

PRE-SESSION QUESTIONNAIRE

Instructions: Please fill in this questionnaire at least one day before our session. Your answers will help me understand your current situation and how I can best help you. Your honest answers will make our session most productive. Please fill the questionnaire out as completely as possible.

Rate these statements as they apply to you during the last 7 days, with 1 = I don't agree at all, and 7 = I strongly agree.

I was able to solve difficult problems as they occurred.

1 2 3 4 5 6 7

There were some obstacles to my plans, but I was able to overcome them.

1 2 3 4 5 6 7

I was able to deal with problems with other people without much difficulty.

1 2 3 4 5 6 7

I made a plan to work on my goals and made good progress.

1 2 3 4 5 6 7

I was able to remain calm, even though there were things that could have upset me.

1 2 3 4 5 6 7

I felt motivated to work on the things that bothered me.

1 2 3 4 5 6 7

I was able to use my strengths to solve problems that came up.

1 2 3 4 5 6 7

This is the problem I'm most concerned about right now.

Describe the situation where this problem usually occurred.

These were the obstacles that made things worse.

These are some things I did to solve problems and overcome obstacles.

These are some things I did that I don't think were helpful.

List the first names of people that can help you with your problems.

List the first names of people that made things more difficult for you.

Have there been any additional stresses that occurred this week? Describe.

Have there been any changes to your health habits (i.e., sleep pattern, diet, exercise, physical problems or pain)? Explain.

Have you used alcohol or drugs? Describe.

List other things that you are concerned about.

Additional comments.