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SUPPLEMENTAL INFORMATION: GETTING TO KNOW YOU & YOUR LIFE STORY

Please consider the following questions, and respond as best you can. Circle either Yes or No answers. Leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as therapy, meaning the only exceptions are reports of ongoing child/elder/dependent-adult abuse, or planned future harm to self or other.

Name: _____

Your ethnicity, as you prefer to identify it: _____

Your gender/sexual orientation, as you prefer to identify it: _____

What is the nature of your occupation/employment or (if you are a student) your studies?

Is it satisfying? Yes / No How long have you been in this occupation? _____

What is the highest level of schooling you've achieved (in what year)? _____

What other schooling, degrees or training do you have or wish to have? _____

What is your wish/vision for what you want to be doing with your life (occupationally and/or in your personal life)? _____

Do you see yourself as being on a path toward that vision? Yes / No / Unsure

On a scale of 1-10, how well do you feel you are taking care of your self and your needs?

Poorly 1 2 3 4 5 6 7 8 9 10 Well

In what area of your life do you wish you were taking better care of yourself?

On a scale of 1-10, how well do you feel you attend to your loved ones and their needs?

Poorly 1 2 3 4 5 6 7 8 9 10 Well

Who would you say you prioritize (in terms of meeting their wants and needs) most in your life - yourself? or someone else? _____

What brings you to therapy now? If there is a "big picture" reason and also an immediate catalyst, please briefly describe each: _____

What are your hopes for how your life might be different 6 months or a year from now?

If you could change one thing about yourself, what would it be?

If you could change one thing about the world you find yourself in, what would it be?

What do you like most about yourself?

What do you like least about yourself?

What energizes you? _____

What turns you off (pet peeve)? _____

What sights/sounds/smells do you love? _____

What sights/sounds/smells do you hate? _____

What is your favorite word? _____ least favorite word? _____

What have been the major traumas of your life? (Indicate your age for each)

What have been the major achievements/pleasures of your life? (Indicate your age for each)

What do you consider your greatest failing - and what lesson did you take from it?

What motto, if any, do you live by or try to live by?

If you were to give a title to your life story thus far, what would it be?

How would you rate your overall health? (from Excellent to Poor) _____

Name any specific health concerns: _____

Name any chronic physical pain(s): _____

How many hours sleep do you usually get? ____ Usual bedtime/wake time: _____

How would you rate your current sleeping habits? _____

How many times /hours a week do you usually exercise? _____

How would you rate your exercise habits? (from Excellent to Poor) _____

How would you rate your eating habits? _____

Do you drink alcohol? Yes / No Take recreational drugs? Yes / No Smoke tobacco? Yes / No

For any Yes answer, please indicate what drug and frequency of use and for how many years:

Do you practice safe sex? Always / Usually / Sometimes / Never / Don't have sex

Have you ever had what you consider to be dysfunctional (self-destructive) eating, drinking, sleeping, exercise, grooming, or sexual habits? Yes / No If Yes, please explain

If you had one key change you'd like to make in your sleep, exercise, eating, drinking, sex, or grooming (i.e., self-care) habits, what would it be?

Have you ever had debilitating anxiety or panic attacks? Yes / No If Yes, please describe:

Have you ever had overwhelming (debilitating) sadness, grief or depression? Yes / No
If Yes, please describe the nature, your age at the time, and any precipitating event:

Are you currently in a romantic relationship? Yes / No If Yes, is it satisfying? Yes / No

If No, have you ever been in a romantic relationship you considered satisfying? Yes / No

Do you feel you have at least one true friend, who you trust and confide in? Yes / No

Do you have an emotional support system (family members or friends who are "there for you" who are safe and trustworthy)? Yes No If Yes, who is/are your closest source(s) of support? _____

Do you see yourself as having particular habits in relationships that trouble you or others?

Yes / No If Yes, please explain: _____

What quality do you appreciate most in your friends?

What kind of friend are you? How well does it match up with the kind of friend you want to be?

Family of Origin information:

Who did you live with growing up? _____

Where did you grow up (e.g., what city)? _____

Is your mother living? Yes / No If Yes, how old is she? _____ If No, year of death _____

Is your father living? Yes / No If Yes, how old is he? _____ If No, year of death _____

Siblings' first names and ages (or, if deceased, year of death): _____

Which if any parents or siblings did/do you feel closest to? _____

If your parents divorced or separated, how old were you? _____

What are three adjectives that come to mind to describe your mother/female guardian:

What are three adjectives that come to mind to describe your father/male guardian:

What were the most significant events or milestones of your childhood - positive or negative?:

If you are a parent, was having children always part of your dream or life goals? Yes / No

If you aren't a parent, is having children part of your dream or goals for your future? Yes No

In your view, does your answer to either of the above two questions reflect anything about your own childhood experience (i.e., making you want to have or not have children)? Yes / No

Did you identify with a particular religion growing up? and do you now? _____

Did you identify with a particular politics growing up? and do you now? _____

Did you have a trusted friend in childhood/adolescence? Yes / No

Did you ever have experiences in childhood of feeling betrayed? Yes / No

Were you ever bullied? Yes / No

Did you ever bully someone? Yes / No

Did you ever have run-ins with the law (arrested, jailed)? Yes / No

Did anyone close to you ever have run-ins with the law (arrested, jailed)? Yes / No

Were you ever in a serious accident? Yes / No If yes, what kind of accident & at what age?

At what age did you first 'date'/have a romantic relationship? _____

At what age did you have your first sexual experience? ____ Was it consensual? Yes / No

What are the first three adjectives that come to mind to describe yourself...

as a 5-year-old: _____

as a teenager: _____

as an adult: _____

Circle any (if any) of the following terms that seem accurate to complete this sentence:

“I think of myself as: a people-pleaser a trooper a survivor a victim
a sucker a failure professionally a failure at relationships a manipulator “

Have you ever experienced violence or abuse (physical, sexual, verbal, or emotional) in your home or elsewhere in your daily life (as recipient, perpetrator, or witness)? Yes No

If Yes, to the extent you are willing, please explain (what kind of abuse & at what ages):

Has substance abuse affected your life (as abuser or family member of abuser)? Yes No

If Yes, please explain: what substance, at what ages you were, & how it currently affects you:

