

Client ID: _____
Counselor ID: _____

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Dear Participants:

The Counseling Division of Denver Seminary supports the practice of formal consent and protection for human subjects participating in research. The Human Participants Review Committee (HPRC) of the Counseling Division of Denver Seminary has approved this project. If needed, the Chair of the HPRC, Dr. Fred Gingrich, can be reached at (303) 783-3125 or fred.gingrich@denverseminary.edu. Dr. Ron Welch, Associate Professor of Counseling at Denver Seminary, is supervising the research, and Melissa Houser, MA, is the researcher facilitating the project. They may be contacted at (303) 762-6952 or ron.welch@denverseminary.edu or (303) 725-1843 or Melissa.houser@du.edu, respectively. If you have any concerns or complaints about how you were treated during the interview, please contact Paul Olk, Chair, University of Denver Institutional Review Board for the Protection of Human Subjects, at 303-871-4531, or email du-irb@du.edu, or call Office of Research and Sponsored Programs at 303-871-4050 or write to either at the University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-4820.

The following information is provided to assist you in deciding whether or not you will participate in this study. Even if you decide to participate, you are free to withdraw from the study at any time.

The research team is studying factors in treatment effectiveness at the Shepherd's Gate Counseling Center. If you choose to participate, the study will involve completing a set of short questionnaires that take approximately 15 minutes before your first treatment session and prior to your last treatment session. Your therapist will also fill out a short form at the last session regarding attendance, presenting issues, and their perception of the therapeutic relationship.

The research team will not know your name to assure confidentiality and anonymity, as your therapist will remove this informed consent sheet and file it in your chart. **Please do not write your name or any identifying information on any other page of the research packet.** Research results will be reported solely from overall group data results. If you would like to know the results of this study, a web link for the results will be posted on the Shepherd's Gate website when the study is completed.

It is not anticipated that the questionnaire will cause any harm in any way, but any self-report questionnaire can bring up uncomfortable feelings. If this occurs or you are uncomfortable with a question, you can skip a question or withdraw from the study at any time. If this study does bring up sensitive issues for you, please discuss these with your therapist. However, our hope is that this will be a positive experience for you.

You may request a copy of this form from your therapist if you so choose. Thank you for your time, interest, and cooperation in completing this study.

Sincerely,
Shepherd's Gate Research Team

I have read the above information and voluntarily consent to participate in the research study at the Shepherd's Gate Counseling Center

Signature

Date

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PLEASE COMPLETE **BOTH** SIDES OF ALL PAGES OF THE QUESTIONNAIRE.

Your Initials: _____
Your Month/Day of Birth: _____
Semester: _____ Year: _____
Is another member of your family
being seen in the clinic? __ Y __ N
If so, please list:
Their Initials: _____
Their Month/Day of Birth: _____
Counselor code: _____

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
1	2	3	4	5	6	7	8

- ___ 1. I can think of many ways to get out of a jam.
- ___ 2. I energetically pursue my goals.
- ___ 3. I feel tired most of the time.
- ___ 4. There are lots of ways around any problem.
- ___ 5. I am easily downed in an argument.
- ___ 6. I can think of many ways to get the things in life that are important to me.
- ___ 7. I worry about my health.
- ___ 8. Even when others get discouraged, I know I can find a way to solve the problem.
- ___ 9. My past experiences have prepared me well for my future.
- ___ 10. I've been pretty successful in life.
- ___ 11. I usually find myself worrying about something.
- ___ 12. I meet the goals that I set for myself.

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Please answer the following questions about your relationships. Please use a scale from 1 (strongly disagree) to 7 (strongly agree) with 4 being a neutral response of neither agreeing or disagreeing.

