

Connecting Women To Care Post-Treatment Assessment



ITQ

Instructions: Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past week.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
5. Being “super-alert”, watchful, or on guard?	0	1	2	3	4
6. Feeling jumpy or easily startled?	0	1	2	3	4
7. Affected your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

ITQ (cont.)

Below are problems or symptoms that *people who have had stressful or traumatic events sometimes experience*. The questions refer to ways you **typically** feel, ways you **typically** think about yourself, and ways you **typically** relate to others. Answer the following thinking about how true each statement is of you.

How true is this of you?	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. When I am upset, it takes me a long time to calm down.	0	1	2	3	4
2. I feel numb or emotionally shut down.	0	1	2	3	4
3. I feel like a failure.	0	1	2	3	4
4. I feel worthless.	0	1	2	3	4
5. I feel distant or cut off from people.	0	1	2	3	4
6. I find it hard to stay emotionally close to people.	0	1	2	3	4

In the past week, have the above problems in emotions, in beliefs about yourself, and in relationships:	Not at all	A little bit	Moderately	Quite a bit	Extremely
7. Created concern or distress about your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to very stressful experiences. Keeping these events in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem **in the past week**.

In the past week, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (<i>as if you were actually back there reliving it</i>)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (<i>for example, heart pounding, trouble breathing, sweating</i>)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (<i>for example, people, places, conversations, activities, objects, or situations</i>)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (<i>for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous</i>)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4

PCL-5 (cont.)

	Not at all	A little bit	Moderately	Quite a bit	Extremely
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "super alert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

PMBS

Instructions: Please indicate with a check mark how much you agree with the each of the following statements.

0 1 2 3 4 5 6
 Not at all Completely
 true for you true for you

	0	1	2	3	4	5	6
1. I don't feel safe anywhere.							
2. Other people can be genuinely loving towards me.							
3. I am a good person.							
4. The world is very dangerous.							
5. I don't trust anyone.							
6. It is possible for me to have close and loving feelings with other people.							
7. I trust my own judgment.							
8. I avoid other people because they might hurt me.							
9. I have little respect for myself.							
10. I don't feel confident that I can make good decisions for myself.							
11. Some people can be trusted.							
12. Because I don't feel able to protect myself, I have lost my sense of freedom.							
13. I feel as though I can depend on other people.							
14. Most people are basically caring.							
15. I comfort myself very well when I'm upset.							

BDI-II

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and pick out the **one statement** in each group that best describes the way you've been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) and Item 18 (Changes in Appetite).

	Circle the number corresponding to the best answer for each group.	
1. Sadness	0	I do not feel sad.
	1	I feel sad much of the time.
	2	I am sad all the time.
	3	I am so sad or unhappy that I can't stand it.
2. Pessimism	0	I am not discouraged about my future.
	1	I feel more discouraged about my future than I used to be.
	2	I do not expect things to work out for me.
	3	I feel my future is hopeless and will only get worse.
3. Past Failure	0	I do not feel like a failure.
	1	I have failure more than I should have.
	2	As I look back, I see a lot of failures.
	3	I feel I am a total failure as a person.
4. Loss of Pleasure	0	I get as much pleasure as I ever did from the things I enjoy.
	1	I don't enjoy things as much as I used to.
	2	I get very little pleasure from the things I used to enjoy.
	3	I can't get any pleasure from the things I used to enjoy.
5. Guilty Feelings	0	I don't feel particularly guilty.
	1	I feel guilty over many things I have done or should have done.
	2	I feel quite guilty most of the time.
	3	I feel guilty all of the time.
6. Punishment Feelings	0	I don't feel I am being punished.
	1	I feel I may be punished.
	2	I expect to be punished.
	3	I feel I am being punished.
7. Self-dislike	0	I feel the same about myself as ever.
	1	I have lost confidence in myself.
	2	I am disappointed in myself.
	3	I dislike myself.

BDI-II (cont.)

