

**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** a number from 1-9, 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:
<p><b>The most difficult part of this session was</b></p>	<p>the therapist's efforts to create a safe environment?</p> <p>Low      Med      High 1 2 3      4 5 6      7 8 9</p>
<p><b>The most helpful part of this session was</b></p>	<p>the therapist's response to your needs?</p> <p>Low      Med      High 1 2 3      4 5 6      7 8 9</p>
<p><b>My therapist thinks that I should</b></p>	<p>the therapist's ability to remain nonjudgmental?</p> <p>Low      Med      High 1 2 3      4 5 6      7 8 9</p>
<p><b>I am still probably not yet ready to</b></p>	<p>the therapist's understanding of your limitations?</p> <p>Low      Med      High 1 2 3      4 5 6      7 8 9</p>
<p><b>I am certain that what I will do is</b></p>	<p>the therapist's encouragement and cooperation?</p> <p>Low      Med      High 1 2 3      4 5 6      7 8 9</p>
<p><b>I am just now starting to realize</b></p>	<p>the therapist's respect for your personal insights?</p> <p>Low      Med      High 1 2 3      4 5 6      7 8 9</p>
<p><b>After this session I feel</b></p>	<p>the therapist's empathy for what you feel?</p> <p>Low      Med      High 1 2 3      4 5 6      7 8 9</p>