CBT Assessment Question Prompt Sheet

A collaborative assessment blueprint • Beginner therapist quick reference

1 Begin with collaboration and consent

Opening phrases

- “What would make today’s conversation useful for you?”
- “I’ll ask about different areas of life. Please tell me if you need a pause or would rather return to a question.”
- Explain confidentiality and its limits, session purpose, and how information will be used.

2 Explore the presenting difficulty

Main concern	“What brought you here now?” “Which difficulty would you most like help with?”
Pattern	“When did it start? How often does it happen? How long does it last?”
Context	“What tends to trigger it? When is it less intense?”
Impact	“How does it affect work, study, relationships, sleep and daily activities?”
Meaning	“What goes through your mind when it happens? What feels most threatening?”

3 Map a recent example using CBT

Ask about one specific situation

- Situation: “Can we walk through the last time this happened?”
- Thoughts/images: “What went through your mind?”
- Emotions/body: “What did you feel emotionally and physically?”
- Responses: “What did you do, avoid or seek reassurance about?”
- Consequences: “What helped immediately, and what happened later?”

Assess, formulate, prioritise

Use flexible prompts rather than a rigid interview script.

4 Broaden the assessment

History	“Have you experienced anything similar before? What helped or did not help?”
Context	“Are there current stresses, losses, discrimination, relationship or practical pressures?”
Health and support	“Are there physical health, sleep, substance-use or medication factors relevant to your wellbeing?”
Strengths	“What keeps you going? Who or what supports you?”
Preferences	“What should I understand about your culture, identity, accessibility or communication needs?”

5 Ask directly about risk and safeguarding

Use local service protocols and clinical supervision

• “When things are very difficult, have you had thoughts of harming yourself or ending your life?”

• If indicated, explore current thoughts, intent, plans, means, past actions and protective factors; also ask about harm from/to others and safeguarding concerns as relevant.

• Assess immediacy, agree appropriate safety actions, document and escalate promptly under local procedures. Do not rely on a checklist alone.

6 Develop a shared working understanding

Link the pattern to the client’s goals

• “Does this cycle fit your experience, or have I missed something?”

• “What might be keeping this difficulty going?”

• “What would you notice in everyday life if therapy were helping?”

• Check whether the proposed CBT approach fits the person’s needs and preferences.

7 Measures are conversation aids

Use appropriate validated measures where indicated (for example PHQ-9, GAD-7 or WSAS), alongside the clinical interview. Scores are not a diagnosis and do not replace individualised risk assessment.

From assessment to a useful plan

Worked example, decision points and a reusable closing checklist.

8 Worked example: social anxiety

Presenting concern	“I dread speaking in team meetings.”
Recent situation	Manager asks for an update during a meeting.
Thought / feeling	“Everyone will think I am incompetent.” Anxiety and blushing.
Behaviour	Rehearses excessively, speaks briefly, avoids later meetings.
Maintaining pattern	Avoidance reduces distress briefly but limits opportunities to test the prediction.
Shared goal	Contribute one prepared point at a team meeting; review what actually happens.

9 Decision points before ending

Urgent risk?	Follow safeguarding / crisis procedures and seek immediate support as indicated.
Unclear presentation?	Gather further information; consider differential issues and supervision.
Client disagrees?	Revise your understanding collaboratively; do not impose a formulation.
Ready to proceed?	Agree a meaningful goal, a first small step and how progress will be reviewed.

10 End-of-assessment checklist

Check before the client leaves

- ☐ Client’s main concerns and priorities are accurately summarised.
- ☐ Risk, safeguarding and relevant contextual factors are considered.
- ☐ Strengths, goals and preferences are documented.
- ☐ A tentative shared CBT understanding has been checked with the client.
- ☐ Next steps, support options and follow-up are clear.

Practice note: These prompts support learning and clinical discussion; they are not a substitute for training, supervision, service assessment protocols or professional judgement.