

## Concerns Questionnaire (Individuals Only)

Name: \_\_\_\_\_

**Instructions:** The following questions will help me get a better idea concerning your major concerns for counseling. This information will be helpful in developing a counseling plan. Please answer **each** question.

1. In your own words, please describe the concern with which you would like our help?

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2. Which of the following best represents your **most important concern** with which you would like help? (Please check one)

\_\_\_ Marital problems

\_\_\_ Problems with my child (children)

\_\_\_ Problems with my parent(s)

\_\_\_ Problems with myself

3. How bad is this problem (please circle the number below)

Not much of a problem

An average problem

A severe problem

0                      1                      2                      3                      4                      5

4. How much does it **affect your life?** (Please circle the number below)

Not much of an impact

Some

It completely interferes

0                      1                      2                      3                      4                      5

5. How **confident** are you that you can change this problem? (Please circle the number)

Not at all confident

Some confidence

Completely confident

0                      1                      2                      3                      4                      5

6. How **changeable** do you think this problem is? (Please circle the number below)

It will never change

Some of it might change

Could completely change

0                      1                      2                      3                      4                      5

7. Would you like your minister/counselor to pray for you?

Yes \_\_\_\_\_ No \_\_\_\_\_ During the session? \_\_\_\_\_ During the week? \_\_\_\_\_