
End-of-Session Questionnaire

To be completed anonymously; do not fill in your name.

Session Topic: _____ Date: _____

Please be honest about your view of today's session, so that the treatment can be made as helpful as possible. Answer questions 1–6 below using the following scale:

| | | | |
|------------|----------|------------|--------------|
| 0 | 1 | 2 | 3 |
| Not at all | A little | Moderately | A great deal |

1. How helpful was today's session for you, overall? ____

2. In today's session, how helpful were:
 - a. The topic of the session? ____
 - b. The handout? ____
 - c. The quotation? ____
 - d. The therapist? ____

3. How much did today's session help you with your:
 - a. PTSD? ____
 - b. Substance abuse? ____

4. How much do you think you'll use what you learned in today's session in your life? ____

5. Do you have any other comments or suggestions about today's session? Please be honest about both positive and negative reactions.

Positive reactions: _____

Negative reactions: _____

6. How could this treatment be more helpful to you?

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