

EMDR History Form

Instructions: This form is used to gather a history of life experiences that represent times of strength and distress/disturbance. Each question will ask for a brief description of the experience, age at the time of experience, and level of a disturbance if a distressing experience (0=no disturbance to 10= highest disturbance you can imagine). This form helps identify memories and life themes important for your treatment.

Name:

Date:

1. Please describe if you had any complications that you know about: your mother's pregnancy, mother's mental health during pregnancy, birth, and post-delivery experiences within the first 3 months of your life.

Please list age: in utero, delivery/labor, and 0-3 months of life.

As you answer this question, if you feel any distress, please rate the level of disturbance (0=no disturbance to 10= highest disturbance you can imagine).

Answer:

Please circle/underline age: in utero, delivery/labor, and 0-3 months of life.

Description/story:

Level of disturbance (0=no disturbance to 10= highest disturbance you can imagine):

2. Who were your primary caregivers and support system in your life (childhood to present) including a brief description of the supportive nature of the relationship? Please place a (+) symbol by the ones that were significantly supportive and a (-) symbol by the ones that were unsupportive and/or cause emotional disturbance.

Answer:

- 1.
- 2.

3. List who you grew up with within your home as a child, the ages of household members, and a brief description of the relationship.

Answer:

4. Were you treated the same as others in your household as age-appropriate or differently? If differently, please describe memories that stand out to you now, your age at the time, and the level of disturbance you feel now (0=no disturbance to 10= highest disturbance you can imagine).

Answer: (age and level of disturbance)

5. Please describe your experience of feeling a sense of belonging with your family as a child. Clarify where you felt belonging and where you felt that you didn't belong if applicable to your experience. Include the level of disturbance you feel now (0=no disturbance to 10= highest disturbance you can imagine).

Answer:

Age when you felt the most sense of belonging:

Age when you felt the least sense of belonging:

<p>6. Are there any periods and events in your life you don't remember? If yes, please list the age of the periods and events. As you answer this question, if you feel any distress, please rate the level of disturbance (<i>0=no disturbance to 10= highest disturbance you can imagine</i>).</p>
<p>Answer: (age and level of disturbance)</p>
<p>7. Please describe any family relational alliances or relational discord that impacted your childhood by either your relationships or impacts on others' relationships that caused reactivity with you. Please list the level of disturbance for each one identified (<i>0=no disturbance to 10= highest disturbance you can imagine</i>).</p>
<p>Answer: (age, brief description, and level of disturbance)</p>
<p>8. Please list any history of family trauma in the past 3 generations to your knowledge (identify who experienced the trauma and age it occurred). This may include (grief/loss, natural disasters, separations/divorce, moving to new communities, violence, physical abuse, sexual abuse, sexual assault, cultural discrimination, racial discrimination, gender identification discrimination, religious disputes, medical experiences, bullying, pandemics, and any others that are distressing). Please list the level of disturbance for each one identified as you think of it now (<i>0=no disturbance to 10= highest disturbance you can imagine</i>).</p>
<p>Answer: (who had experience, relation to you, type of trauma, and level of disturbance)</p>
<p>9. Please list with a brief description of any legacy burdens of painful experiences from the past generations (familial, community, gender, cultural, racial, ethnic, or other) that continue to affect you. Please list the level of disturbance for each legacy burden you identify as you think of it now (<i>0= no disturbance to 10- highest disturbance you can imagine</i>).</p>
<p>Answer:</p>
<p>10. Please list any trauma you have experienced with type, age, and level of disturbance. This may include (grief/loss, natural disasters, separations/divorce, moving to new communities, violence, physical abuse, sexual abuse, sexual assault, cultural discrimination, racial discrimination, gender identification discrimination, religious disputes, medical experiences, bullying, pandemics, and any others that are distressing). Please list the level of disturbance for each one identified as you think of it now (<i>0=no disturbance to 10= highest disturbance you can imagine</i>).</p>
<p>Answer: (age, type of trauma, and level of disturbance)</p>

11. What are some of the best and worst memories about your parent's relationship or caregiver's relationship you remember when you were a child? Please give a brief description, age, and level of disturbance for each memory.
Answer: (age, brief description, and level of disturbance)
12. What were some of your parents/caregivers' main stressors you recall when you were growing up (finances, housing, moving, work, relationships, education, etc.).
Answer: (stressors, impact on you, and level of disturbance)
13. Please list and briefly describe any important relationships with extended family members or the absence of a relationship that you find impactful to your development.
Answer:
14. List your best and worst memories (with your age at the time of the event) with the extended family members you identified in question 12. Please list the level of disturbance (<i>0= no disturbance to 10 = highest disturbance you can imagine</i>) if applicable.
Answer: Best memories (age, brief description, and level of disturbance): Worst memories (age, brief description, and level of disturbance):
15. Please list other important relationships (teacher, babysitter, neighbor, coworker, etc.) in your life with your age and a brief description of what this relationship represents for you.
Answer: (age and brief description of what relationship represents for you)
16. Please list any emotional cut-offs (no contact or limited contact) with people you've used to have a relationship with, your age that the emotional cut-off occurred, and rate the level disturbance as you think of it now (<i>0= no disturbance to 10= highest disturbance you can imagine</i>).
Answer: (age, reason for cut-off, and level of disturbance)
17. Please describe your best and worst memory of being involved in the communities where you have lived in your life with your age, brief description, and level of a disturbance if applicable (<i>0= no disturbance to 10= highest disturbance you can imagine</i>).
Answer: Best memories of community: (age, brief description, and level of disturbance) Worst memories of community: (age, brief description, and level of disturbance)

