

Sue Ujvary, MS, LPC, LMHC
1525 NE Weidler Street, Portland, OR 97232
3303 NE 44th Street, Vancouver, WA 98661
sujvary@comcast.net, 360-909-2489

Assessment Sheet

Client name _____

Intake date _____ Assessment date _____

Mark each line in the location where it applies best to you. You can use an X or a line.

What scores would you give yourself the day you came in for therapy?

Very unhealthy less unhealthy Somewhat better best possible

Depression ●—————●

Anxiety ●—————●

Bad habits ●—————●

Unwanted thoughts ●—————●

Unwanted emotions ●—————●

Life satisfaction ●—————●

What score would you give yourself today?

Very unhealthy less unhealthy Somewhat better best possible

Depression ●—————●

Anxiety ●—————●

Bad habits ●—————●

Unwanted thoughts ●—————●

Unwanted emotions ●—————●

Life satisfaction ●—————●

How much of a difference has therapy made for you?

None a little somewhat a good amount a lot



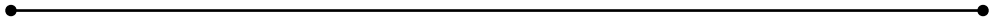
How well do you feel that your therapist understands you?

None a little somewhat a good amount a lot



How much do you trust your therapist has the training to do this work?

None a little somewhat a good amount a lot



How prepared do you feel for the work you are currently doing in therapy?

None a little somewhat a good amount a lot



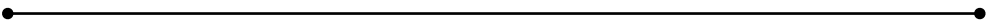
How much effort do you personally put into the work you are doing in therapy?

None a little somewhat a good amount a lot



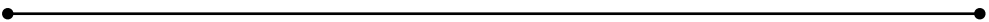
How satisfied are you with the work you have done already?

None a little somewhat mostly satisfied Very satisfied



How far do you believe you have come in therapy at this point?

None a little somewhat a far way almost done Done!



When do you believe your therapy should end?

Today A few more weeks A few more months A few more years Never



What would you like to work on next?

- q Same things we've been doing
- q Things we've put off till later
- q New items I've not talked about yet
- q Whatever my therapist thinks I should work on
- q Other:

Any comments?