



Welcome. To assist us to maximise the effectiveness of the consultation, please complete the following questionnaire and bring it with you to your session.

There are different ways to fill out the questionnaire; some families call a family meeting to fill it out, some families photocopy it and everyone fills out their own questionnaire and sometimes only the person who has requested the consultation fills it out. Do what suits your family.

Name of person(s) filling out the questionnaire:

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1. What are the main issues that bring you to this service?

(a) Greatest concern:

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(b) Second greatest concern:

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2. For the following question, please provide a rating out of 10 where

(1) = Not at all to (10) = A great deal

(a) How much concern do you have about the first issue? /10

(b) How much concern do you have about the second issue? /10

(c) How often do these concerns happen?

once

Occasionally

Weekly

Daily

Several times a day

(d) Are there other difficulties you are coping with now? Please outline below:

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(d) How much is the issue (or issues) interfering in your life? /10

3. What made you decide that now was the right time to seek help?

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4. How confident do you feel in dealing with the concern(s)? /10

If counselling was successful, what would you / you and your family be doing differently?

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5. What are the positive things have you noticed happening around you?

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6. What would like to keep happening with your relationships?

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7. When people are in a stressful situation it is easy to forget things. Therefore, we suggest you list the major questions you would like addressed below.

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