

AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY CLINIC
Intersession Report (BEFORE the Session)

	<i>Almost Never</i>	1	2	3	<i>Half the Time</i>	4	5	6	<i>Almost Always</i>
1. I feel nervous, anxious, or unsettled	1	2	3	4	5	6	7	8	9
2. I feel hopeless, depressed, or down	1	2	3	4	5	6	7	8	9
3. I think about ending my life.....	1	2	3	4	5	6	7	8	9

	<i>Very Poor</i>	1	2	3	<i>Moderate</i>	4	5	6	<i>Excellent</i>
4. I would rate my ability to function at work, school, or home	1	2	3	4	5	6	7	8	9
5. Satisfaction with my personal relationships has been.....	1	2	3	4	5	6	7	8	9
6. I rate the positive sentiment, support, and collaboration in my life as.....	1	2	3	4	5	6	7	8	9
7. I would rate the progress towards therapy goals as	1	2	3	4	5	6	7	8	9
8. The likelihood of my problems being resolved are	1	2	3	4	5	6	7	8	9
9. I would rate the quality of my sleep as	1	2	3	4	5	6	7	8	9

10. The number of days it took me longer than 30 minutes to fall asleep:

0 1 2 3 4 5 6 7

11. The number of days I woke up during the night and took more than 30 minutes to fall back asleep:

0 1 2 3 4 5 6 7

12. The number of times I exercised/meditated during the past week:

Exercise	0	1	2	3	4	5	6	7 or more
Meditate	0	1	2	3	4	5	6	7 or more

13. The number of hours I exercised/meditated (circle) during the past week:

Exercise	0	1	2	3	4	5	6	7 or more
Meditate	0	1	2	3	4	5	6	7 or more

14. I would rate my average level of exercise/meditation intensity as:

	Extremely easy or N/A	Very easy	Easy	Middle	Hard	Very hard	Extremely Hard
Exercise	0 - 1	2	3	4	5	6	7
Meditate	0 - 1	2	3	4	5	6	7

Questions on Back Page.

Therapist ID: Date: Sex: Session #: Client #: Name:

Looking back over the last week, including today, rate how well you have been feeling by rating how well you have been doing in the following areas of your life, where **marks/dots** to the left represent low levels and **marks/dots** to the right indicate high levels.

Individually
(Personal well-being)

Low levels I-----I High levels

Interpersonally
(Family, close relationships)

Low levels I-----I High levels

Socially
(Work, school, friendships)

Low levels I-----I High levels

Overall
(General sense of well-being)

Low levels I-----I High levels

Therapist ID: Date: Sex: Session #: Client #: Name: