



Name.....Date.....

Your information is covered by medical secrecy and will be treated with strict confidentiality!!!

In order to have more time for the consultations, it makes sense to use questionnaires. They are also helpful for self-reflection.

The first part of the sheet is required from the second session at the latest, the second part from the third session.

The questionnaires serve to support the "probatory" discussions and will be helpful for the necessary therapy application.

If you like to use the form, please fill out the questionnaire honestly, as it is in your own interest to do so.

If you notice that certain topics are difficult, then this is significant, so mark this on the sheet.

You can simply add a question mark to particularly difficult or unpleasant questions and we should talk about them instead!!!

Please feel free to use the reverse side.

Dr. Härtel-Petri

Questionnaire Part 2: Relationships and Biography

Current living conditions:

With whom do you live together with?

.....

How is your living situation? (flat, apartment, one-family house, two-family house, semi-detached house. Approximate size in square metres, e.g. far too small an apartment with too many people is problematic. Relatives/too big a house without other people, or everything ok?)

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.....

Do you have **children**, how old are they, are there problems here or do you have problems that could be relevant? (*Should Sheet 1 not provide enough space for your answers, please use the reverse side*).

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.....

What are your future **career** options and professional ambitions?

.....

.....

Have you made your own career choice, why this one in particular?

.....

If you have made a career change in the past, what was the reason?.....

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Questionnaire Part 2: Relationships and Biography

How much do you/does your family/your partner earn (voluntary information)?

too little

.....

How much are your living costs?

..... too much

Do you have financial problems? (already answered in Part1)

.....

How do you spend the day other than your employment (what are your **additional obligations and duties**, what are your pleasurable/fulfilling volunteering activities? - see next question)

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How do you spend your free time (what are those **hobbies that do you good**)?.....

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How do you properly relax ?

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Questionnaire Part 2: Relationships and Biography

Relationship

How do you experience your current relationship or marriage?

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Briefly describe your partner, what he/she does for a living, how old he/she is, what characteristics does he/she have:

.....

.....

What do you like about your partner?

.....

.....

What do you NOT like about your partner?

.....

.....

Is your request for help driven by problems you are experiencing as a couple?

Yes, No, don't know If yes, roughly describe:

.....

Is the sexuality satisfactory? Yes, No, no declaration on the questionnaire

.....

Have there been relevant sexual difficulties in the past? Yes, No,

no declaration on the questionnaire not currently relevant

.....

Questionnaire Part 2: Relationships and Biography

Have you had previous relationships and what could have potentially caused them to fail? *(especially important if current symptoms are related to separation or relationship problems!)*

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Do you make friends easily? Yes, No, don't know

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Do you find it easy to approach strangers? Yes, No, don't know

.....

Questionnaire Part 2: Relationships and Biography

Biographical information - childhood and youth

How many siblings do you have (age difference)?

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.....

What was the relationship like between the siblings, what was your position?

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.....

What were you like as a child? - describe briefly:

.....
.....
.....
.....

"What kind of child" do your parents and siblings say you were?

.....
.....

Questionnaire Part 2: Relationships and Biography

How old was your **mother** when you were born? _____

Do you know if there were any anomalies when your mother was pregnant with you - or during labour? How long were you breastfed for, were there any problems in your early childhood development? (Breastfeeding problems, etc.)

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.....

Have your parents often been ill for a long time or been absent for long periods?

.....
.....

What external (family) problems did you experience during your childhood (*moving /caring for grandparents, overburdening house construction, unemployment, addiction etc., hospital stays/separation of parents/mental illnesses of close relatives, physical illnesses and disabilities among siblings etc.*)?

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.....

How did you experience the atmosphere in your family? *Was it more loving, striving for justice, respectful, conflictive, violent, fearful, bossy, marginalising, overworked, unpredictable?* Please use the reverse side of the sheet to outline this!

.....

Questionnaire Part 2: Relationships and Biography

Did you have psychologically related problems in your childhood (e.g. bedwetting, stuttering, fears or similar? Problems with your cleanliness education? Separation anxiety before kindergarten, speech delay, learning to walk late, for a long time was unable to sleep alone etc.)

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.....

