



PARTICIPANT COUNSELING QUESTIONNAIRE

Applicant Name: _____ **Course Number:** _____

Outward Bound courses intentionally place participants in physically and emotionally challenging situations. Through this process, participants uncover newfound strengths and potential. However, there are environmental and social factors that can cause difficulty on a wilderness course. Please discuss coping skills with your mental health professional that will help prepare you for successful completion of your wilderness course.

- 1. Are you currently in counseling?
 Yes No

- 2. What issues were/are being addressed in counseling? (check all that apply)

<input type="checkbox"/> Depression	<input type="checkbox"/> Low motivation	<input type="checkbox"/> Anger	<input type="checkbox"/> Academic
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Family/Divorce/Death	<input type="checkbox"/> Aggression	<input type="checkbox"/> Other _____
<input type="checkbox"/> Self-Harm	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Substance Abuse	

- 3. List all medications currently taking or started/stopped in the last 90 days for issues listed above. Provide the date you started/stopped taking the medication(s).

- 4. How often do you/did you see your counselor? _____ times per month

- 5. How long have you been/were you in counseling? From: _____ To: _____
 - 5a. If you are no longer in counseling:
 Who terminated counseling?
 You Counselor/Therapist
 - 5b. Describe the reasons for discontinuing counseling.

- 6. How does/did counseling affect your ability to address the above issue(s)?

- 7. Outward Bound will be stressful at times. What are your specific coping skills for managing stress?

8. Outward Bound is a physically challenging wilderness experience. You will not have access to family, friends, or others in your support group. How do you think this will affect your coping skills?

9. Are you attending Outward Bound to address issues related to your counseling?

Yes No

If yes, please explain.

10. Could the issues being addressed prevent successful completion of your course?

Yes No

If yes, please explain.

11. Who filled out this questionnaire?

Applicant Parent/Guardian Other

Applicant Signature

Date

Parent/Guardian Signature (If 21 years old or under)

Date