WESTERN UNIVERSITY PSYCHOLOGICAL SERVICES - STUDENT QUESTIONNAIRE

	ne:				Date:									
	First				Last									
Student Number: Academic Program										Year:				
Are y	you a stu	dent of	: Wester	n, Bresci	a, King'	s, Huron, Faculty of Law, Other						(Please circle one		
Have	e you rece	ived Ps	sychologi	ical Servi	ces from	ı us in th	e past?	☐ YES	S 🗆	NO				
What	t problem	(s) do y	ou want	to addres	ss today′	? (Place	a "*" by	the prob	lem that	is most	importar	nt to w	ork on now)	
What	t are the e	effects	of this pro	oblem in y	your life?	?								
If 1 is	If 1 is the worst and 10 is the best, how are things in your life today? Worst													
What	t needs to	chang	e, so tha	t you can	achieve	the diffe	erence(s) you de	sire in y	our life?	(It's oka	y to gu	ess.)	
How	important	do the	se chanç	ges feel to	o you rig	ht now?								
	Not	0	1	2	3	4	5	6	7	8	9	10	Very	
	C -l (do voi	ı feel tha	t you can	make th	nese cha	nges?							
How	confident	uo you												
How	Not	0	1	2	3	4	5	6	7	8	9	10	Very	
		0											·	