Group Therapy Assessment Form

Confidential – For Assessment Purposes Only

Please! DOWNLOAD, PRINT & MARK your answers with a **RED** or **BLUE** pen and then scan and email your answers back to me at: contact@rehvolution.online

Please answer each question as honestly as possible. All information is kept confidential and is used only to assess your suitability for group therapy sessions.

Section 1: Highlight / Choose your therapy type

- ☐ Anxiety
- ☐ Depression
- ☐ Social Media Addiction
- ☐ Alcohol / Drug Addiction
- ☐ Phobias
- ☐ Loneliness / Agoraphobia
- ☐ Young Persons Mental Health
- ☐ Older Persons Mental Health
- ☐ Family / Relationships
- ☐ Domestic Abuse
- ☐ Childhood Abuse
- ☐ PTSD / CPTSD
- ☐ Mental Health
- ☐ Health & Wellbeing
- ☐ Weight Management
- ☐ Men's Health

OTHER.... *Please give details of the group you would like to see / join and why?*

Section 2: Personal Background

1. What is your age group?

   A) Under 18

   B) 18–25

   C) 26–35

   D) 36–50

   E) 51+

2. What is your current employment status?

   A) Employed full-time

   B) Employed part-time

   C) Unemployed

   D) Student

   E) Retired

3. What is your relationship status?

   A) Single

   B) In a relationship

   C) Married/Civil Partnership

   D) Separated/Divorced

   E) Widowed

4. Do you have children?

   A) Yes, under 18

   B) Yes, over 18

   C) No

5. What is your highest level of education?

   A) No formal education

   B) GCSEs or equivalent

   C) A-Levels or equivalent

   D) Undergraduate degree

   E) Postgraduate degree or higher

Section 3: Mental Health & Emotional Wellbeing

6. Have you previously received any form of mental health support or therapy?

   A) Yes, individual therapy

   B) Yes, group therapy

   C) Yes, both

   D) No

7. Are you currently seeing a mental health professional?

   A) Yes

   B) No

8. Have you ever been diagnosed with a mental health condition?

   A) Yes

   B) No

   C) Prefer not to say

9. If yes, which of the following apply (select most relevant)?

   A) Anxiety

   B) Depression

   C) PTSD/CPTSD

   D) Bipolar Disorder

   E) Other

10. How would you rate your current emotional wellbeing?

    A) Very poor

    B) Poor

    C) Fair

    D) Good

    E) Excellent

11. Do you currently take medication for mental health reasons?

    A) Yes

    B) No

    C) Prefer not to say

12. Have you had any thoughts of self-harm or suicide in the past 6 months?

    A) Yes, frequently

    B) Occasionally

    C) Rarely

    D) No

13. Do you currently use substances (e.g., alcohol, drugs) to cope with stress or emotions?

    A) Yes, regularly

    B) Occasionally

    C) Rarely

    D) No

Section 4: Social & Interpersonal Functioning

14. How would you describe your social life?

    A) Very active

    B) Somewhat active

    C) Limited

    D) Isolated

15. How comfortable do you feel in group settings?

    A) Very comfortable

    B) Somewhat comfortable

    C) Neutral

    D) Uncomfortable

16. How often do you feel lonely or socially disconnected?

    A) Daily

    B) Several times a week

    C) Occasionally

    D) Rarely

17. Do you find it easy to express your emotions?

    A) Yes, always

    B) Most of the time

    C) Sometimes

    D) No

18. How would you describe your communication style?

    A) Open and expressive

    B) Reserved but willing

    C) Passive or avoidant

    D) Aggressive or reactive

19. Have you experienced conflict in your personal relationships recently?

    A) Yes, frequently

    B) Occasionally

    C) Rarely

    D) No

20. Are you currently in a safe living environment?

    A) Yes

    B) No

    C) Prefer not to say

Section 5: Motivation & Goals

21. Why are you interested in group therapy?

    A) To improve mental health

    B) To build social skills

    C) To manage specific challenges (e.g., anger, anxiety)

