

# 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:

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List past adult diseases, injuries, or operations:

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

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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?

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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:

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Describe your exercise program:

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What drugs do you presently take, what dosages, how often and for what condition?

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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:

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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?

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How did she reward you?

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What behaviors did she punish?

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What behaviors did she reward?

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How would others describe your mother?

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How would you describe your mother?

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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?

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PERSONAL HISTORY QUESTIONNAIRE

Father's Name: \_\_\_\_\_

age: \_\_\_\_\_ occupation: \_\_\_\_\_ education: \_\_\_\_\_

How did he punish you?

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How did he reward you?

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What behaviors did he punish?

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What behaviors did he reward?

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How would others describe your father?

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How would you describe your father?

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

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How did you get along with your father?

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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:

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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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PERSONAL HISTORY QUESTIONNAIRE

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

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

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

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

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

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## **Educational History**

What preschool(s) did you attend?

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Describe any significant experiences in preschool:

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What elementary school(s) did you attend?

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

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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:

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

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

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What was your major or specialization? \_\_\_\_\_

Give degree and date earned: \_\_\_\_\_

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

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

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What was your major? \_\_\_\_\_

Give degree and date earned: \_\_\_\_\_

What trade qualifications/certificates do you have?

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

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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.

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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:

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

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

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Does your job satisfy you intellectually? Y/N      emotionally? Y/N      physically? Y/ N

What are your vocational ambitions?

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What were your childhood interests and hobbies?

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What are your present leisure time interests and hobbies?

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What other skills do you have?

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## Religious History

What is the name of your religion?

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Describe your most important religious beliefs:

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How do your religious beliefs influence the decisions you make in your life?

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

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

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

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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):

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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):

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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):

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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):

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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?

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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? \_\_\_\_\_

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?

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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.

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

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

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## Personal Assessment

Describe some of your fears:

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Describe faults you think you have:

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Describe your good characteristics:

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# PERSONAL HISTORY QUESTIONNAIRE

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:

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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

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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.

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- \_\_\_\_\_ 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.

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- \_\_\_\_\_ 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 overcome the habits and/or uncomfortable feelings checked above?

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