

Your Initials: _____ Date: _____

Please complete the following surveys BEFORE and AFTER the session. Then 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
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									
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								
Total →	3					→				

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

How anxious do you feel right now?		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
1. Anxious				x							
2. Frightened		x									
3. Worrying about things				x							
4. Tense or on edge		x									
5. Nervous		x									
Total →		7					→				

How angry do you feel right now?		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
1. Frustrated	x										
2. Annoyed	x										
3. Resentful	x										
4. Angry	x										
5. Irritated		x									
Total →		1					→				

Positive Feelings 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.										
1. I feel worthwhile.			x							
2. I feel good about myself.			x							
3. I feel close to people.				x						
4. I feel productive.			x							
5. I feel motivated to do things.			x							
6. I feel calm and relaxed.				x						
7. I feel a connection to others.				x						
8. I feel hopeful.			x							
9. I feel encouraged and optimistic.			x							
10. My life is satisfying.				x						
Total →	→					→				

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
Put the name of an important relationship in your life:	mom												
Use checks (✓) to indicate how you feel about this relationship.													
Please answer all 5 items.													
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								
Total →	18						→						

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
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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.					
Total →					

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.					
Total →					

Satisfaction with Today's Session

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

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.					
Total →					

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 →					

Difficulties with this Survey

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

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

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