

# CHAGRIN COUNSELING ASSOCIATES

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29525 Chagrin Blvd., Suite 313  
Pepper Pike, Ohio 44122

20525 Center Ridge Rd., Suite 365  
Rocky River, Ohio 44116

Name \_\_\_\_\_ Date \_\_\_\_\_

## CLIENT QUESTIONNAIRE

Please briefly describe the purpose of your visit:

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Please circle below where you/your child have concerns:

0 = No Concern	1=Mild Concern	2=Moderate Concern	3=Extreme Concern
Depression	0	1	2 3
Anxiety	0	1	2 3
Mania/High Energy	0	1	2 3
Guilt	0	1	2 3
Anger/Frustration	0	1	2 3
Lack of Pleasure	0	1	2 3
Phobias	0	1	2 3
Low Self Esteem	0	1	2 3
Grief/Loss	0	1	2 3
Unpleasant/Confusing Thoughts	0	1	2 3
Irritability	0	1	2 3
Eating Issues/ Changes in Appetite	0	1	2 3
Changes in Sleep	0	1	2 3
Academic/Work Problems	0	1	2 3
Behavior Problems	0	1	2 3
Legal Problems	0	1	2 3
Sexual Problems	0	1	2 3
Marital/Relationship Problems	0	1	2 3
Issues related to gay/lesbian/bisexual/transgender	0	1	2 3
Separation/Divorce	0	1	2 3
Child Custody Issues	0	1	2 3
Financial Concerns	0	1	2 3
Physical/Emotional/Verbal Abuse	0	1	2 3
Sexual Abuse	0	1	2 3
Domestic Violence	0	1	2 3
Alcohol Abuse	0	1	2 3
Substance Abuse	0	1	2 3
Gambling	0	1	2 3
Sexual Addiction	0	1	2 3

Thoughts of Harming Self	0	1	2	3
Suicidal Thoughts	0	1	2	3
Thoughts of Harming Others	0	1	2	3