

Session Assignment and Feedback Form (SAFF)

Today's Date _____

Next Session _____


ID # _____

Complete this form and bring it to your next therapy session.

I.	Assignments	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Complete immediately after session

II. What are 1-2 things you want to remember from the session?

		Not at All Slightly Somewhat Moderately Very Extremely					
							
III.	1. How well did you feel heard and understood in session?	0	1	2	3	4	5
	2. How well did we agree on the CB model of your problems?	0	1	2	3	4	5
	3. How well did today's session help address your problems?	0	1	2	3	4	5
	4. How confusing or distressing was today's session?	0	1	2	3	4	5
	5. How confident are you that you can use the skills you are learning when you need them?	0	1	2	3	4	5

Complete just before next session

IV. What skills did you use during the last week?

- | | | |
|---|---|--|
| <input type="checkbox"/> Mindfulness | <input type="checkbox"/> Problem-solving | <input type="checkbox"/> Focus on goals and values |
| <input type="checkbox"/> Self-care | <input type="checkbox"/> Opposite action | <input type="checkbox"/> Focus on positives |
| <input type="checkbox"/> Focus on the CB model of your problems | <input type="checkbox"/> Access social support | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Self-monitoring | <input type="checkbox"/> Test/change thoughts/beliefs | <input type="checkbox"/> None |
| <input type="checkbox"/> Activity scheduling | <input type="checkbox"/> Interpersonal effectiveness | |
| | <input type="checkbox"/> Acceptance | |

		Not at All Slightly Somewhat Moderately Very Extremely					
							
V.	How helpful were the assignments?	0	1	2	3	4	5

VI. What do you want to discuss next session?

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II. What are 1-2 things you want to remember from the session?

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III.	6. How well did you feel heard and understood in session?	0	1	2	3	4	5
	7. How well did we agree on the CB model of your problems?	0	1	2	3	4	5
	8. How well did today's session help address your problems?	0	1	2	3	4	5
	9. How confusing or distressing was today's session?	0	1	2	3	4	5
	10. How confident are you that you can use the skills you are learning when you need them?	0	1	2	3	4	5

Complete just before next session

IV. What skills did you use during the last week?

- | | | |
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| <input type="checkbox"/> Focus on the CB model of your problems | <input type="checkbox"/> Access social support | <input type="checkbox"/> Other: _____ |
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V.	How helpful were the assignments?	0	1	2	3	4	5

VI. What do you want to discuss next session?
