

Your name or initials: \_\_\_\_\_ Date: \_\_\_\_\_

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										
2. Discouraged or hopeless										
3. Low self-esteem, inferiority, worthlessness										
4. Loss of motivation to do things										
5. Loss of pleasure or satisfaction in life										
Total →										
<b>Suicidal</b> urges: Do you sometimes										
1. Feel like you'd be better off dead?										
2. Have suicidal thoughts or fantasies?										
3. Have urges or plans to end your life?										
Total →										
How <b>anxious</b> do you feel right now?										
1. Anxious										
2. Frightened										
3. Worrying about things										
4. Tense or on edge										
5. Nervous										
Total →										
How <b>angry</b> do you feel right now?										
1. Frustrated										
2. Annoyed										
3. Resentful										
4. Angry										
5. Irritated										
Total →										

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										
2. Hopeful and optimistic										
3. Worthwhile, high self-esteem										
4. Motivated, productive										
5. Pleasure and satisfaction in life										
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	6—Very Satisfied
Put the name of an important relationship in your life:														
Use checks (✓) to indicate how you feel about this relationship.														
<b>Please answer all 5 items.</b>														
1. Communication and openness														
2. Resolving conflicts														
3. Degree of affection and caring														
4. Intimacy and closeness														
5. Overall satisfaction														
Total →														

  

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

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.					
16. At times, I felt uncomfortable during the session.					
17. I didn't always agree with my therapist.					
Total →					

### Difficulties with the Questions

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

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

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