

# Family History Assessment

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ **Circle One:** Father Mother Stepmother Stepfather

**Married:** YES/NO Number of Years: \_\_\_\_\_

**Divorced:** YES/NO Number of Years: \_\_\_\_\_

**Separated:** YES/NO Number of Years: \_\_\_\_\_

**Widowed:** YES/NO Number of Years: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed/Degree: \_\_\_\_\_

Describe your leisure activities (*hobbies, sports, movies, TV, etc.*): \_\_\_\_\_

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Please indicate if you, or any member of your family, either currently or in the past have experienced any of the following:

	<u>Name</u>	<u>Relationship</u>	<u>Current or Past?</u>
Workaholism	_____	_____	_____
Depression	_____	_____	_____
Alcoholism	_____	_____	_____
Drug Abuse/Addiction	_____	_____	_____
Suicide Attempt/Thoughts	_____	_____	_____
Obesity	_____	_____	_____
Binge Eating	_____	_____	_____
Anorexia Nervosa	_____	_____	_____
Bulimia Nervosa	_____	_____	_____
Psychiatric Hospitalization	_____	_____	_____
Extreme Mood Swings	_____	_____	_____
Sexual Abuse	_____	_____	_____
Insomnia	_____	_____	_____

\* NOTE: In the following section, if the tense is wrong (e.g. your daughter/son is no longer living at home), please cross out present tense and write in past tense. For example, change "does" to "did".

**A. Eating/Diet History**

Does your family currently have set mealtimes? \_\_\_\_\_

Describe how you believe your family experiences mealtime: \_\_\_\_\_

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Describe mealtime (*discussion, conflicts, atmosphere, who was/wasn't regularly present, etc.*): \_\_\_\_\_

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Has this changed from the past? \_\_\_\_\_

If yes, how? \_\_\_\_\_

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Are certain foods restricted in your household? \_\_\_\_\_

If yes, describe:

What was restricted? \_\_\_\_\_

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Why were they restricted? \_\_\_\_\_

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When were certain foods restricted? \_\_\_\_\_

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Have members of your family dieted? \_\_\_\_\_  
If yes, describe: \_\_\_\_\_

Did you or how did you teach your children regarding nutritious eating? \_\_\_\_\_

**B. Misc. Information**

Is appearance important in your family? \_\_\_\_\_  
Explain: \_\_\_\_\_

Is high achievement in academics, work, sports, etc. emphasized by any family members?  
Describe: \_\_\_\_\_

Describe any behavioral problems in childhood with your children (especially your  
daughter/son): \_\_\_\_\_

Who usually does the disciplining of the children? \_\_\_\_\_

Is this different from methods used in your upbringing? \_\_\_\_\_  
Explain: \_\_\_\_\_

Did you raise your daughter/son with any religious and/or spiritual beliefs? \_\_\_\_\_  
Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the relationship you have with your daughter's/son's mother/father: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the relationship you have with your current spouse (if he or she is other than your daughter's/son's parent): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with your own mother: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with your own father: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been in therapy? \_\_\_\_\_

If yes, please explain reasons for seeking treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long were you in therapy? \_\_\_\_\_

Are you currently in therapy? \_\_\_\_\_

What was the outcome of the therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any events you consider significant in the family history, including your background, your own family of origin and current family members (*Information may include stressors such as marriage/divorce in family; victim of sexual/physical assault; moving to a new location; financial disaster; death of a relative or close friend; arrest or illegal incident; loss of job, new job; birth of child; separation or engagement; serious decline in health of family member; major accident or physical condition*): \_\_\_\_\_

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Describe any problems with your daughter's/son's birth: \_\_\_\_\_

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Describe any developmental disturbances in childhood (*developmental delays or prolonged illnesses, habits, anything that stands out as different or unique*): \_\_\_\_\_

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Are there any educational or learning problems? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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Describe the significant events and your feelings regarding your daughter's/son's life in the various stages below:

a) Pregnancy and Birth: \_\_\_\_\_

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b) Years 0-5: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Elementary School Years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Middle School Years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e) High School Years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f) Years 18-25: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g) Years 26-35: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h) Years 36-45: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your daughter/son prior to the onset of her eating disorder: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice a change in your daughter's/son's eating/grooming behavior/body condition? Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the relationship you have with your daughter/son: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this changed? \_\_\_\_\_  
If yes, in what way(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you start noticing any change? Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would your daughter/son describe her relationship with you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would your daughter/son like to change about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see happen in your daughter's/son's treatment? (i.e what are your goals for her?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think your daughter's/son's goals for treatment are? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you tried to resolve problems on your own, prior to seeking treatment? \_\_\_\_\_  
If so, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments you think might be helpful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_