

Your Name _____ Date _____

Pre-Counseling Questionnaire

Thinking about how you are feeling today, please rate your level of happiness on a scale of 1-10, with 1 being Completely Unhappy and a 10 being Completely Happy, in each of the following areas:

	Completely Unhappy	Completely Happy
1. Your physical health	1 2 3 4 5 6 7 8 9 10	
2. Your general happiness / emotional well-being	1 2 3 4 5 6 7 8 9 10	
3. Your home atmosphere	1 2 3 4 5 6 7 8 9 10	
4. Your ability to meet financial obligations	1 2 3 4 5 6 7 8 9 10	
5. Your job or school	1 2 3 4 5 6 7 8 9 10	
6. Your family relationships	1 2 3 4 5 6 7 8 9 10	
7. Your relationship with your spouse/partner	1 2 3 4 5 6 7 8 9 10	
8. Any legal issues you may have	1 2 3 4 5 6 7 8 9 10	
9. Your drug and alcohol use	1 2 3 4 5 6 7 8 9 10	

Thinking only about THE PAST 30 DAYS:

	During the past 30 days, on how many days have you...
...Drank alcohol	
...Used marijuana	
...Used a prescription drug to get high	
...Got high on another drug:	
...Got high on another drug:	

Thinking about the problem(s) that you want to talk about at your appointment with me – what is the best thing you have done to make this problem better or keep it from getting worse?

What is the most important thing that you hope to get out of coming to this appointment with me?

Pre-Counseling Questionnaire, Continued

Over the last two weeks, how often have you been bothered by having little or no interest or pleasure in doing things?

Never Several days More than half Daily/Near Daily

Over the last two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Never Several days More than half Daily/Near Daily

How often have you been bothered by thoughts of killing yourself or hurting yourself in some way?

Never Rarely Monthly Weekly Daily/Near Daily

How often does a fight with a loved one result in someone getting physically hurt?

Never Rarely Monthly Weekly Daily/Near Daily

In the past 4 weeks, have you had a panic attack – a sudden feeling of panic or intense fear?

Never Several days More than half Daily/Near Daily

In the past 4 weeks, have you been bothered by feeling nervous, anxious, on edge, or bothered a lot by different things?

Never Several days More than half Daily/Near Daily

In the past 3 months, have you made yourself vomit or avoided eating all day in order to lose weight?

Never Several days More than half Daily/Near Daily

Is there anything that you think is important for me to know about you or your family, in order for me to be the most helpful to you?

I look forward to meeting you! Your communications with me are confidential. Please email or call me if you have any questions beforehand: lara.okoloko@caresnw.com