





Therapy Update

Name: _____ Date: _____

Over the past week, rate your...			none	a little		medium		a lot	
 Psychological	My overall sense of well-being	n/a	0	1	2	3	4	5	6
	I take on things that are challenging or difficult	n/a	0	1	2	3	4	5	6
	I do things that are engaging, meaningful, or in-line with my values and goals (eg social, spiritual, family, career, hobbies, creative, athletic, etc)	n/a	0	1	2	3	4	5	6
	I've had thoughts that are hard to talk about in therapy (eg suicide, self-harm, addiction, trauma, shame, etc)	n/a	0	1	2	3	4	5	6
	OTHER:	n/a	0	1	2	3	4	5	6
 Physical	Brisk walking or exercise	n/a	0	1	2	3	4	5	6
	Outdoor activity	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
	Use of alcohol or recreational drugs	n/a	0	1	2	3	4	5	6
	OTHER:	n/a	0	1	2	3	4	5	6
 Sleep	I get out of bed at a regular time	n/a	0	1	2	3	4	5	6
	During the day, I stay out of bed and don't nap	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 don't try to force sleep. I only go to bed when tired	n/a	0	1	2	3	4	5	6
	OTHER:	n/a	0	1	2	3	4	5	6
 Therapy	My overall satisfaction with therapy	n/a	0	1	2	3	4	5	6
	My therapist's approach is a good fit for me	n/a	0	1	2	3	4	5	6
	I apply what I've learned in therapy to my life	n/a	0	1	2	3	4	5	6
	I take my psychiatric or other meds as prescribed	n/a	0	1	2	3	4	5	6
	OTHER:	n/a	0	1	2	3	4	5	6