**Based on my last meeting with my doctor/therapist…**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Agree** | **Strongly Agree** |
| **1. I respect my doctor/therapist.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **2. I am NOT sure my doctor/therapist is reliable.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **3. I do NOT admire my doctor/therapist.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **4. I have a high opinion of my doctor/therapist.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **5. I do NOT have confidence in my doctor/therapist.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **6. I do NOT hold my doctor/therapist in high esteem.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **7. I trust my doctor/therapist.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **8. I feel I can count on my doctor/therapist.** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |

If you responded to the questions above based on someone who feels like a doctor/therapist to you, please describe that person here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_