## Single Session Client Pre Questionnaire

For us make the most of our session together it is useful to have some information about you and what you are hoping the session can help you with. Please answer the following questions and bring it with you to your session.

Client Name(s):

2										
How upse	et / worr	ied are	you ab	out the	ese pro	blems?	) (Place	e a cros	ss on t	he line)
0 (not at		2	3	4	5	6	7	8	9	10 (its unbearable)
How ofter	n do the	se prob	lems h	appen	?					
0 (not at al	1	2	3	4	5	6	7	8	9	10 (all the time)
How muc	h do the	e proble	ms inte	erfere i	n your l	life?				
0 (not at al		2	3	4	5	6	7	8	9 (th	10 e most possible)
What else	e is goin	g on th	at mak	es thes	se prob	lems d	ifficult t	o fix?		

This form has been adapted with permission from The Bouverie Centre (2017). Post-SSW Client Questionnaire. Victoria, Australia.

What have you already tried to make the problems better? What has helped? \_\_\_\_\_

What made you decide to access help at this time?

If the counselling session is successful, what do you think will be different? What will you be doing differently? \_\_\_\_\_