

ALBANY PRE&POST SESSION QUESTIONNAIRE

Date: _____

Client Name: _____

Therapist Name: _____ Session Number: _____

Please answer questions below about how your mood has been over the last 2 weeks or since our last meeting:

1. How often have you been bothered by having little interest or pleasure in doing things? (Please check the box)

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

2. How often have you been bothered by feeling down, depressed or hopeless?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

3. How often have you been having trouble falling or staying asleep, or sleeping too much?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

4. How often have you been bothered by feeling tired or having little energy?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

5. How often have you been bothered by having poor appetite or over eating?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

6. How often have you been bothered by feeling bad about yourself - or that you are a failure or have let yourself or your family down?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

7. How often have you been bothered by having trouble concentrating on things, such as reading the newspaper or watching television?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

8. How often have you been bothered by moving or speaking so slowly that other people could have noticed? Or the opposite: being so fidgety or restless that you have been moving around a lot more than usual?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

9. How often have you been bothered by having thoughts that you would be better off dead or of hurting yourself in some way?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

THERAPIST: please add up the scores above for Q.1-9 and write in the total below

Next, questions about your general stress and anxiety levels over the last 2 weeks or since our last meeting:

10. How often have you been bothered by feeling nervous, anxious or on edge?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

11. How often have you been bothered by not being able to stop or control worrying?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

12. How often have you been bothered by worrying too much about different things?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

13. How often have you been bothered by having trouble relaxing?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

14. How often have you been bothered by being so restless that it is hard to sit still?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

15. How often have you been bothered by becoming easily annoyed or irritable?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

16. How often have you been bothered by feeling afraid as if something awful might happen?

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

THERAPIST: please add up the scores above for Q.10-16 and write in the total below

CLIENT - AFTER YOUR SESSION: Thinking about your therapy session you have had just now, and your work with your therapist, please say **HONESTLY** how confident you felt *in today's session* about your therapist's ability to understand your issues and help you.

Please circle the number for the statement below that best fits your current feelings:

17. Today, I felt confident in my therapist's ability to understand my issues and help me

0 1 2 3 4 5 6

None of the time

All the time