

CONTINUITY OF CARE

1. **Did we discuss anything during our last meeting that was important to you?
For example: Were there any **insights** about yourself, other people, your strengths, and your struggles? Were any-life skills or coping strategies discussed?**
2. **Was there anything I said or did that bothered you during our last session?
Conversely, was there anything that you were reluctant to speak about?**
3. **Did we cover or discuss your entire agenda list last time?**
4. **What has the past week been like?**

What have your feelings or moods been like?

5. **Was there anything that happened between our last session (or is anything scheduled to occur very soon) that you think is important to discuss in our session?
e.g., How to deal with people at home or work?**
6. **What issues do you want to discuss today/place on our agenda? What problem(s) or solution(s) would you like to address in this session? Or possibly discuss ways to increase your positive feelings' frequency, severity, or duration?**
7. **What Action Plan, , or "own work" did you do (or did not do)?**
8. **Suppose you did not carry out the plan. Were you able to identify any thoughts, images, or behaviors which interfered?**

9. Did you experiment to test the merit of your Automatic Thoughts, Behaviors, or Biological sensations?

10. What did you learn from this experience?

11. Did you develop an "action plan" (See above **SUDS** section below)?
What did you discover?

12. Did you practice Meditation, other relaxation techniques, or yoga?

13. Did you eat, sleep, and exercise healthily?

14. Please document any healthcare appointment(s) or medication changes

Continuity of Care Part Two

Please fill out the Subjective Unit of Desirability Scale (SUDS).

List the name of one or more **Start Goals** you have been experimenting with. Please rate your subjective experience of this **value** or **aspiration** being met on a 0 – 10 point scale. A zero indicates no movement, and a ten suggests meaningful growth.

GOAL

RATING 0 - 10

-PLEASURE/POSITIVE MOMENTS

-

ENGAGEMENT or "In the zone."

-RELATIONAL INTERACTIONS

-MEANING.

ACCOMPLISHMENT

-

Please fill out the ten-point Subjective Unit of Distress Scale (SUDS). Zero = No Distress, 10 = Severe Distress.

STOP EMOTION or Sensation

RATING 0 - 10

-DEPRESSION

-ANXIETY

-SHAME

-BLAME

-OTHER

COMPLETED QUESTIONNAIRE(s) _____ score _____
