

**Brief Mood Survey, page 1 of 2**

<b>Brief Mood Survey*</b>	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							
2. Discouraged or hopeless				X						
3. Low self-esteem, inferiority, worthlessness	X									
4. Loss of motivation to do things				X						
5. Loss of pleasure or satisfaction in life					X					
<b>Total →</b>					<b>12</b>					

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

How <b>anxious</b> do you feel right now?										
1. Anxious		X								
2. Frightened	X									
3. Worrying about things		X								
4. Tense or on edge	X									
5. Nervous		X								
<b>Total →</b>					<b>3</b>					

How <b>angry</b> do you feel right now?										
1. Frustrated	X									
2. Annoyed	X									
3. Resentful			X							
4. Angry		X								
5. Irritated	X									
<b>Total →</b>					<b>16</b>					

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

<b>Happiness*</b>	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								
2. Hopeful and optimistic		X								
3. Worthwhile, high self-esteem				X						
4. Motivated, productive.			X							
5. Pleasure and satisfaction in life	X									
<b>Total →</b>					<b>7</b>					

<b>Relationship Satisfaction*</b>	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> wife														
<b>Use checks (✓) to indicate how you feel about this relationship.</b>														
<b>Please answer all 5 items.</b>														
1. Communication and openness						X								
2. Resolving conflicts						X								
3. Degree of affection and caring						X								
4. Intimacy and closeness						X								
5. Overall satisfaction						X								
<b>Total →</b>						<b>30</b>								

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.					
2. My therapist seemed trustworthy.					
3. My therapist treated me with respect.					
4. My therapist did a good job of listening.					
5. My therapist understood how I felt inside.					
<b>Total →</b>					

#### Helpfulness of the Session

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

#### Satisfaction with Today's Session

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

#### Your Commitment

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

#### Negative Feelings During the Session

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

#### Difficulties with the Questions

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

What did you like **the least** about the session?

What did you like **the best** about the session?