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## INDIVIDUAL CLIENT QUESTIONNAIRE

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Please take your time when answering the questions that follow. Your work will be enhanced when you complete the questions thoughtfully and honestly. Feel free to attach additional pages if necessary. Please give as complete an answer as you can.

1. **Presenting Issue.** *What is the problem that led you to decide to come to therapy, or this workshop? How long has this situation been a problem for you? What else was going on for you at this time or what else were you doing at the time this problem/situation began?*
2. **Previous Status.** *What was your experience with this before this problem started? Have you ever had panic attacks, depression, completing things in your life before even in elementary school or high school?*
3. **Relationships and pregnancies.** *Are you married or in a long-term relationship? For how long? If so, how would you describe this relationship? How did you meet? Does he/she know that you are here and how do they feel about it? How supportive is your partner in your life? Who was your previous long-term relationship? How would you have described that person? Who broke up? How was that for you?*
4. **Sexuality.** *How would you describe your sexual relationship(s)? Do you enjoy sex for yourself? Do you have any difficulties, discomfort? Do you have orgasms?*

5. **Friendships.** Who do you trust? Who supports you? Do you have any best friends or any friends? What has your experience of relationship been? Are you loyal/betrayed/ let down?
  
6. **Social Life.** What do you do for fun/ With who? How engaged are you in your life or is it someone else's life that you are engaged to?
  
7. **Work.** What kind of work do you do? Do you enjoy it? How did you choose this? What career visions do you have for yourself? History of work – how does it usually end for you?
  
8. **Finances.** Is money an issue for you in terms of creating conflict or stress? Is it an addiction?
  
9. **Health.** How is your health in general? Do you have regular headaches, back aches, stomach aches, etc.? Have you had major surgeries, health challenges or accidents?
  
10. **Exercise.** What do you do? Is exercise a part of your life? Do you exercise regularly?
  
11. **Diet.** How is your diet? What is your relationship to food like? How much coffee/tea/soft drinks do you drink?

- 12. Sleep.** How is your sleep? Do you have difficulty falling asleep, nightmares, recurring dreams, restless legs, waking at night? Do you take medication to sleep? How frequently/for how long have you taken it?
- 13. Alcohol/other substances.** How much do you drink/smoke/consume? Is it an issue for you or anyone else in your life?
- 14. Anxiety.** Have you suffered from anxiety, panic attacks or phobias or depression at any time of your life?
- 15. Therapy.** Have you done any counselling in the past? If so, what was the experience like for you? What were your 'take-aways' about yourself/therapy/other from that process?
- 16. Is there anything that we haven't covered that you think I should know in order to best help you?**