

First &amp; Last Name: \_\_\_\_\_

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

DISCHARGE

**RDO**

INSTRUCTIONS: The purpose of this questionnaire is to determine how well individuals respond to treatment. The items on the scale ask about different aspects of psychological well-being such as symptoms, coping with stress, ability to function, sense of well-being, and enjoyment in life. Use the following scale to indicate how well each item describes you **FOR THE PAST WEEK**.

0=not at all or rarely true    1=sometimes true    2=often or almost always true

Symptoms

1. I felt sad or depressed..... 0   1   2
2. I was not interested in the things I usually enjoy..... 0   1   2
3. My motivation to do things was low..... 0   1   2
4. My appetite was poor. .... 0   1   2
5. My appetite was much greater than usual ..... 0   1   2
6. I had difficulty sleeping. . .... 0   1   2
7. I was sleeping too much . .... 0   1   2
8. My energy level was low. .... 0   1   2
9. I felt guilty. . .... 0   1   2
10. I thought I was a failure.. .... 0   1   2
11. I had problems concentrating. . .... 0   1   2
12. I had difficulty making decisions. . .... 0   1   2
13. I wished I was dead. . .... 0   1   2
14. I had thoughts about killing myself..... 0   1   2
15. I felt anxious. . .... 0   1   2
16. I worried excessively. . .... 0   1   2
17. I had a sense of dread or impending doom..... 0   1   2
18. I felt "on edge". . .... 0   1   2
19. I dwelled on things. . .... 0   1   2
20. I got irritated easily. . .... 0   1   2
21. I felt very angry or grouchy..... 0   1   2
22. I had arguments ..... 0   1   2
23. I had headaches..... 0   1   2
24. I had back pain..... 0   1   2
25. I was bothered by aches and pains..... 0   1   2

Coping Ability

26. I coped well with the normal stresses and hassles of life..... 0   1   2
27. I am able to bounce back from stressful situations..... 0   1   2
28. I could keep myself from feeling depressed..... 0   1   2
29. I easily got overwhelmed by stress..... 0   1   2
30. I had trouble handling pressure..... 0   1   2

Positive Mental Health

31. I felt at ease. . .... 0   1   2
32. I cared about things in my life. .... 0   1   2
33. I was able to have fun. . .... 0   1   2
34. I saw myself as a person of value. .... 0   1   2
35. I had a positive outlook on life. .... 0   1   2
36. I feel energetic and vigorous..... 0   1   2
37. When I woke up I looked forward to the day..... 0   1   2
38. I could focus and concentrate well. .... 0   1   2
39. I could make decisions without a lot of self-doubt..... 0   1   2
40. I felt confident. .... 0   1   2
41. I woke up feeling fresh and rested..... 0   1   2
42. I had the desire to do things. .... 0   1   2

Functioning

43. I was functioning well in my work (at a paid job, at home, or at school). . .... 0   1   2
44. I was participating in social activities. . .... 0   1   2
45. I was able to fulfill my usual responsibilities. .... 0   1   2
46. I got things accomplished and did what I wanted to do..... 0   1   2
47. My relationships were generally going well..... 0   1   2
48. Emotional problems caused difficulties in my work..... 0   1   2
49. I did not do my work (at a paid job, at home, or at school) as well as usual. .... 0   1   2
50. Emotional problems caused difficulties in my relationships with friends or family ..... 0   1   2
51. I had trouble getting along with friends and family..... 0   1   2
52. I was socially withdrawn..... 0   1   2

Well Being and Life Satisfaction

53. I was satisfied with life. . .... 0   1   2
54. I was engaging in life rather than hiding from it..... 0   1   2
55. I was satisfied in my relationships..... 0   1   2
56. My life was fulfilling..... 0   1   2
57. My work (at a paid job, at home, or at school) was satisfying. .... 0   1   2
58. I felt mentally healthy. . .... 0   1   2
59. I felt in control of my emotions. .... 0   1   2
60. I had a general sense of well-being..... 0   1   2

## BAFFS

1. Who does your family consist of? Please check all that apply:

- ☐ My partner/spouse  
☐ My partner and my children  
☐ My children  
☐ People who live with me, or who live nearby  
☐ My family of origin (parents and/or siblings)  
☐ I have no one who I consider to be my family  
☐ Other \_\_\_\_\_

Please circle the response that reflects your degree of agreement with these statements:

2. Relationships with my family contribute to the problems that brought me to the Partial Hospital Program.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4
3. A family meeting would be a useful part of my treatment in the Partial Hospital Program.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4

Circle the response that reflects your experience of your family life. Try not to spend too much time thinking about each statement, but respond as quickly and honestly as you can.