	Circle the number corresponding to the best answer for each group.	
8. Self-Criticalness	0	I don't criticize or blame myself more than usual.
	1	I am more critical of myself than I used to be.
	2	I criticize myself for all of my faults.
	3	I blame myself for everything bad that happens.
9. Suicidal Thoughts or Wishes	0	I don't have any thoughts of killing myself.
	1	I have thoughts of killing myself, but I would not carry them out.
	2	I would like to kill myself.
	3	I would kill myself if I had the chance.
10. Crying	0	I don't cry anymore than I used to.
	1	I cry more than I used to.
	2	I cry over every little thing.
	3	I feel like crying, but I can't.
11. Agitation	0	I am no more restless or wound up than usual.
	1	I feel more restless or wound up than usual.
	2	I am so restless or agitated that it's hard to stay still.
	3	I am so restless or agitated that I have to keep moving or doing something.
12. Loss of Interest	0	I have not lost interest in other people or activities.
	1	I am less interested in other people or things than before.
	2	I have lost most of my interest in other people or things.
	3	It's hard to get interested in anything.
13. Indecisiveness	0	I make decisions about as well as ever.
	1	I find it more difficult to make decisions than usual.
	2	I have much greater difficulty in making decisions than I used to.
	3	I have trouble making any decisions.
14. Worthlessness	0	I do not feel I am worthless.
	1	I don't consider myself as worthwhile and useful as I used to.
	2	I feel more worthless as compared to other people.
	3	I feel utterly worthless.

BDI-II (cont.)

	Circle the number corresponding to the best answer for each group.	
15. Loss of energy	0	I have as much energy as ever.
	1	I have less energy than I used to have.
	2	I don't have enough energy to do very much.
	3	I don't have enough energy to do anything.
16. Changes in Sleeping Pattern	0	I have not experienced any change in my sleeping pattern.
	1a	I sleep somewhat more than usual.
	1b	I sleep somewhat less than usual.
	2a	I sleep a lot more than usual.
	2b	I sleep a lot less than usual.
	3a	I sleep most of the day.
	3b	I wake up 1-2 hours early and can't get back to sleep.
17. Irritability	0	I am no more irritable than usual.
	1	I am more irritable than usual.
	2	I am much more irritable than usual.
	3	I am irritable all the time.
18. Changes in Appetite	0	I have not experienced any change in my appetite.
	1a	My appetite is somewhat less than usual.
	1b	My appetite is somewhat greater than usual.
	2a	My appetite is much less than before.
	2b	My appetite is much greater than before.
	3a	I have no appetite at all.
	3b	I crave food all the time.
19. Concentration Difficulty	0	I can concentrate as well as ever.
	1	I can't concentrate as well as usual.
	2	It's hard to keep my mind on anything for very long.
	3	I find I can't concentrate on anything.
20. Tiredness or Fatigue	0	I am no more tired or fatigued than usual.
	1	I get more tired or fatigued more easily than usual.
	2	I am too tired or fatigued to do a lot of the things I used to do.
	3	I am too tired or fatigued to do most of the things I used to do.
21. Loss of Interest In Sex	0	I have not noticed any recent change in my interest in sex.
	1	I am less interested in sex than I used to be.
	2	I am much less interested in sex now.
	3	I have lost interest in sex completely.

SIBC-Brief

Instructions: Circle one answer for each question.

In the past three months...	Never	Rarely (once or twice)	Sometimes	Often (at least once a week)	Very Often (almost every day)
1. How often have you thought about killing yourself?	0	1	2	3	4
2. How often have you harmed yourself with the intention of injuring, but not killing, yourself?	0	1	2	3	4

If you answered Question 1 with a score of 1 or more, please also answer Question 3.

3. When you have had suicidal thoughts, how much do each of the following reasons help you not to act on them?	Not at All	A little	A lot	Greatly
3a. Concerns about my child (or children)	0	1	2	3
3b. Responsibility to my other family members or friends	0	1	2	3
3c. Connection with my therapist (or other treaters)	0	1	2	3
3d. Moral or religious reasons	0	1	2	3
3e. Fear of disapproval by others	0	1	2	3
3f. Fear of suicide	0	1	2	3
3g. My wish to survive	0	1	2	3

AUDIT-C

Instructions: Circle the most accurate response for your current alcohol use.

