

Assessment Questions

INITIAL SCREENING

What medical conditions do/did you have? Any surgeries or hospitalisations? What medications do you take? Do you smoke, drink, use substances? Have you been in trouble with the law?

GROWING UP

Any pregnancy or birth complications? Did you reach your milestones on time? What was school like? What training or work did you do?

FAMILY RELATIONSHIPS

Who is in your family? What are those relationships like? What was your family like, growing up? Have you been in significant relationships?

DIFFICULTIES

This section goes hand in hand with the next one. We look at symptoms that you have including mood, sleeping, eating, anxiety, etc. I also ask when you started noticing these symptoms.

RESULTS OF ONLINE MEASURES

We will discuss any questionnaires you have completed and there may be one or two more that we do together, depending on your symptoms

TREATMENT

How is treatment going? What would you like to focus on? Is there anything else that would help?