

SESSION OUTCOMES



Name: _____ Date: _____

Please describe your experience in today's session by completing the sentence stems below. At the end of each sentence blank, **circle** either *Low*, *Medium*, or *High*, to indicate your satisfaction with treatment. Your honest feedback will help your clinician better respond to your needs.

Write the first sentence that comes to mind:	How satisfied are you with:
The most difficult part of this session was	the therapist's efforts to create a safe environment? Low Med High
The most helpful part of this session was	the therapist's approach to treatment? Low Med High
After this session, I am more likely to	the therapist's use of encouragement and/or motivation? Low Med High
I am still probably not yet ready to	the therapist's understanding of your limitations? Low Med High
The thing most likely to help me is	the therapist's collaborative cooperation? Low Med High
I am just now starting to realize	the therapist's respect for your personal insights? Low Med High
After this session I feel	the therapist's empathy for what you feel? Low Med High