

Brief Mood Survey, page 1 of 2

| 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 |
| Instructions. Use checks (✓) to indicate how you're feeling <i>right now</i> . Please answer all the items. | | | | | | | | | | |
| How depressed 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 | | | | |
| Total → | | | | | 12 | | | | | 2 |

| How suicidal do you feel right now? | | | | | | | | | | |
|--|---|--|--|--|----------|---|--|--|--|----------|
| 1. Do you have any suicidal thoughts? | X | | | | | X | | | | |
| 2. Would you like to end your life? | X | | | | | X | | | | |
| Total → | | | | | 0 | | | | | 0 |

| 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 | | | | |
| Total → | | | | | 3 | | | | | 0 |

| How angry do you feel right now? | | | | | | | | | | |
|---|---|---|---|--|-----------|---|---|--|--|----------|
| 1. Frustrated | X | | | | | X | | | | |
| 2. Annoyed | X | | | | | X | | | | |
| 3. Resentful | | | X | | | \ | X | | | |
| 4. Angry | | X | | | | X | | | | |
| 5. Irritated | X | | | | | X | | | | |
| Total → | | | | | 16 | | | | | 1 |

| How much psychotherapy homework have you done since your last session? (✓) | | | |
|--|----------|-------------------|-------|
| None | A little | A moderate amount | A lot |
| | X | | X |

| 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 |
| Instructions. 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 | | |
| Total → | | | | | 7 | | | | | 14 |

| 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 |
| Put the name of an important relationship in your life: wife | | | | | | | | | | | | | | |
| Use checks (✓) to indicate how you feel about this relationship. | | | | | | | | | | | | | | |
| Please answer all 5 items. | | | | | | | | | | | | | | |
| 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 |
| Total → | | | | | | 30 | | | | | | | | 30 |

Please fill this out AFTER the session. Thank you!

Evaluation of Therapy Session*

Instructions. Use checks (✓) to indicate how you felt about your most recent therapy session.

Please answer all the items.

| | | | | |
|-------------------|-----------------|-------------------|-------------|-------------------|
| 0-Not at all true | 1-Somewhat true | 2-Moderately true | 3-Very true | 4-Completely true |
|-------------------|-----------------|-------------------|-------------|-------------------|

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 |
| Total → | | | | | 20 |

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 |
| Total → | | | | | 20 |

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 |
| Total → | | | | | 8 |

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 |
| Total → | | | | | 8 |

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 | | | |
| Total → | | | | | 2 |

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 | | | | |
| Total → | | | | | 0 |

What did you like **the least** about the session? It took a while to get going.

What did you like **the best** about the session? Seeing and feeling on a gut level that my negative beliefs weren't true.