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18. Please list your best and worst educational memories with your age, a brief description of the memory, and the level of a disturbance if applicable (<i>0= no disturbance to 10= highest disturbance you can imagine</i>).
Answer: (age, brief description of memory and level of disturbance 0-10) Elementary: Middle School: High School: College:
19. Please list any negative memories with authority figures (teachers, police officers, managers, etc.), your age at the time of the event, and level of disturbance (<i>0= no disturbance to 10= highest disturbance you can imagine</i>).
Answer: (age, brief description of memory and level of disturbance 0-10)
20. How do you relate to other people in your life? Please describe how you connect with people in your daily life.
Answer:
21. List how many times you have moved, the age of the move, brief description of the event, and level of a disturbance if applicable (<i>0= no disturbance to 10= highest disturbance you can imagine</i>).
Answer: (age, brief description of memory and level of disturbance 0-10)
22. List any stressful work conditions in the past and present with a brief description, your age, and level of disturbance (<i>0= no disturbance to 10= highest disturbance you can imagine</i>).
Answer: (age, brief description of memory and level of disturbance 0-10)
23. List your family and cultural values growing up and how they compare to your present values.
Answer:
24. Have you ever experienced any discrimination based on your race, gender, religion, culture, economic status, or age? If so, please list the experiences, age at the time of the event, and level of disturbance.
Answer: (age, brief description of memory and level of disturbance 0-10)
25. Any past experiences that you feel currently are contributing to your symptoms? If so, please describe the experiences, your age at the time it occurred, and your level of disturbance.

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Answer: (age, brief description of memory and level of disturbance 0-10)
26. What do others admire about you?
Answer:
27. What do you admire about yourself?
Answer:
28. List your childhood and current role models including what you admire about them.
Answer:
29. Are there any periods in your life or events you don't remember? If so, please list the periods and events.
Answer: (age, brief description of memory and level of disturbance 0-10)
30. List out your significant dating relationships and how they ended? Please include your age, length of the relationship, brief phrase of what the relationship taught you, and if disturbing please rate the level of disturbance.
Answer: (age, brief description of memory with lessons and level of disturbance 0-10)
31. Please list your marriages in chronological order with the length of the marriage, how it ended if applicable, what you learned, and rate disturbance.
Answer: (marriage number, age, length of marriage in months/years, how it ended and level of disturbance 0-10)
32. Describe any challenges to the marriage/s and how you overcame the challenges.
Answer:
33. List your children by age oldest to youngest (include birth, adopted, stepchildren, and foster children), and a brief description of your relationship with each one. Please include anything you wish to change about the relationship if applicable and level of disturbance (0= no disturbance to 10= the most you can imagine).
Answer: (children first names, age, relationship, wishes, and level of disturbance 0-10)
34. List any past or present disturbing experiences with parenting including your age and level of disturbance (0= no disturbance to 10= the most you can imagine).
Answer: (age, brief description of memory and level of disturbance 0-10)
35. Please list any regrets you have from past experiences that bother you today when you think about it. List your age and level of disturbance for each experience (0= no disturbance to 10= the most you can imagine).
Answer: (age, brief description of memory and level of disturbance 0-10)
36. List any losses you've experienced with your age at the time of loss, impact on you, and any disturbance you feel now (0= no disturbance to 10= the most you can imagine).

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Answer: (age, brief description of memory and level of disturbance 0-10)
37. Please list any time you've felt suicidal or made a suicide attempt. Include your age, the trigger for the event, what happened, how you got past it, and the level of disturbance as you think of it now (<i>0= no disturbance to 10= the most you can imagine</i>).
Answer: (age, brief description of memory, skills used, and level of disturbance 0-10)
38. If you've been incarcerated or arrested, list your age, length of the event, regrets and/or lessons, and level of disturbance (<i>0= no disturbance to 10= the most you can imagine</i>).
Answer: (age, a brief description of memory with regrets/lessons, length of the event, and level of disturbance 0-10)
39. Have you experienced any crimes against you or your family? If so, please list your age, what happened, what you learned, and level of disturbance (<i>0= no disturbance to 10= the most you can imagine</i>).
Answer: (age, a brief description of memory with regrets/lessons, length of the event, and level of disturbance 0-10)
40. List any experiences past and currently of medical issues including your age, medical issue, what you learned, and level of disturbance (<i>0= no disturbance to 10= the most you can imagine</i>). Include any accidents, injuries, surgeries, etc.
Answer: (age, a brief description of memory with regrets/lessons, length of the event, and level of disturbance 0-10)
41. List any experiences you've had caring for a loved one with medical issues, your age at the time of the event, what you learned, and level of disturbance (<i>0= no disturbance to 10= the most you can imagine</i>).
Answer: (age, a brief description of memory with regrets/lessons, length of the event, and level of disturbance 0-10)
42. What past experiences that you've had do you feel are contributing to current problematic patterns in your life?
Answer:
43. What patterns would you like to have in your life that would be different then what you are currently experiencing?
Answer:

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