## Client Needs Review Tool

This tool is designed to help you reflect on your current needs and areas where you may wish to receive support. There are no right or wrong answers. Please answer honestly and skip any questions you do not wish to answer. Your responses will remain confidential.

Instructions: For each statement, circle or check the number that best represents your experience:

1 = Not at all | 2 = A little | 3 = Sometimes | 4 = Often | 5 = Very much

### 1. Grief & Loss

I have experienced a significant loss recently (e.g., person, relationship, health, job).

*1 2 3 4 5*

I often feel overwhelmed by sadness.

*1 2 3 4 5*

I feel supported by others in my grief.

*1 2 3 4 5*

### 2. Stress & Coping

I often feel stressed in my daily life.

*1 2 3 4 5*

I have effective strategies to manage stress.

*1 2 3 4 5*

I experience physical symptoms related to stress (e.g., sleep problems, fatigue, appetite changes).

*1 2 3 4 5*

## 3. Life Transitions

I am currently going through a major life change (e.g., retirement, relocation, relationship, illness).

*1 2 3 4 5*

I feel confident about adapting to this change.

*1 2 3 4 5*

I have resources and support to help me manage this transition.

*1 2 3 4 5*

## 4. Spiritual / Faith Exploration

I feel connected to my spiritual or faith life.

*1 2 3 4 5*

I find comfort in prayer, meditation, or reflection.

*1 2 3 4 5*

I am seeking a deeper understanding of my spirituality or faith.

*1 2 3 4 5*


## 5. Search for Meaning & Purpose

I feel that my life has purpose.

*1 2 3 4 5*

I find joy and fulfillment in my daily activities.

*1 2 3 4 5*

I am looking for guidance in discovering meaning during difficult times.

*1 2 3 4 5*

## 6. End-of-Life Care

I am currently facing a life-limiting illness (personally or within my family).

*1 2 3 4 5*

I feel anxious, fearful, or uncertain about end-of-life concerns.

*1 2 3 4 5*

I would like support in preparing emotionally or spiritually for end-of-life realities.

*1 2 3 4 5*

I would like help discussing legacy, reconciliation, or unfinished matters.

*1 2 3 4 5*


## 7. Summary & Priorities

Please use the space below to note any areas you would especially like to explore, or questions you would like to bring up in our sessions:

## 8. Counselor Notes

Key themes and priorities identified from client responses: