

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
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 →	13					2				

Suicidal urges: do you sometimes											
	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. 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					
Total →	0					0					

How anxious do you feel right now?											
	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	x					
2. Frightened	x					x					
3. Worrying about things				x		x					
4. Tense or on edge				x		x					
5. Nervous					x	x					
Total →	14					0					

How angry do you feel right now?											
	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				x					
2. Annoyed	x					x					
3. Resentful	x					x					
4. Angry	x					x					
5. Irritated	x					x					
Total →	1					0					

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 →	6					10				

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

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.														
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 →	24						24							

Please fill this out AFTER the session. Thank you!