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**PRE-THERAPY ASSESSMENT QUESTIONNAIRE**

**Instructions:** Please take a few minutes to reflect on your current emotional state, relationships, and overall well-being. Your responses will help us understand your needs and track your progress throughout therapy. All responses are confidential.

### **Personal Information**

**Full Name:**

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 **Date of Birth:**

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 **Date of Assessment:**

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 **Counsellor Name:**

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### **1. How are you currently managing your daily life responsibilities?**

* (a) I am struggling significantly.
* (b) I find it difficult but can cope.
* (c) I am managing fairly well.
* (d) I am doing well with no major difficulties.

### **2. How would you describe your overall emotional well-being?**

* (a) I feel overwhelmed and distressed most of the time.
* (b) I experience frequent emotional struggles.
* (c) I feel emotionally stable but have occasional struggles.
* (d) I feel emotionally healthy and balanced.

### **3. How satisfied are you with your relationships (family, friends, work, etc.)?**

* (a) I feel isolated and disconnected from others.
* (b) I have strained relationships but some support.
* (c) I have stable relationships with occasional challenges.
* (d) I feel well-supported and connected to those around me.

### **4. What is your biggest challenge right now that you hope therapy will help with?**

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### **5. Have you been in therapy before? If so, what was your experience like?**

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### **6. Any additional comments or concerns before beginning therapy?**

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**Thank you for completing this assessment. Your counsellor will review your responses and discuss them with you in your first session.**