

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.					
Total →					

Helpfulness of the Session

1. I was able to express my feelings during the session.					
2. I talked about the problems that are bothering me.					
3. The techniques we used were helpful.					
4. The approach my therapist used made sense.					
5. I learned some new ways to deal with my problems.					
Total →					

Satisfaction with Today's Session

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

Your Commitment

1. I plan to do therapy homework before the next session.					
2. I intend to use what I learned in today's session.					
Total →					

Negative Feelings During the Session

1. At times, my therapist didn't seem to understand how I felt.					
2. At times, I felt uncomfortable during the session.					
3. I didn't always agree with my therapist.					
Total →					

Difficulties with the Questions

1. It was hard to answer some of these questions honestly.					
2. Sometimes my answers didn't show how I really felt inside.					
3. 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? _____
