

COACHING/COUNSELLING QUESTIONNAIRE

Where do you live (type of accommodation, area)? And how long have you been there?

Do you live alone? If not, who do you live with?

Are things okay at your home? If not, please briefly describe the main problems?

Do you have loving relationships with your partner, family or friends?

Do you work/study? If yes, what is your work/study/training/apprenticeship?

Do you enjoy it?

If not working/studying, are you seeking work/education/training/ an apprenticeship?

If not working and not looking for a job, how do you support yourself?

What do you do for fun?

What do you do for relaxation?

What do you do for connecting with people in your neighbourhood or community?

Do you use tobacco products, alcohol, illegal drugs? If yes, please describe what you use, how much, and how often.

Do you exercise on a regular basis for your health? If yes, what do you do?

Do you eat well? If not, what are the worst problems with your diet?

Do you sleep well? If not, please describe the difficulty.

Do you have any medical conditions? If yes, please list

Do you have any psychological/psychiatric disorder(s)? If yes, please list

Do you take prescription medications? If yes, please list.

If you had to pick just one problem to focus on in your first session – with the aim of improving things in some way – what would it be?

On a scale of zero to ten, how big is the problem (where 10 = the biggest problem you've ever had in your life, and zero = no problem at all)?