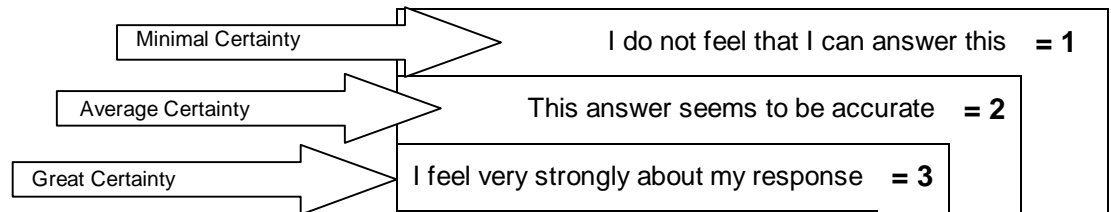


**SESSION OUTCOMES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe your experience in today's session by completing the sentence stems below. At the end of each sentence blank, circle the number that best describes how strongly you feel about this statement. Your honest feedback will help your clinician better respond to your needs.



**The most difficult part of this session was**

3 2 1

**The most helpful part of this session was**

3 2 1

**After this session, I am more likely to**

3 2 1

**I am still probably not yet ready to**

3 2 1

**The thing most likely to help me is**

3 2 1

**I am just now starting to realize**

3 2 1

**How much improvement do you expect following this session?**

No Difference 1 2 3 4 5 6 7 8 9 10 A Big Difference