

Follow Up Questionnaire

Therapist's Name: _____ Date: _____

Date of Last Session: _____ Number of Sessions: _____

Female: ____ Male: ____ How old are you? _____

Please feel free to add further comments about each question (use the back of this form if necessary).

1. What was the main problem that caused you to seek treatment?

For Questions 2-5, please place a check mark (or "x") beside your response. Please use the space below each question, to further elaborate about your response.

2. When this therapist's treatment ended, was this problem...

- Resolved
- No longer a problem
- Better
- About the same
- Worse

3. If this problem was not completely resolved, have you gotten treatment from anyone else?

- No
- Yes

If yes, whom have you seen?

4. Are these problems now...

- Resolved
- Not a problem
- Better
- About the same
- Worse

5. Did any other problems come up during this therapist's treatment?

- No
- Not really
- Yes

a. If yes, what were these?

b. Is this problem now...

- Resolved
- Not a problem
- Better
- About the same
- Worse

6. What did the therapy or therapists do that was most helpful to you?

7. What have you learned (in therapy or from anyone or anywhere) about your original problem that has been helpful to you?

8. What did the therapists do that was not helpful to you?

9. What could the therapists have done that he or she did not do or not do or did enough of?

10. Has your therapy helped your performance at work?

11. Has your therapy helped you deal with any family problems?

12. Has your therapy helped you deal with any problems with friends or social organizations?

13. Do you have any other comments and suggestions?

14. How many therapy/counseling sessions did you have?

~Thank you very much for your time and efforts.~