

**Psychosocial Counselling Service
for Students**



**Studierendenwerk
Ulm** fair.supportive.competent

Date: _____

ID-Code Student: _____ (is filled internal)

QUESTIONNAIRE FOR STUDENTS

This questionnaire is used to prepare our first conversation. For this reason, we kindly ask you to answer the following questions carefully. Of course, the information you give are subject to professional discretion and the data will be protected.

I. Personal data

Familienstand:

- ☐ single
- ☐ engaged or in steady relationship
- ☐ married
- ☐ married, but living apart
- ☐ other: _____

Do you have children? ☐ yes ☐ no

Nationality:

- ☐ German
- ☐ dual nationality
- ☐ other nationality,
which one _____

II. Study information

1) What is your current educational status

- ☐ student (continue with question no. 2)
- ☐ postgraduate, PhD student (continue with question no. 2)
- ☐ after exmatriculation (continue with question no. 5)
- ☐ other: _____

2) In which academy or Hochschule are you enrolled at the moment?

- ☐ University of Ulm
- ☐ College/Hochschule of Ulm
- ☐ College/Hochschule of Neu-Ulm
- ☐ College/Hochschule of Biberach
- ☐ other: _____

3) Which subject(s) do you study at the moment?

Subject: _____

other: _____

4) Status of current studies:

Which semester are you currently in? _____

Which university semester are you currently in?
(number of semesters, total duration of studies, including holiday semester) _____

5) Have you ever interrupted your studies (once or more often) for the period of one the period of one semester or longer?

Interruption means that you maybe had a holiday semester or had not done anything for your studies.

☐ no ☐ yes

If yes:

For how long have you interrupted your studies (how many semesters)? ☐

Why did you interrupt your studies?

6) How did you reach your high-school diploma/baccalaureate?

- ☐ directly
- ☐ by second-chance education

7) Before you started your study, did you have any other professional training?

- ☐ yes, finished
- ☐ yes, but I broke off
- ☐ no

8) How is your study financed? (several answers are possible)

- ☐ by parents/by one parent
- ☐ by husband/wife or partner
- ☐ by relatives or friends
- ☐ special educational aid/"BAfÖG"
- ☐ by working while studying
- ☐ by working while studying
- ☐ own savings
- ☐ occasional jobs
- ☐ other
(e.g. orphan's
pension,
scholarship by a
company)
-

9) How necessary is it for you to work beside your studies?

not at all

☐☐☐☐

very much

☐**III. Demographic data****1) Where and how do you live during the semester?**

- ☐ in a room/an apartment on my own
- ☐ together with my partner in an apartment
- ☐ with parents
- ☐ with other family members or relatives
- ☐ in a students' residence/dormitory
- ☐ in a flat sharing community/WG
- ☐ other
-

IV. Family information

1) Family:

father

mother

age (years)

profession

nationality

if they already
died, please
indicate the year
of death

2) Are your parents divorced or are they separated?

☐

no

☐

yes

how old were you when they separated?

3) Do you have any brothers and sisters / stepbrothers and stepsisters?

☐

no

☐

yes

sex (m/f)

year of
birth

profession

4) Information about diseases within the family:

Are or were there any serious illnesses or psychic disorders (e.g. cardiac disease, impairment, depression, suicide, alcoholism etc.) in your family

☐

no

☐

yes

which one?

which person is/was affected?

5) Did you live away from home during your childhood for a longer period of time?

- ☐ no
- ☐ yes

If yes:

from _____ until _____

where / with whom did you live?

what were the reasons for the separation?

6) Do you remember having any of the following disorders during your childhood and youth?

Please indicate how old you were at the time and the duration of the disorder:
(e.g. sleeping disturbances: 2 to 8, rubescence 10 until now)

DISORDER	age	disorder	age
nightly fears, nightmares	_____	learnt walking late	_____
unexplainable fear	_____	late cleanness	_____
asthma	_____	obsessive cleanness	_____
bedwetting	_____	swinging, headbanging	_____
obsessive attempt to be nice	_____	sleeping disturbances	_____
thumbsucking	_____	sleepwalking	_____
voiding of urin and faeces	_____	problems with playing	_____
to be a loner	_____	learnt talking late	_____
blushing, rubescence	_____	speech disorders	_____
eating disorders	_____	impairment of performance	_____
tearing out hair	_____	lying	_____
skin diseases	_____	imposture, showing-off	_____
cardiac problems	_____	stealing	_____
nail-biting	_____	running away	_____
nervousness	_____	obsessions	_____
consciousness	_____	fear of specific items or animals	_____
gastric and intestin diseases	_____	others:	_____

- ☐ no, none

7) Which hobbies/interests do you have?