	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

GAD-7

Instructions: Over the last 2 weeks, how often have you been bothered by the following problems?
(select a response for each question below)

Over the past 2 weeks how often were you bothered by:

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

DERS

Instructions: Please indicate how often these items apply to you using the following scale:

	Almost Never (0-10%)	Sometimes (11-35%)	About half the time (36-65%)	Most of the time (66-90%)	Almost Always (91-100%)
1. I am clear about my feelings.	1	2	3	4	5
2. I pay attention to how I feel.	1	2	3	4	5
3. I experience my emotions as overwhelming and out-of-control.	1	2	3	4	5
4. I have no idea how I am feeling.	1	2	3	4	5
5. I have difficulty making sense out of my feelings.	1	2	3	4	5
6. I am attentive to my feelings.	1	2	3	4	5
7. I know exactly how I am feeling.	1	2	3	4	5
8. I care about what I am feeling.	1	2	3	4	5
9. I am confused about how I feel.	1	2	3	4	5
10. When I'm upset, I acknowledge my emotions.	1	2	3	4	5
11. When I'm upset, I become angry with myself for feeling that way.	1	2	3	4	5
12. When I'm upset, I become embarrassed for feeling that way.	1	2	3	4	5
13. When I'm upset, I have difficulty getting work done.	1	2	3	4	5
14. When I'm upset, I become out of control.	1	2	3	4	5
15. When I'm upset, I believe that I will remain that way for a long time.	1	2	3	4	5
16. When I'm upset, I believe that I'll end up feeling very depressed.	1	2	3	4	5
17. When I'm upset, I believe that my feelings are valid and important.	1	2	3	4	5
18. When I'm upset, I have difficulty focusing on other things.	1	2	3	4	5
19. When I'm upset, I feel out of control.	1	2	3	4	5
20. When I'm upset, I can still get things done.	1	2	3	4	5
21. When I'm upset, I feel ashamed with myself for feeling that way.	1	2	3	4	5
22. When I'm upset, I know that I can find a way to eventually feel better.	1	2	3	4	5
23. When I'm upset, I feel like I am weak.	1	2	3	4	5
24. When I'm upset, I feel like I can remain in control of my behaviors.	1	2	3	4	5

<u>DERS cont.</u>					
Please indicate how often these items apply to you using the following scale:	Almost Never (0-10%)	Sometimes (11-35%)	About half the time (36-65%)	Most of the time (66-90%)	Almost Always (91-100%)
25. When I'm upset, I feel guilty for feeling that way.	1	2	3	4	5
26. When I'm upset, I have difficulty concentrating.	1	2	3	4	5
27. When I'm upset, I have difficulty controlling my behaviors.	1	2	3	4	5
28. When I'm upset, I believe that there is nothing I can do to make myself feel better.	1	2	3	4	5
29. When I'm upset, I become irritated with myself for feeling that way.	1	2	3	4	5
30. When I'm upset, I start to feel very bad about myself.	1	2	3	4	5
31. When I'm upset, I believe that wallowing in it is all I can do.	1	2	3	4	5
32. When I'm upset, I lose control over my behaviors.	1	2	3	4	5
33. When I'm upset, I have difficulty thinking about anything else.	1	2	3	4	5
34. When I'm upset, I take time to figure out what I'm really feeling.	1	2	3	4	5
35. When I'm upset, it takes me a long time to feel better.	1	2	3	4	5
36. When I'm upset, my emotions feel overwhelming.	1	2	3	4	5

TSI-Dissociation

Instructions: Below is a list of problems and complaints that people sometimes have. Please read each problem carefully. Then, indicate how much of a problem this is for you by circling a number that best describes how much discomfort this problem caused you in the past week, including today.

