

Your name or initials: RB

Date: 4/16/19

Please complete the following surveys BEFORE and AFTER the session. Please complete the survey on the back AFTER the session. Thank you!

Brief Mood Survey*	Before Session					After Session				
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
<b>Instructions.</b> Use checks (✓) to indicate how you're feeling <i>right now</i> . Please answer all the items.										
How <b>depressed</b> do you feel right now?										
1. Sad or down in the dumps		X				X				
2. Discouraged or hopeless		X				X				
3. Low self-esteem, inferiority, worthlessness		X				X				
4. Loss of motivation to do things	X					X				
5. Loss of pleasure or satisfaction in life	X					X				
<b>Total →</b>	<b>3</b>					<b>0</b>				

**Suicidal** urges: Do you sometimes

1. Feel like you'd be better off dead?	X					X				
2. Have suicidal thoughts or fantasies?	X					X				
3. Have urges or plans to end your life?	X					X				
<b>Total →</b>	<b>0</b>					<b>0</b>				

How **anxious** do you feel right now?

1. Anxious			X				X			
2. Frightened			X			X				
3. Worrying about things	X					X				
4. Tense or on edge			X			X				
5. Nervous			X			X				
<b>Total →</b>	<b>8</b>					<b>1</b>				

How **angry** do you feel right now?

1. Frustrated		X				X				
2. Annoyed		X				X				
3. Resentful	2					X				
4. Angry	X					X				
5. Irritated	X					X				
<b>Total →</b>						<b>0</b>				

Happiness*	Before Session					After Session				
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
<b>Instructions.</b> Use checks (✓) to indicate how you're feeling <i>right now</i> . Please answer all the items.										
1. Happy and joyful				X						X
2. Hopeful and optimistic				X						X
3. Worthwhile, high self-esteem			X							X
4. Motivated, productive					X					X
5. Pleasure and satisfaction in life					X					X
<b>Total →</b>	<b>16</b>					<b>20</b>				

Relationship Satisfaction *	Before Session						After Session							
	0—Very Dissatisfied	1—Moderately Dissatisfied	2—Somewhat Dissatisfied	3—Neutral	4—Somewhat Satisfied	5—Moderately Satisfied	6—Very Satisfied	0—Very Dissatisfied	1—Moderately Dissatisfied	2—Somewhat Dissatisfied	3—Neutral	4—Somewhat Satisfied	5—Moderately Satisfied	6—Very Satisfied
<b>Put the name of an important relationship in your life:</b> <u>David</u>														
<b>Use checks (✓) to indicate how you feel about this relationship.</b>														
<b>Please answer all 5 items.</b>														
1. Communication and openness						X								X
2. Resolving conflicts						X								X
3. Degree of affection and caring						X								X
4. Intimacy and closeness						X								X
5. Overall satisfaction						X								X
<b>Total →</b>	<b>30</b>						<b>30</b>							

How much psychotherapy homework have you done since your last session? (✓)

None	A little	A moderate amount	A lot
			X

Please fill this out **AFTER** the session. Thank you!

**Evaluation of Therapy Session\***

0-Not at all true	1-Somewhat true	2-Moderately true	3-Very true	4-Completely true
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**Instructions.** Use checks (✓) to indicate how you felt about your most recent therapy session.

**Please answer all the items.**

**Therapeutic Empathy**

1. My therapist seemed warm, supportive, and concerned.					X
2. My therapist seemed trustworthy.					X
3. My therapist treated me with respect.					X
4. My therapist did a good job of listening.					X
5. My therapist understood how I felt inside.					X
<b>Total →</b>					<b>20</b>

**Helpfulness of the Session**

6. I was able to express my feelings during the session.					X
7. I talked about the problems that are bothering me.					X
8. The techniques we used were helpful.					X
9. The approach my therapist used made sense.					X
10. I learned some new ways to deal with my problems.					X
<b>Total →</b>					<b>20</b>

**Satisfaction with Today's Session**

11. I believe the session was helpful to me.					X
12. Overall, I was satisfied with today's session.					X
<b>Total →</b>					<b>8</b>

**Your Commitment**

13. I plan to do therapy homework before the next session.					X
14. I intend to use what I learned in today's session.					X
<b>Total →</b>					<b>8</b>

**Negative Feelings During the Session**

15. At times, my therapist didn't seem to understand how I felt.	X				
16. At times, I felt uncomfortable during the session.		X			
17. I didn't always agree with my therapist.	X				
<b>Total →</b>					<b>1</b>

**Difficulties with the Questions**

18. It was hard to answer some of these survey questions honestly.					X
19. Sometimes my survey answers didn't show how I really felt inside.					X
20. It would be too upsetting for me to criticize my therapist.					X
<b>Total →</b>					

What did you like **the least** about the session? Telling David during the Interpersonal Downward Arrow that I thought he was judging me—that was difficult to admit.

What did you like **the best** about the session? Listening to David describe his feelings.