Do you know if there were any anomalies in kindergarten or at primary school? (how long in day nursery, kindergarten, after-school care, separation anxiety? Were you sent to school regularly? Classes repeated or skipped? Moves during that time with a loss of the familiar surroundings etc., hospital stays)

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.....

Did you have good contact with other **children** or were you more of a loner?

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.....

How was your school development, were there difficulties/special talents?

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.....

Questionnaire Part 2: Relationships and Biography

Were there special athletic talents/dislike of sport in childhood/youth?

.....

Are you still doing sports? (which sports, how active)

.....

.....

Has any possible aversion to school sports subsided? Yes, No,

.....

Have there been degrading (-that damaged your honour-) experiences during puberty outside of school?

.....

Were there severe traumatisations (violence/violations of the right to sexual self-determination) during puberty or earlier/later Yes, No, Don't know, Don't know exactly, but there is suspicion

if yes = incriminating, then do not continue on the questionnaire, only in conversation!

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Which of today's emotional problems did you already have as a child/youth?

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.....

During **puberty** (> 12 years old), were you more of an outsider, leader etc. (please describe briefly)?

Questionnaire Part 2: Relationships and Biography

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How did you experience your puberty, like your first partnership, moving away from home, the transition to financial independence (*just write a brief outline, but reflect on whether problems could have already started*)?

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Does anyone in your family suffer from alcoholism, epilepsy or symptoms that could be described as "mental disorders"?

.....

Are there other family members about whom you think any information concerning illness etc. is important?

.....
.....

Questionnaire Part 2: Relationships and Biography

Briefly describe your **father**. (How old was he when you were born: _____,
What did he do for a living? What characteristics did or does he have? Is he still alive
or when did he die and what did he die of? Were there any particular stresses/or any
anomalies in his family of origin?)

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What was your relationship with him, did you feel loved?

.....

.....

.....

Briefly describe your **mother**. (How old was she when you were born: _____,
What did she do for a living? What characteristics did or does she have? Is she still
alive or when did she die and what did she die of? Were there any particular
stresses/or any anomalies in her family of origin?)

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Questionnaire Part 2: Relationships and Biography

What was your relationship with her, did you feel loved?

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Up to what age did you live with your parents.

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How would you describe their parenting style?.....

.....

What was your parents' marriage like, what was the atmosphere like at home, what conflicts were there?

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.....

How did your parents punish you when you were a child?

.....

Could you trust your parents?

.....

Did your parents show an understanding of you?

.....
.....

Questionnaire Part 2: Relationships and Biography

In principle, did you feel loved and respected by your parents?

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If you had a stepfather or a stepmother, how old were you when the corresponding parent remarried?

.....

If you were not only raised by your parents - who were you raised by too/instead, and when was this? What was the relationship like? (were there **other** supportive, helping caregivers such as grandmas, grandpas, aunts, godparents, neighbours, etc?)

Please use the reverse side of the sheet.

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Has anyone (parents, relatives, friends) ever interfered with your marriage, your job, etc?

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How religiously were you raised? Which religious persuasion?

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Would you call yourself a religious, believing person today? (Leaving the church, changing denominations etc.)

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Questionnaire Part 2: Relationships and Biography

When you find yourself in a difficult situation, who do you think of? -

(of someone who could help you now, or who would have helped you earlier?)

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.....

.....

Or do you then pray?....

.....

How would you briefly describe yourself today? What are your good qualities, what are your least good qualities?

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Do you have people at your side today who support you? (who)

.....

Which person **plays** the most important role in your life?

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Questionnaire Part 2: Relationships and Biography

Do you make friends easily?

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Are your friendships lasting ones?

.....

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What **external** problems are there in your life **today**?

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Have you had difficulties accepting failures, losses, separations or insults recently?

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Do you yourself have a theory of where your emotional/psychological problems could come from?

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Questionnaire Part 2: Relationships and Biography

Spontaneous answer - what comes to mind first!

What are you missing in your life?

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If you had three wishes, what would you wish for?

- 1.....
- 2.....
- 3.....

What do you want to achieve for yourself with psychotherapy?

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Describe **how you will live** in 5 (or 10) years time **without the current mental health problems**. (possibly too difficult to imagine at the beginning/before the therapy, but keep the question in mind)

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Many thanks,