Therapy Update Child/Adolescent Version

Name: _____ Date: _____

Over the past week, how would you rate your...	n/a	none	a little	medium	a lot
I feel good most days	X	⊘	😟 😦	😐 🙂	😊 😄
I feel good about therapy	X	⊘	😟 😦	😐 🙂	😊 😄

Rate positive things you've done over the past week:		none	a little	medium	a lot

Physical

	n/a	none	a little	medium	a lot
I exercise or am physically active	X	⊘	😟 😦	😐 🙂	😊 😄
Healthy food (fish, fruit, veggies, whole grains, nuts, beans)	X	⊘	😟 😦	😐 🙂	😊 😄
I minimize alcohol and avoid recreational drugs	X	⊘ (USE: FREQUENTLY	😟 😦	😐 🙂 MODERATE...	😊 😄 LITTLE... NONE)
I get outdoors regularly	X	⊘	😟 😦	😐 🙂	😊 😄
OTHER:		⊘	😟 😦	😐 🙂	😊 😄

Psychological

	n/a	none	a little	medium	a lot
I do things that are fun or interesting	X	⊘	😟 😦	😐 🙂	😊 😄
I try to make and keep friends	X	⊘	😟 😦	😐 🙂	😊 😄
I practice mindfulness, prayer, or a spiritual activity	X	⊘	😟 😦	😐 🙂	😊 😄
I pay attention to things that I am grateful for	X	⊘	😟 😦	😐 🙂	😊 😄
I speak up in helpful ways	X	⊘	😟 😦	😐 🙂	😊 😄
OTHER:		⊘	😟 😦	😐 🙂	😊 😄

Rhythm

	n/a	none	a little	medium	a lot
I get out of bed at regular times	X	⊘	😟 😦	😐 🙂	😊 😄
I have a few daily routines that I do at regular times	X	⊘	😟 😦	😐 🙂	😊 😄
I reserve a time to wind-down before bed	X	⊘	😟 😦	😐 🙂	😊 😄
I keep the lights low before bed, no electronics	X	⊘	😟 😦	😐 🙂	😊 😄
OTHER:		⊘	😟 😦	😐 🙂	😊 😄

Sleep

	n/a	none	a little	medium	a lot
I sleep well at night	X	⊘	😟 😦	😐 🙂	😊 😄
I try not to nap during the day	X	⊘	😟 😦	😐 🙂	😊 😄
I avoid caffeine after 2 p.m.	X	⊘	😟 😦	😐 🙂	😊 😄
I sleep in a very dark room	X	⊘	😟 😦	😐 🙂	😊 😄
I sleep in a cool room	X	⊘	😟 😦	😐 🙂	😊 😄
OTHER:		⊘	😟 😦	😐 🙂	😊 😄

Other (may not apply to you)

	n/a	none	a little	medium	a lot
Deep belly breathing	X	⊘	😟 😦	😐 🙂	😊 😄
Progressive muscle relaxation exercises	X	⊘	😟 😦	😐 🙂	😊 😄
I practice/do my therapy homework	X	⊘	😟 😦	😐 🙂	😊 😄
I practice other coping skills	X	⊘	😟 😦	😐 🙂	😊 😄
I notice and/or try to change unhelpful thoughts	X	⊘	😟 😦	😐 🙂	😊 😄
I take my medicine on time	X	⊘	😟 😦	😐 🙂	😊 😄
OTHER:		⊘	😟 😦	😐 🙂	😊 😄