Help for Couples

Preparing for Our First Conversation

Individual Therapy

Thank you for taking a few minutes to complete this questionnaire. There are no right or wrong answers. My hope is that this gives me a better understanding of where you are today so we can make the most of our first session together.

About You

Name	
Preferred Name	
Date of Birth	
Phone	
Email	

A Quick Snapshot (1 = Very Low / Poor, 5 = Very High / Excellent)

Area	1	2	3	4	5
Overall Well-Being	■	■	■	■	■
Stress Level	■	■	■	■	■
Hopefulness	■	■	■	■	■
Emotional Connection	■	■	■	■	■
Sleep Quality	■	■	■	■	■
Managing Daily Life	■	■	■	■	■

Why Now?

What brought you to counseling now?

What have you already tried?

What are the biggest challenges you're facing today?

What do you hope counseling will help you with?

Understanding You

What are your greatest strengths?

What usually helps when life gets difficult?

Who do you feel most supported by?

What do you wish other people understood about you?

What tends to trigger stress or emotional pain?

Looking Forward

If our work together is successful, how would your life be different six months from now?

What are you willing to work on?

Is there anything else you would like me to know before we meet?

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