

PRIVATE AND CONFIDENTIAL

Confidence Questionnaire

Please answer the questions below and return this form to your therapist:

Client's name:

Please tick any of the symptoms that you experience below:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Sweating | <input type="checkbox"/> Headaches/Migraine | <input type="checkbox"/> Defensiveness |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Feeling faint | <input type="checkbox"/> Nausea | <input type="checkbox"/> Shaking |
| <input type="checkbox"/> Indecisiveness | <input type="checkbox"/> Fear | <input type="checkbox"/> Excessive Worrying | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Irrationality | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Blushing | <input type="checkbox"/> Inability to Cope |
| <input type="checkbox"/> Low Libido | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Seeking Reassurance | <input type="checkbox"/> Social Withdrawal |
| <input type="checkbox"/> Stuttering | <input type="checkbox"/> Panic | <input type="checkbox"/> Feelings of Inadequacy | <input type="checkbox"/> Throat Restriction |
| <input type="checkbox"/> Others (Please Specify) | | | |

How long have you suffered from low confidence/self-esteem?

Does your lack of confidence interfere with your participation in everyday activities?

If so, please tick which of the following:

- | | | | |
|-------------------------------|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Work | <input type="checkbox"/> Family | <input type="checkbox"/> Social | <input type="checkbox"/> Leisure |
|-------------------------------|---------------------------------|---------------------------------|----------------------------------|

Did your lack of confidence occur as a result of a specific experience? (If so, please provide details)

If yes, was this experience resolved and if so, how?

Do you compare yourself unfavourably with others?

Do you find it difficult to give your opinion within group settings?

Do others ever comment on your lack of confidence? (If so, please provide details)

How do you cope with this?

Do you play down your own abilities and qualities?

Do you feel that others expect more from you than you feel able to give?

Do you try hard to please everyone?

Do you feel that other people take advantage of you? (If so, please provide details)

Are there particular situations where you feel unable to assert yourself? (Please provide details)

How do you typically respond to these situations?

Please rate the quality of your relationship with others (see below):

	Fair	Moderate	Good
Mother			
Father			
Partner			
Other Relatives			
Children			
Work Colleagues			
Superiors			
Children			
Neighbours			
Friends			

Do specific situations trigger your lack of confidence? If yes, please specify:

Do you employ any specific techniques to cover up your lack of confidence? If so, please list below:

Briefly describe your early childhood:

Have you ever sought help from a...

- Psychologist? Psychiatrist? General Practitioner?
 Community Nurse? Alternative/Complementary Therapist? Other?

Have you previously discussed your lack of confidence with a medical adviser?

If so, are you receiving treatment for this?

Do you tend to bottle up your problems?

Do you speak too loudly or mumble in order to cover up your lack of confidence?

Do you withdraw from other people in certain situations? If so, please provide details:

Have other members of your close family suffered from a lack of confidence?

If so, who and how does this affect them?

Do you identify with a particular parent? If so, please provide details.

Do you have any role models? (Or people whose qualities you admire?) Please list below:

What is it, specifically, that you admire about this or these people?

Which period of your life was the happiest?

What are your 3 happiest memories?

When was the last time your self-confidence was high?

Please describe where this was and what you were doing.

Why do you think you felt more confident at this particular time?

Do you have a caring support structure?

Who would you normally turn to in order to confide any problems?

Is your life generally well-organized?

Are there any situations which you have been/are currently avoiding tackling?

Do you have any specific needs that are not being met?

Do you feel under pressure? If so, please elaborate:

On a scale of 1 to 10, (ten being the highest) how happy are you with your life at present?

What specific things do you think would need to happen for you to feel better?

Out of this list, which do you feel that you have control over?

What, if anything, do you feel you would need to do in order to effect this change?

Please list any obstacles that you believe are preventing you from effecting this change:

If a lack of confidence was not a problem for you, what would you like to see yourself doing in one year's time?

In five years' time?

In ten years' time?

What do you consider to be your best qualities / assets?

Do you have an active social life?

What qualities do your best friends or closest relatives appreciate about you?

What are your biggest achievements in life so far?

Do you have any particular talents?

What is now motivating you to tackle your confidence issue?

Name one specific change in your behaviour will indicate to you that your confidence is increasing.