

Family of Origin Questionnaire:

Your Name:

Age:

Please circle any that apply to yourself:

- Moody - often depressed - Anger - Alcoholic Problem - substance Abuse Problem - Violent - Controlling - Victim - Passive - Abusive Physical - Abusive Verbal - Distant - other

Current Spouse's Name:

Age:

Date of Marriage:

Please circle any that apply:

- Moody - often depressed - Anger - Alcoholic Problem - Substance Abuse Problem - Violent - Controlling - Victim - Passive - Abusive Physical - Abusive Verbal - Distant - other

Former Spouse's Name:

Age:

Date of Marriage:

Date Divorced:

Date of Death (if applicable):

Please circle any that apply:

- Moody - often depressed - Anger - Alcoholic Problem - Substance Abuse Problem - Violent - Controlling - Victim - Passive - Abusive Physical - Abusive Verbal - Distant - other

Former Spouse's Name:

Age:

Date of Marriage:

Date Divorced:

Date of Death (if applicable):

Please circle any that apply:

- Moody - often depressed - Anger - Alcoholic Problem - Substance Abuse Problem - Violent - Controlling - Victim - Passive - Abusive Physical - Abusive Verbal - Distant - other

Mother's Name:

Age:

Date of Death (if applicable):

1st Marriage Date:

Husband's Name:

Divorced/Widowed:

2nd Marriage Date:

Husband's Name:

Divorced/Widowed:

Please circle any that apply:

- Moody - often depressed - Anger - Alcoholic Problem - Substance Abuse Problem - Violent - Controlling - Victim - Passive - Abusive Physical - Abusive Verbal - Distant - other

Father's Name:

Age:

Date of Death (if applicable):

1st Marriage Date:

Husband's Name:

Divorced/Widowed:

2nd Marriage Date:

Husband's Name:

Divorced/Widowed:

Please circle any that apply:

- Moody - often depressed - Anger - Alcoholic Problem - Substance Abuse Problem - Violent - Controlling - Victim - Passive - Abusive Physical - Abusive Verbal - Distant - other