

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	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>0</b>					<b>→</b>				

**Suicidal** urges: Do you sometimes

1. Feel like you'd be better off dead?	X								
2. Have suicidal thoughts or fantasies?	X								
3. Have urges or plans to end your life?	X								
<b>Total →</b>	<b>0</b>				<b>→</b>				

How **anxious** 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>2</b>				<b>→</b>				

How **angry** do you feel right now?

1. Frustrated	X								
2. Annoyed	X								
3. Resentful	X								
4. Angry	X								
5. Irritated	X								
<b>Total →</b>	<b>0</b>				<b>→</b>				

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			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>8</b>					<b>→</b>				

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
<b>Put the name of an important relationship in your life:</b>	_____												
<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>29</b>						<b>→</b>						

How much psychotherapy homework have you done since your last session? (✓)

None	A little	A moderate amount	A lot
		x	

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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? \_\_\_\_\_

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

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