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LCSW, LCSW**

BRIEF QUESTIONNAIRE FOR THERAPY

NAME: _____ **DATE:** _____

1. What are the main concerns or issues that bring you to therapy at this time?

2. What have you done in the past in a similar situation that you found helpful?

3. What you have tried in the past that did NOT work?

4. Who referred you to see me or how did you find my name?

5. What are the main goals you want to accomplish by coming to therapy?

6. What is it that you most want from a therapist?

Check the qualities you seek in a therapist:

- | | |
|---|---|
| <input type="checkbox"/> Understands my feelings | <input type="checkbox"/> Encourages me |
| <input type="checkbox"/> Teaches me skills to better cope | <input type="checkbox"/> Helps me have better self-esteem |
| <input type="checkbox"/> Helps me to understand my problems | <input type="checkbox"/> Gives me assignments to work on |
| <input type="checkbox"/> Just listens to me without being directive | <input type="checkbox"/> Helps me to make good decisions |

7. How often would you like to meet and how long do you expect to come for therapy?

8. Is there anyone else you would like to participate with you in therapy?

9. Do you journal? Willing to try?

10. What do you do to relax and how often do you do such activities?

11. Current life stressors:

12. Current medications?