V. Information about your problems

1) Please describe the situation causing you to come to our Counselling Centre

(please tick the appropriate answer)

- ☐ existence-threatening, something must happen immediately!
- ☐ depressing, agonising, quality of life is considerably affected!
- ☐ frightening, it is a strain, quality of life is affected!
- ☐ annoying, disturbing problems/sorrows
- ☐ not so problematic, it is more a reason to get some advice and information

2) Which attempts have you made so far to cope with your (main) problem?

(several answers are possible)

- ☐ attending adult evening classes
- ☐ attending self-help groups
- ☐ sports activities
- ☐ I distract myself, I do other things to forget about it
- ☐ I consciously faced my problem(s)
- ☐ I encouraged myself with positive words
- ☐ I worked a lot
- ☐ I disciplined myself
- ☐ I talked to friends/members of my family
- ☐ I looked for professional help
- ☐ I tried to find some advice in books
- ☐ I have not tried anything so far
- ☐ Other:

3) Current and former treatments:

Have you ever been or are you still under psychological and/or psychotherapeutic, psychiatric or neurologic treatment

☐ no ☐ yes

If yes – where have you been/are you treated and for which kind of problems?

where?

why?

when (from/till)?

4) Are you taking any medication at the moment:

☐ no ☐ yes

which one(s)? :

5) Please indicate which of the following problems bothered you lately and to what extent

Study-related problems	not at all	a little	quite much	much	very much
Problems with motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in learning and concentration, problems with your memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems concerning organisation of work and time management, postponing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insecurity concerning the choice of a study subject. Thoughts about break-off or change of study subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems to finish your study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existential fear of failing and/or fear concerning the future (studies and/or prospective professions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of written examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of oral examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test anxiety or failing in examinations despite of good knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhibition in speaking (e.g. discussions, speeches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhibition in writing/writer's blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Psycho-social problems	not at all	a little	quite much	much	very much
Depressive mood, sadness, reduction of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaustion/Burn out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional imbalance, instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems to contact people, isolation, loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many conflicts in relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with not having/finding a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal loss (break-up, separation, death)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with sexuality and/or your partner's sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familial problems (parents, relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General or specific fears, panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems in decision-making	not at all	a little	quite much	much	very much
Problems in decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessional thoughts, compulsive acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low self-esteem, sense of inferiority and insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction (e.g. alcohol, drugs, gambling, PC, television, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical disorders (muscular stiffness, headache, sleeping disturbances, recurrent infections, gastric disorders and problems with digestion, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardly-controllable aggressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other problems (please indicate in keywords)					

6) Is your study affected by these problems?

☐ no
 ☐ a little
 ☐ medium
 ☐ much
 ☐ very much

7) How did you hear about our Student Counselling Centre?

(please tick the appropriate answer, several answers are possible)

- ☐ recommendation by a medical doctor or by other therapy facilities
- ☐ informative meetings of the university (e.g. freshers' inauguration)
- ☐ recommendation by family members/relatives
- ☐ recommendation by fellow students
- ☐ posters/handouts/other brochures/lecture directory/websites
- ☐ recommendation by a lecturer
- ☐ recommendation by other information centres
- ☐ other: _____

8) How much effort was it for you to come to us?

not much

☐
☐
☐
☐

very much

☐

9) Please find below some expectations and hopes often mentioned by students when they come to our Counselling Centre. Which expectations and hopes do you associate with your visit at our Centre? (please tick the appropriate answer, several answers are possible)

- ☐ information whether psychotherapeutic advice/therapy can be helpful to me
- ☐ awareness of the reasons of my difficulties
- ☐ self-awareness to get to know oneself better
- ☐ to talk about problems, helpful conversation
- ☐ to get over a crisis
- ☐ to get tips and ideas
- ☐ to recover from a psychic disease
- ☐ to learn new abilities and skills
- ☐ other hopes and expectations: _____

If you indicated more than one expectation, please mark your most important expectation with a 1, the second most important with a 2, etc. on the provided box__ at the beginning of each line

10) Please try to describe as precise as possible your expectations and goals in counselling: