

Survey

Client No _____

Date _____

A How would you rate your overall emotional/mental health?

- (1) Poor
- (2) Fair
- (3) Good
- (4) Very good
- (5) Excellent

Consider the reasons you are seeking therapy:

B Over the last 30 days, how often have these reasons interfered with your normal social interactions with family, friends, neighbors, or groups?

- (1) Almost every day
- (2) More than half the time
- (3) About half the time
- (4) Less than half the time
- (5) Rarely or Not at all

C During the past 30 days, how often have these reasons kept you from your usual daily activities?

- (1) Almost every day
- (2) More than half the time
- (3) About half the time
- (4) Less than half the time
- (5) Rarely or Not at all

D I feel hopeful about the future.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neither Agree nor Disagree
- (4) Agree
- (5) Strongly Agree

If funding has not yet begun, please skip this last question.

E In the time I have received funding from YT I have made progress with my therapist.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neither Agree nor Disagree
- (4) Agree
- (5) Strongly Agree

For office use only

Date of first therapy session _____ Is funding active _____



יש תקווה
Yesh Tikvah
— GIVING THE GIFT OF HOPE —