

Feedback Session Report 1.1

Client: _____ Date: _____ Session No. _____

Research supports the importance of monitoring relationships between clients and their therapists. Below are a series of questions you will be asked to complete following each session of therapy. *You are to answer the following questions based on the session you had **today** with your therapist.* The client-therapist relationship, like all relationships, may take time to develop. Earlier survey items may be more descriptive of therapy relationships that are relatively new. Also, because relationships are so complex, it's okay if your therapist does not relate or understand you perfectly to begin with so please be *honest* in your feedback. The information you provide will allow you and your therapist to address aspects of the relationship that you would like to experience differently. Please circle one number to the right of each question that reflects your experience during the session today.

		Strongly Disagree	Moderately Disagree	Disagree	Neutral	Agree	Moderately Agree	Strongly Agree
1.	My therapist helped me to see new ways to address my problems.	1	2	3	4	5	6	7
2.	My therapist is genuine and sincere with me.	1	2	3	4	5	6	7
3.	I have doubts about whether I benefited from my session today.	1	2	3	4	5	6	7
4.	My therapist cares about me.	1	2	3	4	5	6	7
5.	I'm having a difficult time relating to my therapist.	1	2	3	4	5	6	7
6.	We addressed issues that were important to me.	1	2	3	4	5	6	7
7.	My therapist paid attention to the details of what I shared.	1	2	3	4	5	6	7
8.	I feel like my therapist looks down on me.	1	2	3	4	5	6	7
9.	My therapist encouraged me to experience my feelings.	1	2	3	4	5	6	7
10.	I was able to talk about the things I needed to discuss.	1	2	3	4	5	6	7
11.	My therapist challenged my thoughts or beliefs.	1	2	3	4	5	6	7
12.	I had a significant emotional experience during the session.	1	2	3	4	5	6	7
13.	I felt criticized or judged by my therapist.	1	2	3	4	5	6	7
14.	I felt understood by my therapist.	1	2	3	4	5	6	7
15.	My therapist and I worked together as a team to address my challenges.	1	2	3	4	5	6	7
16.	The expectations my therapist has for me are unclear.	1	2	3	4	5	6	7
17.	I feel empowered by my therapist.	1	2	3	4	5	6	7
18.	My therapist talked too much.	1	2	3	4	5	6	7
19.	I am taking something useful from my session today.	1	2	3	4	5	6	7
20.	My therapist expected me to contribute to my own treatment outcome.	1	2	3	4	5	6	7
21.	I don't feel much trust between my therapist and myself.	1	2	3	4	5	6	7
22.	After my session I felt hopeful.	1	2	3	4	5	6	7
23.	I felt accepted by my therapist.	1	2	3	4	5	6	7
24.	The questions my therapist asked me are purposeful.	1	2	3	4	5	6	7
25.	My therapist and I are working towards goals we have both agreed upon.	1	2	3	4	5	6	7
26.	My therapist seemed distant.	1	2	3	4	5	6	7
27.	My therapist asked me some questions that felt inappropriate.	1	2	3	4	5	6	7
28.	I gained insights about myself during the session today that give me a healthier perspective.	1	2	3	4	5	6	7
29.	My therapist helped me identify my feelings more accurately.	1	2	3	4	5	6	7
30.	My session today was a positive and helpful experience.	1	2	3	4	5	6	7

Please indicate one thing you appreciated about your time with your therapist today:

Please indicate one thing you would like to change in future sessions with your therapist:
