ALTERNATIVE BEHAVIOR ASSOCIATES
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Personal Experience Report

PART 1: BACKGROUND AND CURRENT CONCERNS

Name: ____________________ Today's Date: ____________

Age: __________ Occupation: ____________________

With whom do you live? ____________________

This form is intended to help me understand you, your present concerns, and your needs in our work together. If you have questions or if you are not clear about any of these items, put a question mark (?) next to it and please discuss it with me.

Describe the primary problem or life concern that you would like help with. (If you need additional space, please use the back of the page).

In a few words, how would you describe yourself as a person?

If your problem or concern involves other people (e.g., family members, friends, coworkers), briefly list them and their relationship to you.

What are you now doing to cope with or resolve the problem?

Have you tried any other solutions in the past?

Do you face any immediate challenges that we should deal with as soon as possible? Please note any concerns that feel urgent.

Check any of the following that accurately describe your present or recent experience. Check *all* that apply to you.

I am now feeling or I have recently been feeling...

- ☐ depressed or sad
- ☐ lonely
- ☐ angry
- ☐ guilty or ashamed
- ☐ hopeless
- ☐ exhausted
- ☐ tearful or wanting to cry
- ☐ confused
- ☐ anxious
- ☐ jealous
- ☐ out of control
- ☐ numb
- ☐ sick to my stomach
- ☐ aches and pains

I have been having experiences of...

- ☐ painful headaches
- ☐ blurred or poor vision
- ☐ losing my balance
- ☐ sleeping problems
- ☐ strange body sensations
- ☐ feeling unreal or empty
- ☐ dizziness
- ☐ distressing dreams
- ☐ blackouts (unconsciousness)
- ☐ seeing unreal things
- ☐ drinking too much alcohol
- ☐ wishing I were dead
- ☐ trembling
- ☐ forgetfulness (memory loss)
- ☐ violent impulses
- ☐ hearing voices
- ☐ chest pains
- ☐ mood swings
- ☐ hearing problems
- ☐ unwanted thoughts
- ☐ wanting to hurt myself
- ☐ wanting to hurt someone
- ☐ using drugs too much
- ☐ feeling desperate

Have you recently had any other feelings or experiences that you are concerned about or that might be important for me to know?

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What medications or supplements (prescription and otherwise) are you now taking? Please specify the purpose of each.

Medication or supplement:	Daily dose:	Purpose:

When was your last visit with your physician? ____________________

Have you ever been in psychotherapy or seen a mental health professional before?

☐ Yes ☐ No

If "yes," what were the approximate dates of your treatment?

from ____________ to ______________

What was the primary focus of your therapy?

____

How helpful was it?

____

What Are Your Sources of Strength?

Please check any of the following that you consider to be sources of strength for you. Feel free to add your own in the blank spaces.

☐ my sense of humor	☐ my religious faith	☐ my strong will
☐ my patience	☐ my family	☐ my friends
☐ my intelligence	☐ my courage	☐ my creativity
☐ my stubbornness	☐ my commitment to ______________	

☐ other: ______________________________

How Do You Cope?

When you are challenged or distressed by events in your life, what do you do to cope or comfort yourself?

____

____

____

How Can I Help You?

Please help me understand what you would like from me in therapy. Fill in any of the following that express your current interests.

"What I would like is..."

- ☐ information about ______________________________
- ☐ help in understanding ______________________________
- ☐ help in making decisions about ______________________________
- ☐ training in skills, particularly ______________________________
- ☐ support in ______________________________
- ☐ suggestions for how to solve a problem of ______________________________
- ☐ help with ______________________________
- ☐ I don't know what I want help with

PART 2: EMOTIONAL LIFE

Over the course of the last 90 days, to what extent have you experienced each of the following?

	Never				Often
Anger	☐	☐	☐	☐	☐
Anxiety or fear	☐	☐	☐	☐	☐
Enthusiasm or happiness	☐	☐	☐	☐	☐
Envy or jealousy	☐	☐	☐	☐	☐
Guilt	☐	☐	☐	☐	☐
Hatred	☐	☐	☐	☐	☐
Inner peace or tranquility	☐	☐	☐	☐	☐
Joy	☐	☐	☐	☐	☐
Love	☐	☐	☐	☐	☐
Pride	☐	☐	☐	☐	☐
Sadness or depression	☐	☐	☐	☐	☐
Shame or embarrassment	☐	☐	☐	☐	☐

When you were a child, which feelings or emotions were you taught to think of as “good” or “bad”?

