Therapy Evaluation Questionnaire

1. Have your problems changed for the better or worse as a result of your therapy? (Circle one)
   - Much Worse
   - Worse
   - No Change
   - Better
   - Much Better

2. Please indicate things in therapy that did not work for you.

3. Please indicate any concerns you have that were not resolved in therapy.

4. Please check all those items below that apply to you:
   - [ ] I am in therapy with someone else.
   - [ ] I would want to see you again if the need arose.
   - [ ] My needs were/are met for the time being.
   - [ ] My needs were not met.
   - [ ] I would seek a different psychologist if the need arose.

5. Here are some items I would add to this questionnaire for future use:

6. If interested in receiving a Newsletter on various topics of psychological interest, please provide an address:
   - [ ] Email: ________________________________
   - [ ] Home address ________________________________

Thank you for responding to this questionnaire. Your responses will help us provide a better service to our community.

Optional

Name ________________________________ Phone ________________________________
Address ________________________________ Email ________________________________