



Following is a group of tests designed to measure your progress throughout the course of your treatment. It is important that you read the directions to each test carefully and complete each of the tests as instructed. If you have any questions about a particular word in the tests or if you do not understand something about the tests, please tell us so that we may help you complete the tests properly. There are no right or wrong answers on these tests. We want to know the kinds of things you are experiencing currently. Please be honest so that we may adequately determine appropriate strategies for your treatment. Your cooperation is greatly appreciated. Thank you.

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

Date: \_\_\_\_\_