

# 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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