

## Quality of Life Assessment

Our hope is that your time with us will be meaningful to you. In order to help us to do this, please complete this survey, which we will ask you to do again, at the end of your sessions.

Name: \_\_\_\_\_

Circle one: INITIAL VISIT Date: \_\_\_\_\_ FINAL VISIT Date: \_\_\_\_\_

1. Describe the impact that the problem you are here for today has on your life:

0	1	2	3	4	5	6	7	8	9	10
None		Mild		Moderate			Severe			Overwhelming

2. When I think about the overall quality of my life, I feel my life is:

0	1	2	3	4	5	6	7	8	9	10
Miserable		Barely tolerable		Acceptable			Pretty good			Very Good

3. Regardless of what I believe about God, it SEEMS like God is:

0	1	2	3	4	5	6	7	8	9	10
Nowhere		Hard to find		Present, but inactive			Sometimes Cares			Very Near

Thank you for taking the time to complete this survey. Your responses are important to us.