

# Therapy Questions

Name:

Date:

**1. What are the main challenges or issues you are currently facing in your life?**

**2. How would you describe your emotional well-being at the moment?**

**3. What do you think is the root cause of your current difficulties?**

**4. How do you typically cope with stress or difficult emotions?**

**5. What are your goals for therapy, and what would you like to achieve?**

**6. How do your relationships with others impact your overall well-being?**

**7. Can you identify any recurring patterns or themes in your thoughts or behaviors?**

**8. What are some negative thought patterns that you often find yourself trapped in?**

**9. Are there any unresolved traumas or past experiences that continue to affect you?**

**10. How do you define and experience self-care in your life?**

**11. Are there any significant life changes or transitions that you are currently navigating?**

**12. What are your strengths and resources that can support your growth and healing?**

**13. How do you handle setbacks or failures, and what can you learn from them?**

**14. What activities or hobbies bring you joy and a sense of fulfillment?**

**15. How would you like to see yourself or your life transformed as a result of therapy?**