have you ever had venereal disease? If so, when and what were the conditions:

_____

For the wife: When did you have your first period? _____ Are your periods regular? _____

Are they comfortable? _____ Do they cause you to feel depressed, anxious, irritable? _____

Family History

Mother's Name: _____

age:_____ occupation:_____ education: _____

How did she punish you?

_____

_____

How did she reward you?

_____

_____

What behaviors did she punish?

_____

_____

What behaviors 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?

_____

_____

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Father's Name: _____

age:_____ occupation:_____ education: _____

How did he punish you?

_____

_____

How did he reward you?

_____

_____

What behaviors did he punish?

_____

_____

What behaviors 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?

_____

_____

For each of your brother(s) and sister(s), give name, birth date, and how you get along with him/her when you were growing up together:

_____

_____

Does (did) your mother or father favor one child? If so, who and why do you think they favored that child?

_____

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Were your natural mother and father divorced? If so, how old were you and what do you know about the reasons they divorced?

_____

_____

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

_____

_____

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

_____

_____

Describe any instances of physical violence or sexual advances on you by a parent or siblings when you were a child.

_____

_____

If you were raised by a stepparent or foster parents, please describe your most important experiences with them.

_____

_____

Educational History

What preschool(s) did you attend?

_____

Describe any significant experiences in preschool:

_____

_____

What elementary school(s) did you attend?

_____

Were you a good student? _____ Describe any significant experiences in elementary school:

_____

_____

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

_____

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What were your grades? _____ Describe any significant experiences in middle school or secondary school:

_____

_____

What college(s) or vocational school(s) did you attend?

_____

_____

What were your grades? _____ Describe any significant experiences in college or vocational/trade school:

_____

_____

What was your major or specialization? _____

Give degree and date earned:_____

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

_____

What were your grades? _____ Describe any significant experiences in post-graduate school:

_____

_____

What was your major? _____

Give degree and date earned: _____

What trade qualifications/certificates do you have?

_____

_____

Describe sport or other extracurricular activities in which you participated, awards you received, and musical instruments played throughout your education:

_____

_____

What are your future educational plans?

_____

_____

_____

_____

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Vocational/Skill History

List the jobs you have held, giving the present or most recent job first. For each job, give the dates you were employed, your job title and salary, and what you liked and disliked about the job.

_____

_____

_____

_____

How often do you miss work at the jobs you enjoy? _____

At 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 that is 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 you childhood interests and hobbies?

_____

_____

What are your present leisure time interests and hobbies?

_____

_____

What other skills do you have?

_____

_____

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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 (prayer, study, meetings, etc.) and how frequently you participate in each one:

_____

_____

_____

Describe how your religious beliefs and those of your parents affected your childhood:

_____

_____

_____

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

_____

_____

_____

_____

Have you made any important changes in your religious beliefs during your lifetime?

_____

_____

_____

_____

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Opposite Sex Relationship History

List all **significant** opposite-sex relationships you had prior to high school and give the person's name, your age and the person's age during the relationship, and the duration of the relationship. Indicate if you were in love and if you had a sexual relationship (use separate sheet of paper if needed):

_____

_____

_____

List all **significant** opposite-sex relationships you had during high school and give the person's name, your age and the person's age during the relationship, and the duration of the relationship. Indicate if you were in love and if you had a sexual relationship (use separate sheet of paper if needed):

_____

_____

_____

List all **significant** opposite-sex relationships you had after high school and give the person's name, your age and the person's age during the relationship, and the duration of the relationship. Indicate if you were in love and if you had a sexual relationship (use separate sheet of paper if needed):

_____

_____

_____

If you have been divorced, give the name of your former spouse, date married, date of divorce, reason for divorce, what you liked most and disliked most about the person, and the names and birth dates of children (use separate sheet of paper if needed):

_____

_____

If you have been widowed, give the name of your spouse, date married, date and cause of spouse's death, what you liked most and disliked most about your spouse, and the names and birth dates of children (use separate sheet of paper if needed):

_____

_____

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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? (check one of the following)

- ◯ Sex was shameful and not to be discussed.
- ◯ Sex was not shameful but it wasn't discussed.
- ◯ Sex was shameful but was also discussed.
- ◯ 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? _____

During adolescents? _____

What sexual fantasies do you have when you masturbate?

_____

_____

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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 with or fantasies about being treated violently? Y/N

had sexual experiences with or fantasies about treating others violently? Y/N

exposed yourself or desired to expose yourself in public? Y/N

had sexual contact with children or desired to have sexual contact with children? Y/N

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, describe it.

_____

_____

Have you ever had a homosexual experience? If so, describe it.

_____

_____

Personal Assessment

Describe some of your fears:

_____

_____

Describe faults you think you have:

_____

_____

Describe your good characteristics:

_____

_____

_____

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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

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_____ 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 and uncomfortable feelings that may include some that are making you feel anxious and depressed. Check off any habits or uncomfortable feelings 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.

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_____ 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.

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_____ 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 overcome the habits and/or uncomfortable feelings checked above?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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