

# HOPE ROUTINE OUTCOME MONITORING

## PERSONAL INFORMATION:

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPLETING THIS  Before session  After session

## INSTRUCTIONS:

Answer each question about how you feel about your relationship THIS WEEK

### QUESTIONS:

### RATING SCALE:

Emotional Engagement: Do you feel you are emotionally connected, (trusting, open, safe) with your partner this week?

Never 1   Rarely 2   Sometimes 3   Often 4   Always 5

Understand: Do you feel you understand and are in tune with each other?

Alliance. Do you feel like you and your partner are working well together toward relationship goals?

Work. Are you putting time and effort into improving your relationship (doing positive/ healthy things for your relationship)?

Therapist alliance. How much is your therapist working with you to accomplish your goals?

Never 1   Rarely 3   Sometimes 5   Often 8   Always 10

Would you say Couple Counseling is working? We are working on the things I want to work on in couple counseling.

Overall, what is your level of well-being (how you are doing)?

Couldn't be worse 1               Couldn't be better 20

Did you use any exercises, resources or recommendations from couple therapy this week? If so, how did it go?

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