

Your name or initials: Marie

Date: 2024-04-04

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				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				
<b>Total →</b>	<b>4</b>					<b>1</b>				

**Suicidal** urges: Do you sometimes

	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
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>				

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

	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Anxious				x	
2. Frightened	x				
3. Worrying about things			x		
4. Tense or on edge			x		
5. Nervous				x	
<b>Total →</b>	<b>10</b>				

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

	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Frustrated		x			
2. Annoyed		x			
3. Resentful	x				
4. Angry	x				
5. Irritated		x			
<b>Total →</b>	<b>3</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						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
<b>Total →</b>	<b>15</b>					<b>19</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	6—Very Satisfied
<b>Put the name of an important relationship in your life:</b>														
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														
<b>Total →</b>							<b>Total →</b>							

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.					X
2. My therapist seemed trustworthy.					X
3. My therapist treated me with respect.					X
4. My therapist did a good job of listening.					X
5. My therapist understood how I felt inside.					X
<b>Total →</b>					<b>20</b>

#### Helpfulness of the Session

6. I was able to express my feelings during the session.					X
7. I talked about the problems that are bothering me.					X
8. The techniques we used were helpful.					X
9. The approach my therapist used made sense.					X
10. I learned some new ways to deal with my problems.					X
<b>Total →</b>					<b>20</b>

#### Satisfaction with Today's Session

11. I believe the session was helpful to me.					X
12. Overall, I was satisfied with today's session.					X
<b>Total →</b>					<b>8</b>

#### Your Commitment

13. I plan to do therapy homework before the next session.					X
14. I intend to use what I learned in today's session.					X
<b>Total →</b>					<b>8</b>

#### Negative Feelings During the Session

15. At times, my therapist didn't seem to understand how I felt.	X				
16. At times, I felt uncomfortable during the session.	X				
17. I didn't always agree with my therapist.	X				
<b>Total →</b>					<b>0</b>

#### Difficulties with the Questions

18. It was hard to answer some of these survey questions honestly.	X				
19. Sometimes my survey answers didn't show how I really felt inside.	X				
20. It would be too upsetting for me to criticize my therapist.	X				
<b>Total →</b>					<b>0</b>

What did you like **the least** about the session?  
Nothing

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

Angela's empathy and mastery at helping me defeat my negative thoughts! I loved the use of Positive reframing of the emotions combined with identifying the distortions for one thought and then using that information to do EOv on all the other NT.