    D) To feel less alone

22. How committed are you to attending regular group sessions?

    A) Very committed

    B) Somewhat committed

    C) Unsure

    D) Not committed

23. What are your main goals for therapy?

    A) Self-understanding

    B) Emotional regulation

    C) Relationship improvement

    D) Learning coping skills

    E) All of the above

24. Are you open to sharing your thoughts and experiences in a group setting?

    A) Yes, fully

    B) To some extent

    C) With difficulty

    D) Not comfortable

25. Do you feel you can respect group boundaries and confidentiality?

    A) Yes

    B) I need guidance

    C) Unsure

Section 6: Group Fit & Preferences

26. Are you more interested in:

    A) Analytic group therapy (explorative, long-term)

    B) Psychoeducational group therapy (structured, skills-based)

    C) Not sure

27. Have you participated in any of the following before?

    A) Anger management programme

    B) CBT-based group

    C) Support group (e.g., grief, trauma)

    D) None

28. What group size are you most comfortable with?

    A) 4–6 people

    B) 6–8 people

    C) 8–10 people

    D) No preference

29. What time of day works best for you?

    A) Morning

    B) Afternoon

    C) Evening

    D) Flexible

30. Do you prefer in-person or online group sessions?

- A) In-person
- B) Online
- C) No preference

Section 7: Safety & Readiness

31. Do you have any current legal issues that may affect participation?

    A) Yes

    B) No

    C) Prefer not to say

32. Are you currently involved in any high-risk or crisis situations?

    A) Yes

    B) No

    C) Prefer not to say

33. Are you comfortable listening to others' difficult experiences?

    A) Yes

    B) Sometimes

    C) Not sure

    D) No

34. Can you commit to maintaining group rules and respect for others?

    A) Yes

    B) With support

    C) Unsure

35. Would you like a follow-up call to discuss group options?

    A) Yes

    B) No

    C) Maybe

REHvolution Services

Group Therapy Rules & Guidelines

Creating a Safe and Respectful Space for All
To ensure that every member benefits from a supportive and harmonious environment, the following rules must be understood, respected, and upheld by all participants throughout the course of therapy.

🔒 1. Confidentiality is Mandatory

What is shared in the group stays in the group. Members must not discuss anything disclosed by others outside the group setting. This includes names, stories, or any identifying information.

🗣️ 2. Respect One Another's Voice

Only one person speaks at a time. Listen actively and respectfully without interrupting. Avoid cross-talking or side conversations while another person is sharing.

🤦 3. No Judgement, Criticism, or Shaming

This is a non-judgmental space. All members are free to express thoughts and emotions without fear of criticism, ridicule, or invalidation.

👁️ 4. Speak From Personal Experience

Use "I" statements (e.g., "I feel…" or "In my experience…") rather than giving advice, generalisations, or assumptions about others.

✋ 5. Participation is Encouraged but Voluntary

You are encouraged to engage in discussions, but no one will be forced to share more than they are comfortable with. Silence is respected.

🚫 6. No Aggressive or Abusive Behaviour

Verbal aggression, threats, discriminatory language, or physical intimidation will not be tolerated under any circumstances.

🧘 7. Respect Emotional Boundaries

Be mindful of others' triggers and emotional limits. Avoid graphic or overly detailed accounts of traumatic events unless the group's theme allows for that depth of sharing, and always with sensitivity.

⏰ 8. Punctuality & Consistency Matter

Please arrive on time and attend regularly. If you cannot attend, let the facilitator know in advance. Repeated absences may impact your place in the group.

📱 9. No Phones or Distractions During Sessions

Phones should be switched off or silenced during group. Avoid distractions like texting or leaving the session unless absolutely necessary.

🤝 10. Group Belongs to Everyone

This is a shared space. No one dominates; all voices matter equally. Allow time and space for quieter members to speak.

Agreement

By attending REHvolution Services group therapy sessions, you agree to uphold these rules to ensure the safety, respect, and harmony of the group. Breaches of these rules may result in a discussion with the facilitator, and in serious or repeated cases, removal from the group.

Signed by: _____

PRINT NAME: _____

Today's Date: / /