| Your name or initials:   |              |            |  |         |             |              |            | Date:              |         |             |  |                           |                         |            |                     |                        |                  |                     |   |              |                    |  |
|--|--------------|------------|--|---------|-------------|--------------|------------|--------------------|---------|-------------|--|---------------------------|-------------------------|------------|---------------------|------------------------|------------------|---------------------|---|--------------|--------------------|--|
| Please complete the following  | sur          | veys       | s BE   | FOF     | RE ar       | nd AF        | TEI        | R th               | e se    | ssio        | Please complete the survey on th   | ie ba                     | ack /                   | AFT        | ER                  | the                    | sess             | sion.               | Tha   | nk ye        | ou!                |  |
|  |              | Befor      | ssior  | n       |             | Afte         | r Ses      | sion               |         |             |  | Before Session            |                         |            |                     |                        |                  | After Session       |   |              |                    |  |
| Brief Mood Survey*   |              | t          | ×  |         |             |              | T.         | Α                  |         |             | Happiness*   |                           |                         | Ħ          | الج                 |                        | ٧                |                     | at .  | چ            |                    |  |
| <b>Instructions.</b> Use checks (✓) to indicate how you're feeling <i>right now.</i> <b>Please answer all the items.</b> | 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.              | 9                         | U—Not at all            | 1—somewnat | 2—Moderately        | 3—A lot                | 4—Extremely      | 0—Not at all        | 1—Somewhat  | 2—Moderately | –A lot             | 4—Extremely                                |
| How <i>depressed</i> do you feel right now?  | 0            | +          | 2-   | မှ      | 4           | ᆫ            | 1-         | 2-                 | ကို     | 4           |  | -                         | <u> </u>                | -          | 7                   | ψ                      | 4                | L                   | -   | 2            | မ                  | 4  |
| 1. Sad or down in the dumps  |              |            |  |         |             | _            |            |                    |         |             | Happy and joyful   |                           | _                       |            |                     |                        |                  | _                   | -   | ₩            |                    | +  |
| 2. Discouraged or hopeless   |              |            |  |         |             | _            |            |                    |         |             | 2. Hopeful and optimistic  |                           |                         |            |                     |                        |                  | _                   | -   | ₩            | -                  | +  |
| 3. Low self-esteem, inferiority, worthlessness   |              |            |  |         |             | _            |            |                    |         |             | 3. Worthwhile, high self-esteem  |                           | _                       |            |                     |                        |                  | _                   | -   | ₩            |                    | +  |
| 4. Loss of motivation to do things   |              |            |  |         |             |              |            |                    |         |             | 4. Motivated, productive   |                           |                         | _          |                     |                        |                  | _                   |   | ₩            |                    |  |
| 5. Loss of pleasure or satisfaction in life  |              |            |  |         |             |              |            |                    |         |             | 5. Pleasure and satisfaction in life   |                           |                         | <u> </u>   | _                   |                        |                  | <u> </u>            |   | <u></u>      |                    |  |
| 0 1111 B   |              | Tota       | al 🗪   |         |             |              | Tota       | al 🗪               |         |             |  |                           | ı                       | otal       | →                   |                        |                  |                     | 10  | tal 👈        | ·                  |  |
| Suicidal urges: Do you sometimes   |              | 1          | 1  | 1       | _           | _            | 1          | ı                  | 1       | 1           |  |                           |                         |            | • .                 |                        |                  |                     | A Ct  |              | . •                |  |
| 1. Feel like you'd be better off dead?   |              | -          | 1  | 1       | Н           | ⊢            |            |                    | 1       |             |  | Ŀ                         | Befor                   | e Se       | SSIO                | n                      |                  |                     | Afte  | r Ses        | sion               |  |
| 2. Have suicidal thoughts or fantasies?  |              |            |  | 1       | Н           | ⊢            |            |                    |         |             | Relationship Satisfaction *  | eq                        | pa                      |            |                     |                        |                  |                     | မှု မြ  |              |                    |  |
| 3. Have urges or plans to end your life?   |              | <u> </u>   | <u>.                                    </u> |         | Щ           |              | <u> </u>   | <u> </u>           |         |             | Put the name of an important   | tisf                      | isfi                    |            | ed                  | jed                    |                  |                     | tist<br>isfi                                      |              | ed :               | <u>.</u>                                   |
| How anxious do you feel right now?   |              | l ota      | al <del>&gt;</del>                           |         | $\dashv$    |              | lota       | al <del>&gt;</del> |         |             | relationship in your life:  Use checks (✓) to indicate how you feel about this relationship.  Please answer all 5 items. | 1—Moderately Dissatisfied | 2—Somewhat Dissatisfied |            | -Somewhat Satisfied | 5-Moderately Satisfied | 6—Very Satisfied | 0—Very Dissatisfied | 1—Moderately Dissatisfied 2—Somewhat Dissatisfied |              | Somewhat Satisfied | 5—Moderately Satisfied<br>6—Very Satisfied |
| 1. Anxious   |              |            |  |         |             |              |            |                    |         |             |  | ıtel)                     | hat                     |            | /hat                | ıtely                  | atis             | ssa                 | tel)  |              | hat                | atist                                      |
| 2. Frightened  |              |            |  |         |             |              |            |                    |         |             | Use checks (✓) to indicate how you   | der /                     | new                     | 3—Neutral  | new                 | dera                   | Š                | γD                  | nev<br>nev  | -Neutral     | Je l               | y Si                                       |
| 3. Worrying about things   |              |            |  |         |             |              |            |                    |         |             | feel about this relationship.  | ĕ                         | Sor                     | Nec        | Sor                 | Ψŏ                     | Ver              | Ver                 | Š Š   | je l         | Sor                | ĕ lă                                       |
| 4. Tense or on edge  |              |            |  |         |             |              |            |                    |         |             | Please answer all 5 items.   | 1                         | 2—                      | 3–         | 4                   | 2—                     | j<br>J           | <del>-</del> 0      | 7 7   |              |                    | ۲<br>آ                                     |
| 5. Nervous   |              |            |  |         |             |              |            |                    |         |             | Communication and openness   |                           |                         |            |                     |                        |                  |                     |   |              |                    |  |
|  |              | Tota       | al 🗪   |         |             |              | Tota       | al 🗪               |         |             | 2. Resolving conflicts   |                           |                         |            |                     |                        |                  |                     |   | Ш            |                    |  |
| How angry do you feel right now?   |              |            |  |         |             |              |            |                    |         |             | 3. Degree of affection and caring  |                           |                         |            |                     |                        |                  |                     |   | Ш            |                    |  |
| 1. Frustrated  |              |            |  | 1       | П           |              |            |                    |         |             | 4. Intimacy and closeness  |                           |                         |            |                     |                        | _                |                     |   | $\sqcup$     |                    |  |
| 2. Annoyed   |              |            |  |         | Н           | -            |            |                    |         |             | 5. Overall satisfaction  |                           |                         |            |                     |                        |                  |                     |   |              |                    |  |
| 3. Resentful   |              |            |  |         | Н           | -            |            |                    |         |             |  |                           | •                       | Γotal      | <b>→</b>            |                        | _                |                     | ,   | Total        | →∟                 |  |
| 4. Angry   |              |            |  |         | Н           | -            |            |                    |         |             |  |                           |                         |            |                     |                        |                  |                     |   |              |                    |  |
| 5. Irritated   |              |            |  |         | Н           | -            |            |                    |         |             | How much psychotherapy home  | work                      | have                    | you        | don                 | e sir                  | ice yo           | ur las              | sess  | on? (        | <b>√</b> )         |  |
| o. Imatos  | l            | Tota       | al <del>&gt;</del>                           |         |             |              | Tota       | al <del>&gt;</del> |         |             | None A little  |                           | +                       | A m        | ode                 | rate                   | amou             | nt                  |   | A lo         | ot                 |  |
|  |              |            |  |         |             |              |            |                    |         |             |  |                           | 1                       |            |                     |                        |                  |                     |   |              |                    |  |

