The Group Therapy Questionnaire is designed to help you learn more about how you might profit from group therapy and how we might be better able to help you. There are no right or wrong answers. Please respond to the questions as honestly and clearly as you can.
Counseling:

1. Have you had previous counseling of any type? .........................Yes……No……

   A. If yes, what type?

   * Individual therapy _____
   * Group therapy _____
   * Family therapy _____
   * Other _____

2. I look forward to beginning group therapy.  1 2 3 4 5 6 7

3. I hope this group will meet my needs.  1 2 3 4 5 6 7

4. I suspect that I will be like other group members.  1 2 3 4 5 6 7

5. I expect I will stay with the group at least eight weeks.  1 2 3 4 5 6 7

Family:

1. How did your parents show their caring for you?

________________________________________________________________________
________________________________________________________________________

2. Children play different roles in their family. What role did you play in your family?

________________________________________________________________________
________________________________________________________________________

3. How did your parents show their anger at you?

________________________________________________________________________
________________________________________________________________________

4. How did you express your anger toward your parents?

________________________________________________________________________

5. Diagram your family. It can be helpful if you use placement to depict closeness and size to reflect status.
6. What, if any, conflicts are arising in work or school relationships?

_______________________________________________________________________
_______________________________________________________________________

7. What role do you play in your current family or intimate relationships that contributes to difficulties?

_______________________________________________________________________
_______________________________________________________________________

8. Are there any aspects of your identity that you would like to share with the group, or that might be challenging to discuss/examine? Aspects of identity that might be discussed include race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, ability, and socioeconomic status.

_______________________________________________________________________
_______________________________________________________________________

_______________________________________________________________________
Health:

1. Check any of the following you experience:
   - □ vomiting
   - □ difficulty swallowing
   - □ pain in legs, arms, back, joints, during urination
   - □ shortness of breath when not exerting oneself
   - □ painful menstruation
   - □ amnesia
   - □ burning sensation in sexual organs (other than intercourse)

2. Do you have friends? (Check one)  □ None  □ Few  □ Many

3. Are you feeling suicidal? □ No  □ Yes, with thoughts only  □ Yes, with intent/plan

4. Are you feeling homicidal/wanting to kill someone?
   - □ No  □ Yes, with thoughts only  □ Yes, with a plan

5. Please check the interpersonal problems you experience:
   - □ excessive arguments
   - □ physical fights with partner
   - □ physical fights with others
   - □ divorce
   - □ feeling too dependent on others
   - □ shyness
   - □ not being assertive
   - □ lose my temper frequently
   - □ unstable relationships
   - □ lack of control of my anger
   - □ feel empty and bored
   - □ constantly need reassurance, approval and praise
   - □ avoid social activities
   - □ allow others to make my important decisions
   - □ often feel uncomfortable or helpless when alone
   - □ easily hurt by criticism or disapproval
   - □ procrastinate
   - □ often unaware of feelings or numb
   - □ verbal abuse to people I care about
   - □ physical fights with family
   - □ separation
   - □ feel isolated and lonely
   - □ difficulty socializing
   - □ loneliness
   - □ difficulty trusting others
   - □ do not enjoy or desire close relationships
   - □ moods change quickly
   - □ lack of personal identity
   - □ feel abandoned
   - □ preoccupied with feelings of envy
   - □ unable to make decisions without reassurance from others
   - □ difficulty initiating things on my own
   - □ feel devastated when close relationships end
   - □ perfectionism that interferes with task completion

6. Are you in any kind of crisis right now?  □ Yes  □ No

Please describe, if so:

_______________________________________________________________________
_______________________________________________________________________
Therapy Considerations:

1. What are you most afraid of about group therapy?
   
   ________________________________________________
   ________________________________________________

2. If you could change something about yourself as a result of group therapy, what would you change?
   
   ________________________________________________
   ________________________________________________

3. Specify what you believe to be your difficulties.
   
   ________________________________________________
   ________________________________________________
   ________________________________________________

4. What are your goals for group therapy?
   a. ________________________________________________
   b. ________________________________________________
   c. ________________________________________________

5. What might prevent you from reaching your goals?
   
   ________________________________________________
   ________________________________________________

6. Is there anything you have not told us that you believe might be helpful?
   
   ________________________________________________
   ________________________________________________