

FEELING SCALE

	<u>Worse</u>	<u>Best</u>
1. I feel calm.	1 2 3 4 5 6 7 8 9 10	_____
2. I feel secure.	1 2 3 4 5 6 7 8 9 10	_____
3. I feel at ease.	1 2 3 4 5 6 7 8 9 10	_____
4. I feel satisfied.	1 2 3 4 5 6 7 8 9 10	_____
5. I feel comfortable.	1 2 3 4 5 6 7 8 9 10	_____
6. I feel self-confident.	1 2 3 4 5 6 7 8 9 10	_____
7. I feel relaxed.	1 2 3 4 5 6 7 8 9 10	_____
8. I feel content.	1 2 3 4 5 6 7 8 9 10	_____
9. I feel steady.	1 2 3 4 5 6 7 8 9 10	_____
10.I feel pleasant.	1 2 3 4 5 6 7 8 9 10	_____
		Total _____

Divide total by ten. _____

This is your rating for this period.

Client Signature

Date

Therapist Signature

Date