

100 Therapy Questions

Date:

Patient Name:

Contact Number:

E-mail:

Patient's Signature:

Therapist's Name:

SELF

1. What made you seek or consider therapy?

2. Have you gone to therapy or counseling before?

3. If you have been to a counseling session, what approach has worked or not worked?

4. What type of counselor or therapist will help you the most?

5. Do you have any questions before you begin your sessions?

6. What do you hope to accomplish during or after therapy or counseling?

7. What is the problem you're currently dealing with?

8. How do you feel about the problem?

9. What are the effects of the problem on you and your relationships?

10. Have you thought of a solution to the problem? If yes, what is it?

11. How has life, in general, felt lately?

12. Have you been struggling to be yourself lately?

13. What are things you find easy or difficult to manage?

14. What kind of person do you aspire to be?

15. Are you close or far from being that person?

16. What do you think you can do to be that person?

17. What for you is a good life?

18. What aspect of your life are you dedicating most of your time and effort to? Do you think it's worth it?

19. Are you behaving in a way that helps you create the life you aspire to have?

20. What is happiness for you?

21. What are the things that make you happy?

22. What is your definition of success?

23. Do you think you are successful?

24. What is a monumental moment in your life that you think affected you?

25. How did that moment affect you in particular?

26. Do you have any recurring behaviors, thoughts, dreams, or habits you're worried about?

27. Are you constantly anxious or worried about things in life? If yes, what are you concerned about the most?

28. What are you grateful for in life?

29. What motivates you to keep going every day?

30. Is there someone who inspires you to live or be a certain way? If yes, who?

31. What do you think of yourself?

32. Do you have any regrets?

33. What are things you think you have to face eventually?

34. What is your basis when making a decision?

35. Does it take you a long time to decide? Please elaborate.

36. How are your relationships in life?

37. If someone has hurt you, do you hold a grudge? Why or why not?

38. If you hurt someone, do you apologize first? Why or why not?

39. What are your strengths?

40. What are your weaknesses?

41. How do you cope with or overcome problems?

42. What are your short-term goals in life?

43. What are your long-term goals in life?

44. What are things you'd like to change in your life?

45. How do you relax?

46. What are the things you like about yourself?

47. What does your ideal self or life look like in the next 5 to 10 years?

48. What changed from the person you were a year ago?

49. Are you proud of the person you are today?

50. How do you become someone you'll be proud of?

COUPLES THERAPY

1. Have you gone to couples therapy before? For what?

2. What made you seek or consider therapy now?

3. What do you hope to accomplish during or after therapy or counseling?

4. Do you have any concerns or hesitations about going to therapy?

5. Is there anything you want to mention before our first session?

6. Is it your decision to come here, or did someone force you? If someone forced you to come here, why do you think they did it?

7. Do you have a hard time understanding each other?

8. What makes it difficult for you to communicate with each other?

9. How do you think you can better communicate with each other?

10. Can you freely express your thoughts or emotions to your partner?

11. How do you solve problems together?

12. Do you collaborate and compromise often? Why or why not?

13. What are activities you do together as a couple?

14. What do you need more or less in your lives?

15. Where do you see your relationship in a few years? Is it closer to your view of an ideal relationship?

16. What is intimacy for you?

17. Are you comfortable being intimate with your partner? Why or why not?

18. Do you and your partner share the same values?

19. Which moral, ethical, or cultural decisions or beliefs do you strongly agree or disagree with?

20. Do you respect each other? Why or why not?

21. What are your thoughts on couples who opt for couples therapy compared to a break-up or divorce?

22. Why do you think couples opt for divorce or break up instead of going through couples therapy?

23. What does commitment mean and look like to you?

24. Have you ever felt disappointed in your partner? How did you let your partner know, and what is their reaction?

25. Do you trust your partner when you're not together? Why or why not?

FAMILY or GROUP THERAPY

1. Have you gone to family or group therapy before?

2. Why did you consider family or group therapy now?

3. What are your expectations?

4. What do you wish to accomplish during or after group or family therapy?

5. Do you have any hesitation or concerns?

6. Would you like to mention anything before we begin?

7. Who are you close to in the family?

8. What is your relationship with the immediate members of your family?

9. Do you have anyone you don't get along with in your family?

10. Do you have any members in your family who don't get along with each other?

11. Who are you most like in your family?

12. Who of your family members have the same interests as you do?

13. Who do you consider the most important people in your family?

14. Why do you consider them more important than the others?

15. Who supports you the most?

16. How involved are your family members with your personal problems?

17. If they are informed, what are their reactions? Do they help you out, and if they do, how?

18. How is it growing up in your family?

19. Do you have any good or bad memories that changed your family's relationship?

20. How does your family perceive you? What would they say are your strengths or weaknesses?

21. How does your family resolve fights or disagreements?

22. Do you feel safe voicing out your opinions or feelings in your family? Why or why not?

23. What makes your family unique?

24. Are there any activities you do as a family?

25. Are there any additional information about your family and relationships to help the sessions?