

**UNIVERSITY COUNSELLING SERVICE  
UNIVERSITY OF THE WEST INDIES**

In support of our efforts to provide the best possible counselling services, we request that you complete the following brief questionnaire before your session. We will discuss your responses with you.

We hope that this will help us to begin to understand the situation as you experience it and thus facilitate a productive helping relationship.

Name: ..... ID #: ..... Date: .....

1. Please describe briefly the main reason for your coming to the Counselling Service at this time.

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2. Have you been experiencing any of the following **over the past month**? Please answer all.

Anxiety	Yes [ ] No [ ]	Loss of interest in pleasurable things	Yes [ ] No [ ]
Depression	Yes [ ] No [ ]	Sleeping problems	Yes [ ] No [ ]
Irritability, anger	Yes [ ] No [ ]	Suicidal feelings	Yes [ ] No [ ]
Changes in appetite	Yes [ ] No [ ]	Active plans to harm self	Yes [ ] No [ ]

3. Are you presently or have you been on medication for this or a related condition? If so, what kind and for how long?

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4. What have you tried to do about the cause and/or effects of your situation or condition? (Describe solutions attempted).

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5. What do you want to achieve in your work with the counsellor?

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6. Would you prefer to work with a male or female counsellor? Male [ ] Female [ ] No preference [ ]  
(We will try to accommodate your preference but this may not always be possible)

7. Is there anything else you wish to share?

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