

Session Rating Scale (SRS V.3.0)

Name: _____ Age (Years): _____
ID#: _____ 
Session # _____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard,
understood, and
respected.

I-----I

I felt heard,
understood, and
respected.

Goals and Topics

We did *not* work on or
talk about what I
wanted to work on and
talk about.

I-----I

We worked on and
talked about what I
wanted to work on and
talk about.

Approach or Method

The therapist's
approach is not a good
fit for me.

I-----I

The therapist's
approach is a good fit
for me.

Overall

There was something
missing in the session
today.

I-----I

Overall, today's
session was right for
me.

Institute for the Study of Therapeutic Change

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