

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.					
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.					
Total →					

Satisfaction with Today's Session

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

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.					
Total →					

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.					
Total →					

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.					
Total →					

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

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