

# *Counseling Assessment*

## *Self-Healing Life Story Questionnaire*

**Instructions:** Only say as much as you want to. Skip questions that are too uncomfortable, but think about why they are. Simply completing this questionnaire can be a *healing experience* in itself. To understand the deeper meaning of the questions and your answers, consider this important resource [Effective Counseling Skills](#).

### *Introduce Yourself*

1. What is your first name?
2. What is your age and gender?
3. What is your marital status? Single, married, separated, or divorced? How long? Explain the reasons for separation(s) or divorce(s). What happened?
4. What is your race, ethnic, or cultural background? Caucasian, Chinese, East Indian, Aboriginal, Other?
5. What are your children's genders and ages? If they are adults, give their occupations and marital situation.
6. Do you live alone or with someone? How long?

### *What Happened?*

7. What problems and concerns do you have now?
8. What emotions have you been having and what is each one about? Fear, anger, frustration, guilt, sadness, low self-worth, despair, other feelings?
9. How long have you been feeling this way? (for each feeling or problem)
10. What happened at the time you began feeling this way?
11. When have you felt like this in the past and what happened?
12. Any health problems? E.g. epilepsy, diabetes, etc.
13. Any counseling or hospitalized for emotional reasons? How old were you? Please give the reasons.