The Comfy Couch

Counselling Questionnaire

Introduction

The purpose of this questionnaire is to help your counsellor understand what brings you to counselling, your current circumstances, relevant background, and what you hope to accomplish.

You do not need to provide extensive details about painful or traumatic experiences on this form. Topics that require more careful exploration can be discussed privately with your counsellor.

What Brings You to Counselling?

What is the main reason you are seeking counselling at this time?

Please describe this in your own words.

What concerns would you like help with?

☐ Anxiety / excessive worry
☐ Stress / overwhelm
☐ Low mood / discouragement
☐ Grief / loss
☐ Relationship concerns
☐ Marriage / partnership
☐ Family concerns
☐ Work / career
☐ Life transition
☐ Self-esteem / confidence
☐ Boundaries
☐ Communication
☐ Anger / emotional regulation
☐ Loneliness / isolation
☐ Motivation / direction
☐ Adjustment to relocation or cultural change

☐ Personal growth
☐ Spiritual / faith-related concerns
☐ Other: _____

When did you first notice this concern?

Has anything changed recently that led you to seek counselling now?

☐ No

☐ Yes

If yes:

What seems to make the situation better?

What seems to make it worse?

Impact on Your Life

How much is your current concern affecting the following areas?

Area	Not at all	A little	Moderately	Significantly
Work / education	☐	☐	☐	☐
Relationships	☐	☐	☐	☐
Family	☐	☐	☐	☐
Sleep	☐	☐	☐	☐
Daily activities	☐	☐	☐	☐
Enjoyment of life	☐	☐	☐	☐
Concentration	☐	☐	☐	☐

Your Counselling Goals

What would you like to be different as a result of counselling?

What would make counselling feel successful to you?

How motivated do you currently feel to make changes?

0 = Not at all motivated

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

10 = Extremely motivated

Previous Counselling or Psychological Support

Have you previously received counselling, psychological counselling, psychotherapy, psychiatric treatment, or coaching?

☐ No
☐ Yes

If yes:

Type of support:

Approximate dates:

Reason for seeking support:

Was it helpful?

☐ Very helpful
☐ Somewhat helpful
☐ Not helpful
☐ Unsure

What did you find helpful about previous counselling?

What did you find unhelpful?

Current Health and Well-being

How would you describe your general physical health?

☐ Excellent
☐ Good
☐ Fair
☐ Poor

Are there current health concerns that may be relevant to your counselling?

☐ No
☐ Yes

If yes:

Are you currently taking prescription medication?

☐ No
☐ Yes

If yes, please list medications if you believe they are relevant:

Do you regularly use other medications, supplements, or substances that may affect your mood, sleep, or functioning?

☐ No
☐ Yes

If yes:

Sleep and Daily Functioning

How would you describe your sleep?

☐ Very good
☐ Good
☐ Fair
☐ Poor

Approximately how many hours do you sleep per night?

_____ hours

Have you recently experienced significant changes in:

Sleep: ☐ No ☐ Yes
Energy: ☐ No ☐ Yes
Appetite: ☐ No ☐ Yes
Concentration: ☐ No ☐ Yes
Motivation: ☐ No ☐ Yes
Enjoyment: ☐ No ☐ Yes

Alcohol and Substance Use

How often do you consume alcohol?

☐ Never
☐ Occasionally
☐ Weekly

☐ Several times per week
☐ Daily

Do you currently use recreational drugs or other substances?

☐ No
☐ Yes
☐ Prefer not to answer

Has alcohol or substance use ever caused problems for you?

☐ No
☐ Yes
☐ Unsure

If yes:

Family and Relationships

Who currently lives in your household?

How would you describe your current family relationships?

Is a particular relationship contributing to your current concerns?

☐ No
☐ Yes

If yes:

Who are the people you consider part of your support system?

When you are struggling, who can you turn to?

Work and Education

Current occupation:

Employment status:

☐ Full-time
☐ Part-time
☐ Self-employed
☐ Student
☐ Unemployed

☐ Retired
☐ Other: _____

Are work, education, or financial circumstances contributing to your current concerns?

☐ No
☐ Yes

If yes:

Current Life Stressors

Are you currently experiencing significant stress related to:

☐ Relationship / marriage
☐ Separation / divorce
☐ Family conflict
☐ Bereavement
☐ Parenting
☐ Relocation
☐ Immigration / cultural adjustment
☐ Employment
☐ Financial circumstances
☐ Education
☐ Health
☐ Caregiving
☐ Other: _____

Please explain anything you would like your counsellor to know:

Strengths and Resources

What are your greatest strengths?

What has helped you through difficult situations in the past?

What activities help you feel grounded or restored?

What do you enjoy doing?

What gives your life meaning or purpose?

Spiritual, Religious, Cultural, and Personal Values

Are there cultural, religious, spiritual, philosophical, or personal values that you would like your counsellor to understand?

☐ No
☐ Yes

If yes:

Would you like your spiritual or faith perspective to be incorporated into counselling?

☐ No
☐ Yes
☐ Perhaps, depending on the topic

Are there other cultural or personal factors that are important for your counsellor to know and understand about you?

Current Providers

Are you currently receiving services from another mental-health professional?

☐ No
☐ Yes

If yes, please explain:

Provider: _____

Type of service: _____

Organization: _____

Would you like your counsellor to coordinate with another provider if clinically appropriate?

☐ No
☐ Yes

Any disclosure of information to another provider would require appropriate authorization.

Client Safety

These questions help your counsellor determine whether counselling is an appropriate level of support for you.

During the past few weeks, have you had thoughts of seriously hurting yourself or that you would be better off dead?

☐ No
☐ Yes
☐ I would prefer to discuss this privately with my counselor

Have you recently felt that you might seriously hurt another person?

☐ No
☐ Yes
☐ I would prefer to discuss this privately with my counselor

Is there anything happening in your life that currently makes you feel unsafe?

☐ No
☐ Yes
☐ I would prefer to discuss this privately with my counselor

If you answered yes, please provide any information you feel comfortable sharing:

Counselling Preferences

What are you hoping for from your counselor?

☐ Someone who primarily listens
☐ Practical strategies and tools

☐ Help understanding thoughts and emotions
☐ Help identifying patterns

☐ Help with decision-making
☐ Accountability
☐ A combination of these
☐ Other: _____

Anything Else?

Is there anything else you would like your counsellor to know before your first session?

Is there a topic you are worried about discussing?

Is there something you hope your counsellor will ask you about?