## 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?

_____
_____
_____

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? _____