

## FAMILY HISTORY QUESTIONNAIRE

Please print and complete the following questionnaire to help identify early life conditions that may contribute to your current anxiety.

1. Were either of your parents a “worrier” or experience anxiety or panic attacks? If so, describe:

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2. Do you have a brother, sister or other relative with anxiety?

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3. Were either of your parents overly concerned about potential dangers that could befall you or others? If so, describe:

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4. Did your parents seem to encourage exploration of the outside world or did they create an attitude of caution and distrust of the world? Describe:

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5. Were either of your parents overly critical or demanding of you? If so, how did that make you feel? Describe:

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6. Did you experience or witness emotional, verbal or physical abuse from either parent? If so, please detail:

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7. Did you feel frightened or intimidated by either parent? Again, if so, describe:

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8. Did either of your parents make you feel ashamed, guilty, neglected or abandoned?

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9. Were either of your parents alcoholic, a heavy drinker or drug abuser?

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10. Do any of the following describe your current relationship with your parent(s)?

\_\_\_\_\_ Dependent on them (daily or very frequent contact, difficulty leaving home or living very close to them)?

\_\_\_\_\_ Very independent (infrequent contact, leaving home early in life, moving very far away)?

\_\_\_\_\_ Hostile or alienated?

Please describe:

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