Circle only one number and do not skip any problems.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Feeling outside your body	0	1	2	3	4
2. Forgetfulness	0	1	2	3	4
3. Not feeling like your real self	0	1	2	3	4
4. "Spacing out"	0	1	2	3	4
5. Watching yourself from far away	0	1	2	3	4
6. Your mind goes blank	0	1	2	3	4
7. Things feeling unreal	0	1	2	3	4
8. Feeling disconnected from yourself	0	1	2	3	4
9. Daydreaming	0	1	2	3	4
10. Periods of memory loss	0	1	2	3	4
11. Feeling like you are two or more people.	0	1	2	3	4
12. Absent-mindedness	0	1	2	3	4
13. Losing touch with reality	0	1	2	3	4
14. A feeling of being far away	0	1	2	3	4

State Shame-Guilt Scale

Instructions: The following are some statements, which may or may not describe how you are feeling right now. Please rate each statement using the 5-point scale below. Remember to rate each statement based on how you are feeling *right at this moment*.

	Not feeling this way at all		Feeling this way somewhat		Feeling this way very strongly
1. I want to sink into the floor and disappear.	1	2	3	4	5
2. I feel remorse regret.	1	2	3	4	5
3. I feel small.	1	2	3	4	5
4. I feel tension about something I have done.	1	2	3	4	5
5. I have difficulty making sense out of my feelings.	1	2	3	4	5
6. I feel that I am a bad person.	1	2	3	4	5
7. I cannot stop thinking about something bad I have done.	1	2	3	4	5
8. I feel humiliated, disgraced.	1	2	3	4	5
9. I feel like apologizing, confessing.	1	2	3	4	5
10. When I'm upset, I acknowledge my emotions.	1	2	3	4	5
11. I feel worthless, powerless.	1	2	3	4	5
12. I feel bad about something I have done.	1	2	3	4	5

IIP-32

Instructions: People have reported the following problems in relating to other people. Please read the list below, and for each item, consider whether it has been a problem for you with respect to any significant person in your life. Then check the box that describes how distressing that problem has been.

It is hard for me to...	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
1. Join in on groups.	0	1	2	3	4
2. Be assertive with another person.	0	1	2	3	4
3. Make friends.	0	1	2	3	4
4. Disagree with other people.	0	1	2	3	4
5. Make a long-term commitment to another person.	0	1	2	3	4
6. Be aggressive towards other people when the situation calls for it.	0	1	2	3	4
7. Socialize with other people.	0	1	2	3	4
8. Show affection to people.	0	1	2	3	4
9. Feel comfortable around other people.	0	1	2	3	4
10. Tell personal things to other people.	0	1	2	3	4
11. Be firm when I need to be.	0	1	2	3	4
12. Experience a feeling of love for another person.	0	1	2	3	4
13. Be supportive of another person's goals in life.	0	1	2	3	4
14. Really care about other people's problems.	0	1	2	3	4
15. Put somebody else's needs before my own.	0	1	2	3	4
16. Take instructions from people who have authority over me.	0	1	2	3	4
17. Open up and tell my feelings to another person.	0	1	2	3	4
18. Attend to my own welfare when somebody else is needy.	0	1	2	3	4
19. Be involved with another person without feeling trapped.	0	1	2	3	4
20. I fight with other people too much.	0	1	2	3	4
21. I get irritated or annoyed too easily.	0	1	2	3	4
22. I want people to admire me too much.	0	1	2	3	4
23. I am too dependent on other people.	0	1	2	3	4
24. I open up to people too much.	0	1	2	3	4
25. I put other people's needs before my own too much.	0	1	2	3	4

IIP-32 (cont.)

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
26. I am overly generous to other people.	0	1	2	3	4
27. I worry too much about other people's reactions to me.	0	1	2	3	4
28. I lose my temper too easily.	0	1	2	3	4
29. I tell personal things to other people too much.	0	1	2	3	4
30. I argue with other people too much.	0	1	2	3	4
31. I am too envious and jealous of other people.	0	1	2	3	4
32. I am affected by another person's misery too much.	0	1	2	3	4

SAM

Instructions: Please answer the following questions for each type of activity.

