

## COUNSELING SESSION RECORD -- INDIVIDUAL (CLIENT) (TCU METHADONE OUTPATIENT FORMS)

THIS BOX TO BE COMPLETED BY STAFF:

[FORM 223; CARD 01]

SITE #:	CLIENT ID#:	SESSION DATE:	COUNSELOR ID#:
_	_ _ _ _ _ _ _	_ _   _ _   _ _ _	_ _ _
[6]	[7-10]	MO      DAY      YR      [11-16]	[17-18]
TREATMENT MONTH?	01   02   03   04   05   06   07   08   09   10   11   12		_ _ _
			[19-20]
TIME SESSION BEGAN? .....		_ _ _ : _ _ _	
		HR      MIN      [21-24]	

Describe how you feel about the session you just completed. Please circle the number for each item that describes, for example, if you feel the session was **extremely rough**, then circle 7 “agree strongly”. If you are not sure, then circle 4. If you feel the session was **not rough**, then circle the 1 or 2 (depending on how strongly you feel about your answer).

Your answers are kept confidential and are not used in ANY evaluation of your counselor.

TERRIBLE . . . . . AVERAGE. . . . . GREAT

1. Your **general mood** today before this counseling session was -- ..... 1    2    3    4    5    6    7      [25]

	DISAGREE		NOT		AGREE			
	STRONGLY . . . . .		SURE . . . . .		STRONGLY			
a. Rough. ....	<u>1</u>	2	3	4	5	6	<u>7</u>	[26]
b. Powerful. ....	<u>1</u>	2	3	4	5	6	<u>7</u>	[27]
c. Comforting. ....	<u>1</u>	2	3	4	5	6	<u>7</u>	[28]
d. Tense. ....	<u>1</u>	2	3	4	5	6	<u>7</u>	[29]
e. Valuable. ....	<u>1</u>	2	3	4	5	6	<u>7</u>	[30]