

Session Report Form

Please provide the following information about the session recorded on this audiotape.

This is my (please circle one) FIRST, SECOND, THIRD tape I have sent since I have come back from the training.

1. Your name: _____

2. The date on which this session occurred: _____/_____/_____

3. The total length (in minutes) of this session (whether or not the full session was recorded): _____minutes

4. How many sessions have you had with this client (up to and including the recorded session) _____sessions

5. The *client's* sex: _____(1) female _____(2) male

6. Are you treating this client for:

Alcohol problems? _____(1) yes _____(2) no

Other drug problems? _____(1) yes _____(2) no

7. To what extent would you say that this session is representative of your current clinical approach? (Circle one number)

Not at all 0 1 2 3 4 5 6 7 Very Much

8. To what extent would you say that in this session you skillfully applied the style of motivational interviewing? (Circle one number)

Not at all 0 1 2 3 4 5 6 7 Very Much

9. To what extent would you say that the client was defensive? (Circle one number)

Not at all 0 1 2 3 4 5 6 7 Very Much

10. To what extent would you say that the client was motivated to change? (Circle one number)

Not at all 0 1 2 3 4 5 6 7 Very Much

Prior to this session, did you ask any other clients for permission to make an audiotaped work sample for this study? _____(1) yes _____(2) no

If yes, how many clients refused taping? _____