

Client Assessment of Session - Client Outcomes Rating Estimation

Client: Click here to enter text.	Date: Click here to enter text.	Therapist: Durham
--	--	--------------------------

Please rate the following statements as accurately and honestly as you can to benefit both you and your treatment provider. For each question, mark **any one** that best reflects your **level of agreement** with the statement. The center box indicates **neither** agree nor disagree. Each end box means **complete** agreement or disagreement with the statement. The boxes in between represent degrees of agreement or disagreement with the statement.

C●RE – Rate your estimation of how you are GENERALLY doing at the present time:

	Completely Disagree		Disagree	Neither			Agree	Completely Agree	
<i>“In general, I feel God is working all things together for good.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>“In general, I notice God is in control of my life.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>“In general, I am thinking more about others and less about myself.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>“In general, I am hopeful and expect God will do positive things in my life.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>“In general, needed characteristics of the fruit of the Spirit are evidenced more and more in my life.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C▲S – Rate TODAY’S treatment contact on the following statements:

	Completely Disagree		Disagree	Neither			Agree	Completely Agree	
<i>“Today, the way my therapist and I worked together felt good.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>“Today, I worked on the problems and issues I needed to work on.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>“Today, I felt confident in my therapist ability to help me.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>“Today, I felt understood and accepted by my therapist.”</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>“Today, I gained something from my treatment contact.” (insight, motivation, support, conviction, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>