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**Client Questionnaire (Minor)**

Place a mark on the scale to let me know how things are going in your life.



**Me** (How am I doing?)

 |-----| 



**Family** (How are things in my family?)

 |-----| 



**School** (How am I doing at school?)

 |-----| 



**Friends** (How are things going with friends?)

 |-----| 

**Everything** (How is everything going?)

 |-----| 

**Therapy** (How do I feel about going to therapy?)

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Reason for seeking counseling \_\_\_\_\_

\_\_\_\_\_

Is there any other information you would like to share with me today? \_\_\_\_\_

\_\_\_\_\_