

FFT Functional Family Therapy

Name: _____

FFT Family Self Report: Session ____

We know that the process of talking with outsiders about your life, your hopes, and your challenges can be difficult and stressful. We also know that if we do our job well then you have a better chance of experiencing great benefits. So, we need to know how you feel we are doing. Your feelings, whether positive or negative or mixed, count and will make a difference. We hope you will give us feedback that can help us better serve your family and others. Thank you.

1- Please help us understand how you felt your family was doing before your first session. Please circle the number on the scale below that best describes how things were then.

1 2 3 4 5 6 7
(Very bad) (Mostly Bad) (So-so) (Mostly Good) (Very good)

2- Please use the same scale to help us understand how you feel things are in your family now.

1 2 3 4 5 6 7
(Very bad) (Mostly Bad) (So-so) (Mostly Good) (Very good)

3- Overall, how confident or hopeful are you that your family will get better?

1 2 3 4 5 6 7
(Not Confident) (I'm Doubtful) (I'm unsure) (I'm Hopeful) (I'm Very Confident)

4- Overall, how much do you approve or disapprove of the way your therapist is treating your family?

1 2 3 4 5 6 7
(I Strongly Disapprove) (Disapprove) (I Have Mixed Feelings) (Approve) (I Strongly Approve)

5- Whether or not you agree with the way your therapist is treating your family, how much do you like your therapist?

1 2 3 4 5 6 7
(Not at all) (Mostly Negative) (I have mixed feelings) (Mostly Positive) (Very Positive)

6- How much do you trust your therapist?

1 **2** **3** **4** **5** **6** **7**
(Not at all) (Not much) (I have mixed feelings) (I trust a lot) (I have total trust)

7- How much do you feel your therapist trusts and likes you?

1 **2** **3** **4** **5** **6** **7**
(Not at all) (Not much) (Unsure) (Quite a bit) (A lot)