Strongly disagree			Neutral			Strongly agree
1	2	3	4	5	6	7

Mother (whether living or deceased):

- ___ 1. It helps to turn to this person in times of need.
- ___ 2. I usually discuss my problems and concerns with this person.
- ___ 3. I talk things over with this person.
- ___ 4. I find it easy to depend on this person.
- ___ 5. I don't feel comfortable opening up to this person.
- ___ 6. I prefer not to show this person how I feel deep down.
- ___ 7. I often worry that this person doesn't really care for me.
- ___ 8. I'm afraid that this person may abandon me.
- ___ 9. I worry that this person won't care about me as much as I care about him or her.

Father (whether living or deceased):

- ___ 1. It helps to turn to this person in times of need.
- ___ 2. I usually discuss my problems and concerns with this person.
- ___ 3. I talk things over with this person.
- ___ 4. I find it easy to depend on this person.
- ___ 5. I don't feel comfortable opening up to this person.
- ___ 6. I prefer not to show this person how I feel deep down.
- ___ 7. I often worry that this person doesn't really care for me.
- ___ 8. I'm afraid that this person may abandon me.
- ___ 9. I worry that this person won't care about me as much as I care about him or her.

Romantic Partner: Please answer the following questions about your dating or marital partner. Note: If you are not currently in a dating or marital relationship with someone, answer these questions with respect to a former partner or a relationship that you would like to have with someone.

- ___ 1. It helps to turn to this person in times of need.
- ___ 2. I usually discuss my problems and concerns with this person.
- ___ 3. I talk things over with this person.
- ___ 4. I find it easy to depend on this person.
- ___ 5. I don't feel comfortable opening up to this person.
- ___ 6. I prefer not to show this person how I feel deep down.
- ___ 7. I often worry that this person doesn't really care for me.
- ___ 8. I'm afraid that this person may abandon me.
- ___ 9. I worry that this person won't care about me as much as I care about him or her.

Therapist (based on relationship from past therapy or expectations about therapy):

- ___ 1. It helps to turn to this person in times of need.
- ___ 2. I usually discuss my problems and concerns with this person.
- ___ 3. I talk things over with this person.
- ___ 4. I find it easy to depend on this person.
- ___ 5. I don't feel comfortable opening up to this person.
- ___ 6. I prefer not to show this person how I feel deep down.
- ___ 7. I often worry that this person doesn't really care for me.
- ___ 8. I'm afraid that this person may abandon me.
- ___ 9. I worry that this person won't care about me as much as I care about him or her.

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Directions: In the course of our lives negative things may occur because of our own actions, the actions of others, or circumstances beyond our control. For some time after these events, we may have negative thoughts or feelings about ourselves, others, or the situation. Think about how you **typically** respond to such negative events.

Next to each of the following items write the number (from the 7-point scale below) that best describes how you **typically** respond to the type of negative situation described. There are no right or wrong answers. Please be as open as possible in your answers.

Almost Always False of Me		More Often False of Me		More Often True of Me		Almost Always True of Me	
1	2	3	4	5	6	7	

- ___ 1. Although I feel bad at first when I mess up, over time I can give myself some slack.
- ___ 2. I hold grudges against myself for negative things I've done.
- ___ 3. Learning from bad things that I've done helps me get over them.
- ___ 4. It is really hard for me to accept myself once I've messed up.
- ___ 5. With time I am understanding of myself for mistakes I've made.
- ___ 6. I don't stop criticizing myself for negative things I've felt, thought, said, or done.
- ___ 7. I continue to punish a person who has done something that I think is wrong.
- ___ 8. With time I am understanding of others for the mistakes they've made.
- ___ 9. I continue to be hard on others who have hurt me.
- ___ 10. Although others have hurt me in the past, I have eventually been able to see them as good people.
- ___ 11. If others mistreat me, I continue to think badly of them.
- ___ 12. When someone disappoints me, I can eventually move past it.
- ___ 13. When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it.
- ___ 14. With time I can be understanding of bad circumstances in my life.
- ___ 15. If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them.
- ___ 16. I eventually make peace with bad situations in my life.
- ___ 17. It's really hard for me to accept negative situations that aren't anybody's fault.
- ___ 18. Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control.

