




Therapy Update


Name: _____ Date: _____


Over the past week, how would you rate your...			none	a little	medium	a lot
	Overall sense of well-being	n/a	0	1 2	3 4	5 6
	Satisfaction with therapy	n/a	0	1 2	3 4	5 6

Rate positive things you've done over the past week:			none	a little	medium	a lot
 Physical	Brisk walking or exercise	n/a	0	1 2	3 4	5 6
	Healthy food (fish, fruit, veggies, whole grains, nuts, beans)	n/a	0	1 2	3 4	5 6
	I minimize alcohol and avoid recreational drugs	n/a	0	1 2	3 4	5 6
	Outdoor activity	n/a	0	1 2	3 4	5 6
	OTHER:		0	1 2	3 4	5 6

 Psychological	I do things that are engaging or meaningful	n/a	0	1 2	3 4	5 6
	I socialize or try to cultivate friendships	n/a	0	1 2	3 4	5 6
	I practice mindfulness, prayer, or a spiritual activity	n/a	0	1 2	3 4	5 6
	I pay attention to things that I am grateful for	n/a	0	1 2	3 4	5 6
	I use assertiveness skills	n/a	0	1 2	3 4	5 6
	OTHER:		0	1 2	3 4	5 6

 Rhythm	I get out of bed at regular times	n/a	0	1 2	3 4	5 6
	I have a few daily routines that I do at regular times	n/a	0	1 2	3 4	5 6
	I reserve a time to wind-down before bed	n/a	0	1 2	3 4	5 6
	I keep the lights low before bed	n/a	0	1 2	3 4	5 6
	OTHER:		0	1 2	3 4	5 6

 Sleep	I don't try to force sleep; I only go to bed when tired	n/a	0	1 2	3 4	5 6
	I avoid the bed (and napping) during the day	n/a	0	1 2	3 4	5 6
	I avoid caffeine after 2 p.m.	n/a	0	1 2	3 4	5 6
	I sleep in a pitch dark room	n/a	0	1 2	3 4	5 6
	I sleep in a cool room	n/a	0	1 2	3 4	5 6
	OTHER:		0	1 2	3 4	5 6

 Other (for specific therapies)	Deep or rhythmic breathing	n/a	0	1 2	3 4	5 6
	Progressive muscle relaxation exercises	n/a	0	1 2	3 4	5 6
	Exposure exercises to overcome fears	n/a	0	1 2	3 4	5 6
	DBT skills (for DBT therapy)	n/a	0	1 2	3 4	5 6
	Journaling, or observing/challenging thoughts	n/a	0	1 2	3 4	5 6
	I take my medicines regularly	n/a	0	1 2	3 4	5 6
	OTHER:		0	1 2	3 4	5 6