

## Eva's Therapy Scale on Women's Issues:

**Pre-test or Post-Test:** *Circle one*

If Pre-test, provide therapy start date: \_\_\_\_\_

If Post-Test, provide therapy end date: \_\_\_\_\_

If Post-Test, is there a set plan for follow-up or "tune up" sessions? *Circle Yes or No*

Please fill out this survey to help us assess where you are at the start of therapy. It will be administered again at the end of treatment. It is helpful to use a measurement to identify trends in therapy, and to see if the modality being used for your particular case is helpful or needs to be adjusted.

1.     0     I do not feel depressed at all  
       1     I notice feeling depressed sometimes  
       2.    I often experience depression in response to certain stimuli  
       3.    I feel depressed all of the time
  
2.     0     I do not feel anxious at all  
       1.    I notice feeling anxious sometimes  
       2.    I often experience anxiety, especially when it is in response to certain stimuli  
       3.    I feel anxious all of the time
  
3.     0.    I feel optimistic about my future  
       1.    I sometimes worry about my future  
       2.    I feel overwhelmed and stuck when I try to plan out or think about my future  
       3.    A major reason I started therapy was to make positive strides towards my future
  
4.     0.    I have no problems communicating effectively with others  
       1.    I sometimes experience challenges when communicating with others  
       2.    I often feel invalidated when attempting to communicate my feelings and opinions  
       3.    I don't speak up for myself because I either don't think my voice matters or I don't think my voice will get heard; either way, I don't bother.
  
5.     0.    I do not feel insecure about my physical appearance at all.  
       1.    I sometimes feel insecure about my physical appearance (I have good days, and bad days, just like anyone else)  
       2.    I experience a lot of distress in response to judgments I make about *certain aspects* of my own physical appearance.  
       3.    I have never accepted or liked *any part* of my physical appearance and it is one of the main reasons why I'm in therapy to begin with.
  
6.     0.    I have never engaged in self-harm or self-destructive behaviors  
       2.    I sometimes engage in self-harm or self-destructive behaviors  
       3.    I have engaged in one of these behaviors in my life: cutting/burning, starving/restricting, purposely making myself throw up, abusing pills/laxatives, abusing drugs or alcohol, engaging in risky behaviors despite knowing the consequences, remaining in unhealthy relationships despite knowing it is negatively impacting your mental health, or the like.

4. I am currently engaged in one of the above self-harm or self-destructive behaviors, or something close to it that I personally consider harmful and/or destructive to myself.
7.
  0. I am good at setting and maintaining appropriate boundaries
  1. I could use some education on what you mean by setting and maintaining boundaries
  2. I have never considered the notion of setting boundaries
  3. I am terrible at setting and maintaining appropriate boundaries
8.
  0. I have no trouble managing my emotions
  1. I sometimes experience difficulties in managing my emotions
  2. I often feel like I'm going to explode when I experience uncomfortable emotions
  3. I always react in an unhealthy way when I experience uncomfortable emotions
9.
  0. I don't experience any trouble falling asleep, staying asleep, or waking up in the morning
  1. I experience erratic sleep patterns from time to time, but it doesn't really bother me
  2. I experience sleep problems almost every day and I would like tools to improve this
  3. I have turned to sleeping pills or another substance to help me fall asleep, because I have given up on having a natural sleep/wake pattern
10.
  0. I feel my social network is full, satisfying, and very important to my overall wellbeing.
  1. I have a hard time initiating social interactions, but once I get out of my shell, I feel great.
  2. I often feel socially anxious and/or lacking in the area of having a strong, social network.
  3. I rarely, if ever, socialize and I am aware this is negatively effecting my mental health.
11.
  0. I feel like I am exactly where I ought to be at this stage of my life.
  1. I know I'm not yet where I want to be in my life, but I feel like I'm on the right path.
  2. I feel like I have no idea what I'm doing with my life or where the trajectory of my life is headed, more often than not.
  3. I feel like I am not in the place I hoped to be by this stage of my life.
12.
  0. I am intrinsically motivated for therapy
  1. I have both intrinsic and extrinsic motivations for therapy
  2. I solely have extrinsic motivations for therapy (e.g., threatened by job loss, termination of intimate relationship, or other external consequences if I didn't get the help).
  3. I have no motivation for therapy whatsoever.
13.
  0. My therapy goals include deepening my self-awareness and insight.
  1. My therapy goals include enhancing my self-esteem and self-worth.
  2. My therapy goals include improving my coping skills and developing a self-care practice.
  3. My therapy goals include all of the above and more.

In your own words, please write-out your top 3, unique set of therapy goals in the space below:

- 1.
- 2.
- 3.