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Outcome Questionnaire (OQ®-45.2)

Instructions: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth. Please do not make any marks in the shaded areas.

Name: _____ Age: _____ yrs.

ID# _____ Sex M ☐ F ☐

Session # _____ Date ____/____/____

	Never	Rarely	Sometimes	Frequently	Almost Always	SD	IR	SR
						DO NOT MARK BELOW		
1. I get along well with others.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
2. I tire quickly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
3. I feel no interest in things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
4. I feel stressed at work/school.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
5. I blame myself for things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
6. I feel irritated.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
7. I feel unhappy in my marriage/significant relationship.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
8. I have thoughts of ending my life.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
9. I feel weak.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
10. I feel fearful.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink, mark "never")	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
12. I find my work/school satisfying.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
13. I am a happy person.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
14. I work/study too much.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
15. I feel worthless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
16. I am concerned about family troubles.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
17. I have an unfulfilling sex life.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
18. I feel lonely.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
19. I have frequent arguments.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
20. I feel loved and wanted.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
21. I enjoy my spare time.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
22. I have difficulty concentrating.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
23. I feel hopeless about the future.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
24. I like myself.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
25. Disturbing thoughts come into my mind that I cannot get rid of.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
26. I feel annoyed by people who criticize my drinking (or drug use). (If not applicable, mark "never")	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
27. I have an upset stomach.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
28. I am not working/studying as well as I used to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
29. My heart pounds too much.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
30. I have trouble getting along with friends and close acquaintances.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
31. I am satisfied with my life.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
32. I have trouble at work/school because of drinking or drug use. (If not applicable, mark "never")	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
33. I feel that something bad is going to happen.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
34. I have sore muscles.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
36. I feel nervous.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
37. I feel my love relationships are full and complete.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
38. I feel that I am not doing well at work/school.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
39. I have too many disagreements at work/school.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
40. I feel something is wrong with my mind.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
41. I have trouble falling asleep or staying asleep.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
42. I feel blue.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
43. I am satisfied with my relationships with others.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
44. I feel angry enough at work/school to do something I might regret.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
45. I have headaches.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			

Developed by Michael J. Lambert, Ph.D. and Gary M. Burlingame, Ph.D.
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+ +
Total=

Client ID: _____
Counselor ID: _____

Intake only: Please answer the following questions about your background:

Gender: Male Age: _____
 Female

Ethnicity:

☐ White

☐ Black

☐ Latino

☐ Asian

☐ Native American

☐ Other

☐ Prefer not to answer

Employment status:

☐ Full-time

☐ Part-time

☐ Unemployed

☐ Student

☐ Retired

☐ Other: _____

Occupation: _____

Marital Status: _____ Single
_____ Engaged
_____ Married
_____ Separated
_____ Divorced
_____ Widowed

Number of Children and Ages: _____

Household Income: _____ Less than \$20,000
 _____ \$20,000-\$30,000
 _____ \$30,001-\$50,000
 _____ Over \$50,001

Religious Preference: ___ Christian: Protestant Education: ___ 8th grade or less
 ___ Christian: Catholic ___ Some high school
 ___ Jewish ___ High school diploma/GED
 ___ Muslim ___ Bachelor's Degree
 ___ Buddhist ___ Master's Degree
 ___ Hindu ___ Doctorate Degree
 ___ Atheist or Agnostic
 ___ Other

Why did you come to counseling at this time? (check as many as apply)

<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety/worry
<input type="checkbox"/> Marital problems	<input type="checkbox"/> Relationship problems
<input type="checkbox"/> Addictions (substances, eating disorders)	<input type="checkbox"/> Trauma
<input type="checkbox"/> Anger	<input type="checkbox"/> Career issues
<input type="checkbox"/> Life transition	<input type="checkbox"/> Other
<input type="checkbox"/> Grief and loss	