

Please fill out the following questions about your life

Family name, first name: Date of Birth:.....

Date:

1. Are you aware of any problems concerning your birth? (complications during pregnancy, gestational diabetes, preeclampsia, infections, C-section, etc.)

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2. Do you know of any peculiarities in your early development, concerning your development of speech, learning to walk, potty-training, etc.?

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3. Have you had to undergo any surgeries or hospital stays during your childhood? (and possibly without your parents?)

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4. Please name all your siblings, including their year of birth and profession. How is your relationship with them and how often do you have contact with them?

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5. Name your parents, including year of birth and profession. In the case that your parents are deceased, please state the cause of death and their age.

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6. How were you disciplined or punished by your parents?

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7. How would you describe the atmosphere in your home? (meaning in the family you grew up in) How well did your parents get along with each other?

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8. Could you trust your parents? Yes No

9. Do you generally feel your parents loved / valued you? Yes No

10. Where and for how long did you go to Kindergarten?
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11. Where and for how long did you go to primary school?
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12. During school, did you ever: repeat a grade skip a grade Not Applicable
13. Did you have any other difficulties during school?
 Changing schools Disciplinary problems Concentration problems School expulsion
14. What level of school did you complete? (High school, Gymnasium, Sekundarschule, Abitur, or equivalent)
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15. Describe your personality as a teenager.
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16. Did you have any special interests? Talents? Hobbies? What about currently?
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17. What kind of education did you pursue after school? Did you complete it? If not, what are the reasons for quitting?
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18. List the employers (or the field of employment) you have worked with since completing school. How long did you stay with them? Did you ever quit a job because of difficulties or were you ever terminated?
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19. What are your living circumstances at the moment?
Relationship status: Single In relationship, living separately In relationship, living together
 Married Divorced Widowed
Do you have kids? Yes, living with me Yes, but not living with me No kids
Living situation: Rental apartment I own my own house / apartment
Current work: Company, job title and start date:
20. How do you currently finance yourself?
 Own income Partner's income Social support Disability (IV) Savings Other

21. Do you currently have any debts (credit cards, taxes, loans, etc.)?

- Debts Yes, just mortgage No debts

22. Have you ever been in psychiatric or psychological treatment (in-patient or out-patient)?

If yes, where and for how long?

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23. Have you ever been diagnosed with any mental illness? If yes, which?

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24. Have you ever taken medicine for emotional issues? If yes, which medication?

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25. Please list any current medications and how long you have been taking them.

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26. Please mark each point which applies to your childhood and youth:

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|---|---|
| <input type="checkbox"/> happy childhood | <input type="checkbox"/> unhappy childhood |
| <input type="checkbox"/> psychological / behavioral problems | <input type="checkbox"/> conflicts with the law |
| <input type="checkbox"/> death(s) in family | <input type="checkbox"/> health issues |
| <input type="checkbox"/> did not receive enough attention | <input type="checkbox"/> not enough friends |
| <input type="checkbox"/> problems in school | <input type="checkbox"/> financial hardship within family |
| <input type="checkbox"/> distinctive religious beliefs | <input type="checkbox"/> drug abuse |
| <input type="checkbox"/> alcohol abuse | <input type="checkbox"/> harshly punished |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> massively bullied or made fun of |
| <input type="checkbox"/> eating disorder (obesity, Bulimia, Anorexia, etc.) | |

27. Have you ever been admitted to a hospital because of surgery or other medical illnesses? If yes, which illnesses, where and when?

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28. Are there any individuals in your family with known mental illnesses (depression, addiction, anxiety, ADHD, etc.)? (mother, father, grandparents, aunts, uncles, siblings, etc.)

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22. Is there something else you would like to share with us? Did we forget an important subject?

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Thank you so much for your help and trust! This information will be treated with the utmost respect and privacy.