

# APPENDIX

## Session Rating Scale (SRS V.3.0)

Name \_\_\_\_\_ Age (Yrs): \_\_\_\_\_  
ID# \_\_\_\_\_ Sex: M / F  
Session # \_\_\_\_\_ Date: \_\_\_\_\_

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

I did not feel heard, understood, and respected.	I _____ I	I felt heard, understood, and respected.
We did not work on or talk about what I wanted to work on and talk about.	I _____ I	We worked on and talked about what I wanted to work on and talk about.
The therapist's approach is not a good fit for me.	I _____ I	The therapist's approach is a good fit for me.
There was something missing in the session today.	I _____ I	Overall, today's session was right for me.

Institute for the Study of Therapeutic Change

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