

Therapist #: _____

Case # _____

Session # _____

AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY CLINIC

CLIENT INTERSESSION REPORT

Name _____ Today's Date: _____ Session Time: _____

1) I feel nervous, anxious, or unsettled.

Almost never

Half the time

Almost all the time

1

2

3

4

5

6

7

2) I feel hopeless, depressed, or down.

Almost never

Half the time

Almost all the time

1

2

3

4

5

6

7

3) I would rate my ability to function at work, school, or home:

Very poor

Similar to others

Excellent

1

2

3

4

5

6

7

4) Satisfaction with my personal relationships has been:

Very poor

About average

Excellent

1

2

3

4

5

6

7

5) I rate the positive sentiment, support, and collaboration in my life as:

Very poor

Similar to others

Excellent

1

2

3

4

5

6

7

6) I would rate progress toward therapy goals as: DO NOT ANSWER BEFORE FIRST SESSION

Very poor

Moderate

Excellent

1

2

3

4

5

6

7

7) I rate the defensiveness, blaming, and negativity in my life as:

Very low

Similar to others

Very high

1

2

3

4

5

6

7

8) The likelihood of my problems being resolved is:

Very low

Not sure

Very high

1

2

3

4

5

6

7

9) My relationship with the therapist is: DO NOT ANSWER BEFORE FIRST SESSION

Very poor

Moderate

Excellent

1

2

3

4

5

6

7

Answer Question 10 only if your therapy sessions include someone else:**10) I rate the relationship we as a couple or my whole family has with the therapist as: DO NOT ANSWER BEFORE FIRST SESSION**

Very poor

Moderate

Excellent

1

2

3

4

5

6

7

Therapist # _____ Name _____ Case # _____ Session # _____