



First Meeting Questionnaire

Describe the reasons for today's appointment:

First Concern: _____

Second Concern: _____

What type of counselling do you want to receive:

individual

parent / child

family

The following list are common reasons why people may seek counselling. Please indicate if any of these have been a concern for you within the past 2-4 weeks by circling and rating for each using this scale:

0 - not at all concerning 1 - a little bit 2 - moderately 3 - quite a bit 4 - extremely concerning

- | | | | | | |
|---|---|---|---|---|---|
| 1. Difficulty getting along with your spouse | 0 | 1 | 2 | 3 | 4 |
| 2. Difficulty getting along with other family members | 0 | 1 | 2 | 3 | 4 |
| 3. Feelings stressed | 0 | 1 | 2 | 3 | 4 |
| 4. Financial concerns | 0 | 1 | 2 | 3 | 4 |
| 5. Feeling very sad, down, or depressed | 0 | 1 | 2 | 3 | 4 |
| 6. Trouble falling asleep; staying asleep or waking up very early | 0 | 1 | 2 | 3 | 4 |
| 7. A change in appetite resulting in weight gain or weight loss | 0 | 1 | 2 | 3 | 4 |
| 8. Trouble concentrating | 0 | 1 | 2 | 3 | 4 |
| 9. Anger or irritability | 0 | 1 | 2 | 3 | 4 |
| 10. Worries | 0 | 1 | 2 | 3 | 4 |
| 11. Avoiding certain people, places, or activities | 0 | 1 | 2 | 3 | 4 |
| 12. Anxiety or panic attacks | 0 | 1 | 2 | 3 | 4 |
| 13. Thoughts about ending your life | 0 | 1 | 2 | 3 | 4 |
| 14. Attempts to harm self | 0 | 1 | 2 | 3 | 4 |
| 15. Drinking too much | 0 | 1 | 2 | 3 | 4 |
| 16. Using street drugs | 0 | 1 | 2 | 3 | 4 |
| 17. Overusing prescribed medications | 0 | 1 | 2 | 3 | 4 |
| 18. Getting to work / school late or missing work / school | 0 | 1 | 2 | 3 | 4 |
| 19. Difficulty getting along with someone at work / school | 0 | 1 | 2 | 3 | 4 |