4. We can express feelings to each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4
5. We don't get along well together.	Strongly Agree	Agree	Disagree	Strongly Disagree
	4	3	2	1
6. We confide in each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4

## Survey of How to Evaluate the Benefit of Treatment - BOTS

For many years researchers who study the effectiveness of psychiatric treatment have discussed the best method of evaluating the benefit of treatment. There is little agreement in what are the most important factors in determining who has responded well to treatment.

The purpose of this brief questionnaire is to learn what you believe are the most important factors in determining that treatment has been helpful. Please rate how important you think each of the following factors are in determining whether treatment has been helpful. After rating the importance of each item write down the number of the item that you think is the most important factor.

**Use the following rating scale to indicate how important you think each of the following factors are in determining whether treatment for a psychiatric disorder has been helpful.**

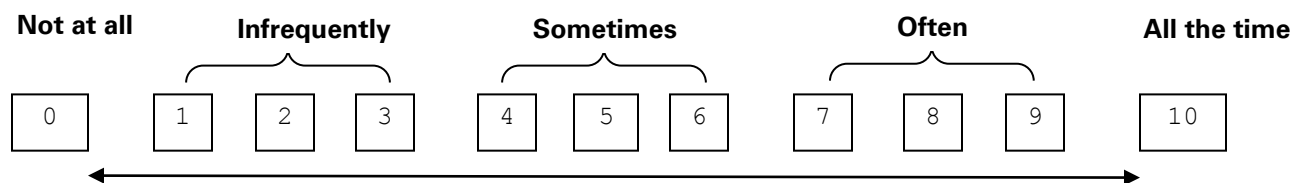
0	1	2
<b>Not very important</b> in determining if treatment has been helpful	<b>Somewhat important</b> in determining if treatment has been helpful	<b>Very important</b> in determining if treatment has been helpful

- |  |   |   |   |
|--|---|---|---|
| 1. improvement in symptoms (such as depression, anxiety, insomnia, or fatigue) .....       | 0 | 1 | 2 |
| 2. presence of positive mental health (such as optimism, vigor, and self-confidence) ..... | 0 | 1 | 2 |
| 3. not getting overwhelmed by stress .....   | 0 | 1 | 2 |
| 4. coping well with stressful events .....   | 0 | 1 | 2 |
| 5. able to cope with the normal stress of life .....                                       | 0 | 1 | 2 |
| 6. functioning well .....  | 0 | 1 | 2 |
| 7. return to usual level of functioning at work, home, or school .....                     | 0 | 1 | 2 |
| 8. able to fulfill usual responsibilities .....  | 0 | 1 | 2 |
| 9. feeling happy most of the time .....  | 0 | 1 | 2 |
| 10. feeling satisfied with life .....  | 0 | 1 | 2 |
| 11. feeling in emotional control .....   | 0 | 1 | 2 |
| 12. having a general sense of well being .....   | 0 | 1 | 2 |
| 13. having a positive outlook on life .....  | 0 | 1 | 2 |
| 14. participating in and enjoying usual activities .....                                   | 0 | 1 | 2 |
| 15. participating in and enjoying relationships with family and friends .....              | 0 | 1 | 2 |
| 16. feeling like your usual, normal self .....   | 0 | 1 | 2 |
| 17. absence of symptoms (such as depression, anxiety, insomnia, or fatigue) .....          | 0 | 1 | 2 |

\*\*\*Which of the above 17 items do you think is the most important factor in judging whether psychiatric treatment has been helpful. Write down the item number here: \_\_\_\_\_

## POS

Instructions: The items on the scale ask about different aspects of psychological well-being. Using the scale below, indicate how well each item describes you **FOR THE PAST WEEK**.



### During the PAST WEEK, INCLUDING TODAY....

- |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|----|
| 1. I coped well with the normal stresses and hassles of life.....                   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. I was able to bounce back from stressful situations .....                        | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. I had trouble handling pressure .....  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |    |
| 4. I had a positive outlook on life.....  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. When I woke up I looked forward to the day .....                                 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. I felt confident .....   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |    |
| 7. I was functioning well in my work (in a paid job,<br>at home, or at school)..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. I was able to fulfill my usual responsibilities.....                             | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. I got things accomplished and did what I wanted to do .....                      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |    |
| 10. My life was fulfilling. ....  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11. I felt mentally healthy.....  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 12. I had a general sense of well-being.....  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**SUGGESTIONS / FEEDBACK**

Please provide us with feedback or suggestions you may have regarding your stay in the program. Thank you

**Opening Session:**

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**ACT Group:**

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**Interpersonal Group:**

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**Mindfulness & Coping Skills:**

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**Individual Therapy:**

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**Psychiatrist Meetings:**

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**Miscellaneous Feedback:**

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