	Clien	t										
For each question on the satisfied and the fa	line th	at repi	resents	your	level o	f satisf	action.					
1. Did you feel hea												
Not at all	0	1	2	3	4	5	6	7	8	9	10	Very much
2. Did you feel the								-				
It's important to feel y	ou are i	working	g on the	topics	that ar		•		-			
Not at all	0	1	2	3	4	5	6	7	8	9	10	Very much
3. How helpful did It's important to feel s	-				7.							
Not at all helpful	0	1	2	3	4	5	6	7	8	9	10	very helpful
4. Overall, How ha		-				-		eiving	g?			
Not at all happy	0	1	2	3	4	5	6	7	8	9	10	Very happy
<b>5. What stood out</b> This helps your thera wish. Your feedback	pist to u	ınderst	and ho	v best t	o work	with yo	u. Plea	se feel		write a	s little	or as much as you
6. Did anything st	nd hone	st as p	ossible	- this is	about	the ses	sion an	nd the th	herapis	t won't	be off	ended! It's just as t' please write 'n')

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therapist. Reme	ther factors that you felt help mber, we very much welcor	ne your honest feedba	ck.(NB if 'no comment'	please write 'n')	
End of question	3				
	s to Therapist				
	ent understands how to re	spond to each ques	stion.		

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