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## Please fill this out AFTER the session. Thank you!

| Evaluation of Therapy Session*  | ne.               | true            | 2-Moderately true |             | 4-Completely true |  |  |  |  |
|---|-------------------|-----------------|-------------------|-------------|-------------------|--|--|--|--|
| <b>Instructions.</b> Use checks (✓) to indicate how you felt            | all tr            | /hat            | ately             | ne          | etely             |  |  |  |  |
| about your most recent therapy session.                                 | t at              | mew             | dera              | y tr        | mple              |  |  |  |  |
| Please answer all the items.  | 0-Not at all true | 1-Somewhat true | 2–Mo              | 3-Very true | 4-Co              |  |  |  |  |
| Therapeutic Empathy   |                   |                 |                   |             |                   |  |  |  |  |
| 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.                   |                   |                 |                   |             |                   |  |  |  |  |
|   |                   | Tot             | al 🗲              | •           |                   |  |  |  |  |
| Satisfaction with Today's Session                                       | 1                 |                 | _                 |             |                   |  |  |  |  |
| 11. I believe the session was helpful to me.                            |                   |                 |                   |             |                   |  |  |  |  |
| 12. Overall, I was satisfied with today's session.                      |                   |                 |                   |             |                   |  |  |  |  |
|   |                   | Tot             |                   |             |                   |  |  |  |  |
| 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.                  |                   |                 |                   |             |                   |  |  |  |  |
|   |                   | Tot             | al 🗲              |             |                   |  |  |  |  |
| Negative Feelings During the Session                                    | on                |                 |                   |             |                   |  |  |  |  |
| <b>15.</b> At times, my therapist didn't seem to understand how I felt. |                   |                 |                   |             |                   |  |  |  |  |
| <b>16.</b> At times, I felt uncomfortable during the session.           |                   |                 |                   |             |                   |  |  |  |  |
| 17. I didn't always agree with my therapist.                            |                   |                 |                   |             |                   |  |  |  |  |
| Total →   |                   |                 |                   |             |                   |  |  |  |  |
| Difficulties with the Questions   |                   | ı               | Г                 | ı           |                   |  |  |  |  |
| 18. It was hard to answer some of these questions honestly.             |                   |                 |                   |             |                   |  |  |  |  |
| 19. Sometimes my answers didn't show how I really felt inside.          |                   |                 |                   |             |                   |  |  |  |  |
| <b>20.</b> It would be too upsetting for me to criticize my therapist.  |                   |                 |                   |             |                   |  |  |  |  |
|   |                   | To              | tal 🗲             |             |                   |  |  |  |  |

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

What did you like the best about the session?

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