



# PRE-SESSION Questionnaire

I wish to use our time together most effectively in our sessions and for it to be of the highest value to you. In order for me to guide you towards finding a solution for your problem, I require certain information that will help me to tailor our sessions around you and your circumstances.

The following questions will assist me with this, and I hope will give you the opportunity for some self-exploration around the issue(s), so that we may spend our time together focusing on it directly and working towards the change you are seeking.

Please take the time before our session to consider these questions, and allow yourself to be truly honest with yourself in your answers. Although some of the questions may seem slightly odd or repetitive at first, they are carefully and intentionally worded, so just go with whatever comes into your head. Usually the first thing that comes up is important, so put it all down.

The more you consider these questions before the sessions, the better we can use the time we have together. I also understand that there may be things you would rather tell me about when we meet, please indicate this on the questionnaire so we may talk about it when the time is right for you.

Please return this questionnaire to me as soon as you are able to, and at the latest 24 hours before we meet. If you wish to send to an encrypted email for added cyber security, please send to [tamjohnston@protonmail.com](mailto:tamjohnston@protonmail.com)

*Please note that your confidentiality is guaranteed at all times.*

PERSONAL DETAILS			
Name		Home phone	
Address		Mobile Phone	
		Email address	
		Occupation	
		Date of Birth	
Relationship Status		No. of Children	
What is important to you in your life?		What do you try to avoid in your life?	



What motivates and drives you?		What do you want to achieve in your lifetime?	
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## MEDICAL DETAILS

*(Please note your GP will never be contacted without your express permission, except in an Emergency where yours or others safety is deemed at risk)*

GP Name		GP Address	
Details of any Medical or Psychological Conditions you've experienced		Details of any <i>current</i> Medication or previous medications that may be relevant	
Details of any Therapy or Coaching in the Previous 5 Years			



## DETAILS OF THE PURPOSE OF COACHING/THERAPY

*(Please continue at the end of this section or on another sheet as needed)*

**What is it that you want our sessions to help with? (for example: the problem/issue or condition)**

**a) When did it start? *(Please also include anything else that was going on in your life at the same time)***

**b) What do you believe (as much as you know) is the cause – where does it stem from?**

**Please note in order of occurrence any possible impacting events or experiences. If you think it would be helpful for us, or if I have asked you to do so, please create brief timeline of the above.**

***(It's absolutely fine if you're not ready to answer this or don't know the answer – we can follow this up in the sessions if we need to when you're ready)***

**How does it present itself? Please describe a recent example of it 'in action'.**

**How do you know it's a problem?**



**What does it stop you from doing?**

**When, where, or with who do you experience the problem?**

**When do you not experience it?**

**What areas of your life is it affecting?**

**Are there any ways that are you benefiting by holding on the problem?**

*(This may seem a strange and tough question, but just notice if anything comes up for you. Another way of thinking about it is to consider what would you lose if you got rid of the problem that actually serves you in some way eg; protecting myself, feeling calmer, gaining support or feeling cared for by others etc?)*

**How do you feel about it?**



<b>Who is it currently impacting upon beyond yourself? In what way?</b>	
<b>How will they benefit by you changing?</b>	
<b>What would you say is the cause of the problem? Consider:</b>  <b>1) Within yourself (i.e. what you are in control of)</b>  <b>2) Outside of yourself (i.e. what you are not in control of such as other people, environment, elements of the situation etc.)</b>	<b>Within yourself:</b>  <b>Outside of yourself:</b>
<b>Think hard for a moment. What currently stops you from overcoming the problem?</b>	
<b>How will your life change once the problem has disappeared? How will you be different?</b>	
<b>What specifically do you want to gain as a result of our time together? What's your outcome?</b>	
<b>Are you ready for and willing to change? Why?</b>	



Please add any other information which you think would be useful to share. Or use this area to provide a continuation of your timeline of any impactful experiences/events.

THANKYOU FOR YOUR TIME AND HONESTY