**Client Questionnaire: Understanding Your Background and Experiences**

| **Section** | **Question** |
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| **Section 1: About You** | 1. **Name:** |
|  | 2. **Age:** |
|  | 3. **Gender:** |
|  | 4. **Ethnic Group:** (e.g., Akan, Ewe, Ga) |
|  | 5. **Religious/Spiritual Affiliation:** |
|  | 6. **Where did you grow up?** (Town/Region in Ghana, or other country): |
|  | 7. **What languages do you speak fluently?** |
|  | 8. **What is your current occupation?** |
|  | 9. **What is your highest level of education?** |
|  | 10. **Marital Status:** (Single, Married, Divorced, Widowed) |
|  | 11. **Do you live with family?** If so, who? |
|  | 12. **Socio-economic Status:** (Please describe your general financial situation): |
| **Section 2: Your Presenting Concerns** | 1. **What brings you here today?** (Please describe the main problem or concern that you are experiencing in your own words.) |
|  | 2. **How long have you been experiencing this problem?** |
|  | 3. **How does this problem affect your daily life?** (e.g., work, relationships, sleep, appetite) |
|  | 4. **Have you sought help for this problem before?** If so, what kind of help did you receive? |
|  | 5. **What are your goals for therapy?** What would you like to achieve? |
| **Section 3: Cultural Beliefs and Values** | 1. **What are the most important values in your family?** |
|  | 2. **How would you describe your relationship with your family?** (e.g., close, supportive, distant, strained) |
|  | 3. **What are your beliefs about the causes of mental or emotional distress?** (e.g., spiritual, physical, social, psychological) |
|  | 4. **Are there any cultural or traditional practices that you believe could help with your current problem?** (e.g., prayer, herbal remedies, traditional healing) |
|  | 5. **How does your community view mental health challenges?** Is there any stigma associated with seeking help? |
|  | 6. **Are there any cultural beliefs or practices that might influence your treatment?** |
|  | 7. **What role does spirituality or religion play in your life?** |
|  | 8. **Are there any specific cultural rituals or ceremonies that are important to you?** |
| **Section 4: Family and Community** | 1. **Who are the important people in your life?** |
|  | 2. **Who do you turn to for support when you are feeling stressed or upset?** |
|  | 3. **Would you like to involve your family or community in your treatment?** If so, how? |
|  | 4. **Are there any concerns or challenges related to involving your family or community?** |
| **Section 5: Spiritual Considerations** | 1. **Do you have any spiritual beliefs or practices that are important to you?** |
|  | 2. **How do your spiritual beliefs influence your understanding of your current problem?** |
|  | 3. **Would you like to incorporate your spiritual beliefs into your treatment?** If so, how? |
|  | 4. **Do you have a spiritual leader or counselor that you trust and respect?** |
| **Section 6: Somatic Symptoms** | 1. **Have you experienced any physical symptoms related to your emotional distress?** (e.g., headaches, stomach problems, fatigue, body aches) |
|  | 2. **Are there any particular physical sensations that you associate with your distress?** |
| **Section 7: Additional Information** | 1. **Is there anything else you would like me to know about yourself or your situation?** |
|  | 2. **Do you have any questions for me?** |