“good”: ______________________________

“bad”: ______________________________

Which of the following expressions of emotions were *discouraged* when you were a child? (check all that apply)

☐ crying	☐ whining	☐ laughing	☐ pouting
☐ arguing	☐ hitting	☐ singing	☐ nail biting
☐ yelling	☐ swearing	☐ boasting	☐ hiding
☐ whistling	☐ make believe	☐ touching self	☐ rocking

Which emotions do you *now* find most difficult or uncomfortable for you?

____

____

____

____

____

How well do you remember your childhood experiences? (Circle one)

Not very well								Very well	
1	2	3	4	5	6	7	8	9	10

How would you describe your childhood in general? (Circle one)

Very unhappy								Very happy	
1	2	3	4	5	6	7	8	9	10

Each of the following statements describes experiences you may have had as a child. Check all that apply to you and your childhood. Please add comments or questions in the margin. If you are not sure about an item, or if it feels too private, place a question mark next to it.

- ☐ Our family life was happy
- ☐ I made friends easily
- ☐ I trusted my parents
- ☐ My feelings were respected
- ☐ My family moved often
- ☐ I felt unlovable
- ☐ I did poorly in school
- ☐ I was not allowed to cry
- ☐ I tried to be perfect
- ☐ I enjoyed school
- ☐ I felt loved and respected
- ☐ I felt trusted by my parents
- ☐ I felt good about myself
- ☐ I was often sick
- ☐ I was physically beaten
- ☐ I didn't have many friends
- ☐ I felt rejected or unwanted
- ☐ I had intense nightmares

For the following, *underline* which words would make the statement true.

- ☐ My mother/father was often or entirely absent.
- ☐ My mother/father was often depressed/angry/anxious.
- ☐ I was hospitalized for a serious illness/accident.
- ☐ I was often ashamed of myself/my father/mother/family.

My mother...

- ☐ was abused or abandoned as a child.
- ☐ was sometimes violent.
- ☐ suffered from physical illness.
- ☐ suffered from alcoholism.
- ☐ suffered from mental illness.
- ☐ attempted or committed suicide.
- ☐ suffered from a drug problem.
- ☐ did not have any problems of which I was aware.

My father...

- ☐ was abused or abandoned as a child.
- ☐ was sometimes violent.
- ☐ suffered from physical illness.
- ☐ suffered from alcoholism.
- ☐ suffered from mental illness.
- ☐ attempted or committed suicide.
- ☐ suffered from a drug problem.
- ☐ did not have any problems of which I was aware.

When I was a child, I was sexually intimate with...

- ☐ a playmate
- ☐ my father
- ☐ my brother
- ☐ another family member
- ☐ a friend
- ☐ my mother
- ☐ my sister
- ☐ someone outside my family

In their order of their appearance in your life (from first to last), who were the people by whom you felt loved?

	Name	Relation to you
(1)	______________________	______________________
(2)	______________________	______________________
(3)	______________________	______________________
(4)	______________________	______________________
(5)	______________________	______________________
(6)	______________________	______________________

In their order of appearance in your life (from first to last), who were the people by whom you felt hurt or harmed?

	Name	Relation to you
(1)	______________________	______________________
(2)	______________________	______________________
(3)	______________________	______________________
(4)	______________________	______________________
(5)	______________________	______________________
(6)	______________________	______________________

What was your happiest experience as a child?

____

____

____

What was your most emotionally painful experience as a child?

____

____

____

PART 3: SPIRITUALITY

What were your parent's religions? How important was religion to them?

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____

____

What is your current religion or spiritual orientation?

____

How frequently do you attend church or meet with others who share your spiritual interests?

____

How frequently do you pray, meditate, or read spiritual material?

Are you involved in any other religious or spiritual activities (volunteer work, an organized charity, etc.)?

Whose deaths have touched you personally?

Are you currently experiencing any difficulties or challenges in your spiritual life?

PART 4: RECREATION

What are your favorite things to do for fun?

Are you now involved in any form of regular physical exercise or stretching?

Do you follow any particular dietary program? How would you describe your daily eating patterns?

What hobbies or activities do you *wish* you could explore or pursue?

If you were free to go anywhere and do anything you want, what would you do?