

**Psychosocial Counselling Service
for Students**



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

Family status:

- 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 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"
- student loans
- 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

10) Which hobbies/interests do you have?

III. Demographic data**1) Where or 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 – which one?
-

IV. Family information

1) Family of origin:

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?

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"/>

	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: