

ALBANY ASSESSMENT QUESTIONNAIRE

Date: _____

First, we'd like you to say in your own words *what* you think your problem(s) is (are)?
[Describe your problem(s), and how this/these affect your relationships, below]

Next, in a few words below, please describe yourself as a person – who you are.
[Try to say something you like about yourself as well as what you want to change]

Some demographic details about you: *(Please check)*

Male Female Transgender
Heterosexual Bisexual Lesbian Gay

Other* [**if you don't see yourself and your gender/sexuality as any of the above please describe how you see yourself in your own words*]

Date of birth: _____ Ethnicity: _____

Country of origin: _____ First language spoken: _____

Disability *(please also indicate if you receive any disability benefits)*:

Employment status: (Please check)

- Employed full time (30+ hours/week) Employed part-time
- Student full time Career full time (e.g. children / family at home)
- Unemployed Retired currently receiving benefits **Yes** **No**
- Are you taking any medication currently for depression or anxiety? **Yes** **No**

Thinking about what it is you feel *least able to cope with* please say what prompted your decision to get help now and what you feel is *the most urgent* of your problems?

From the list below, thinking about *where* you want to make some changes in your life, ***please tick*** those areas you would want your therapy to focus on:

WORK HOME SOCIAL LIFE RELATIONSHIP FAMILY MONEY SEX OTHER

****if other, please elaborate***

Thinking about *when* you first felt your problems *started* please say when this was? (***Please check***)

Since childhood Since adolescence After a previous relationship
Started during my current relationship Started since being on my own
Started very recently Not sure when my problems started – can't say

Do you have any thoughts or ideas about what *the cause* of your problems might be?
[Try to identify e.g. significant events/issues around the time *before* your problems first started or times when things got much worse - what was going on just *before*?]

How can we make therapy at Albany most helpful *for you*? What are your goals?

[Thinking about changes you want to make, why Albany may be the right place*, and any expectations or previous experience of therapy, please say what you hope *this therapy* could help you to achieve]

*let us know also how you found out about Albany?