Over the past week, did you spend time or engage in social activities with/in...		0	1	2	3	4
1. Friends or acquaintances? ☐ Yes (please answer the questions to the right.) ☐ No (please skip to Question 2.)	1a. How many times?		Once	Two-Three	Four or more	
	1b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	1c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	1d. Example of what you did, if applicable?					
2. Your immediate family? ☐ Yes (please answer the questions to the right.) ☐ No (please skip to Question 3.)	2a. How many times?		Once	Two-Three	Four or more	
	2b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	2c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	2d. Example of what you did, if applicable?					
3. Your community? ☐ Yes (please answer the questions to the right.) ☐ No (please skip to Question 4.)	3a. How many times?		Once	Two-Three	Four or more	
	3b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	3c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	3d. Example of what you did, if applicable?					

Over the past week, did you spend time or engage in social activities with/in...		0	1	2	3	4
4. Events <u>at work</u> or with <u>coworkers</u>? ☐ Yes (please answer the questions to the right.) ☐ No (please skip to Question 5.)	4a. How many times?		Once	Two-Three	Four or more	
	4b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	4c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	4d. Example of what you did, if applicable?					
5. Meeting new people? ☐ Yes (please answer the questions to the right.) ☐ No (skip remaining questions.)	5a. How many times?		Once	Two-Three	Four or more	
	5b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	5c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	5d. Example of what you did, if applicable?					

WHODAS Short

Instructions: This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. **Think back over the past 30 days** and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please select only one response.

<i>In the past 30 days, how much difficulty did you have in:</i>	None	Mild	Moderate	Severe	Extreme or cannot do
<u>Getting along with people:</u>					
1. Dealing with people you do not know?	0	1	2	3	4
2. Maintaining a friendship?	0	1	2	3	4
3. Getting along with people who are close to you?	0	1	2	3	4
4. Making new friends?	0	1	2	3	4
5. Sexual activities?	0	1	2	3	4
<u>Life activities:</u>					
6. Taking care of your household responsibilities?	0	1	2	3	4
7. Doing most important household tasks well?	0	1	2	3	4
8. Getting all the household work done that you needed to do?	0	1	2	3	4
9. Getting your household work done as quickly as needed?	0	1	2	3	4
10. Your day-to-day work/school?	0	1	2	3	4
11. Doing your most important work/tasks well?	0	1	2	3	4
12. Getting all the work done that you needed to do?	0	1	2	3	4
13. Getting your work done as quickly as needed?	0	1	2	3	4
<u>Participation in society:</u>					
<i>In the past 30 days...</i>					
14. How much of a problem did you have in joining community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	0	1	2	3	4
15. How much of a problem did you have because of barriers or hindrances in the world around you?	0	1	2	3	4

Connecting Women to Care

Post-Treatment Assessment

	None	Mild	Moderate	Severe	Extreme or cannot do
16. How much of a problem did you have living with dignity because of the attitudes and actions of others?	0	1	2	3	4
17. How much time did you spend on your health condition, or its consequences?	0	1	2	3	4
18. How much have you been emotionally affected by your health condition?	0	1	2	3	4
19. How much has your health been a drain on the financial resources of you and your family?	0	1	2	3	4
20. How much of a problem did your family have because of your health problems?	0	1	2	3	4
21. How much of a problem did you have in doing things by yourself for relaxation or pleasure?	0	1	2	3	4

ISEL

Instructions: This scale is made up of a list of statements each of which may or may not be true about you. For each statement choose “definitely true” if you are sure it is true about you, and “probably true” if you think it is true but are not absolutely certain. Similarly, you should choose “definitely false” if you are sure the statement is false and “probably false” if you think it is false but are not absolutely certain.

Circle the number that corresponds to your answer:	Definitely False	Probably False	Probably True	Definitely True
1. There are several people that I trust to help solve my problems.	0	1	2	3
2. If I needed help fixing an appliance or repairing my car, there is someone who would help me.	0	1	2	3
3. Most of my friends are more interesting than I am.	0	1	2	3
4. There is someone who takes pride in my accomplishments.	0	1	2	3
5. When I feel lonely, there are several people I can talk to.	0	1	2	3
6. There is no one that I feel comfortable talking to about intimate personal problems.	0	1	2	3
7. I often meet or talk with family or friends.	0	1	2	3
8. Most people I know think highly of me.	0	1	2	3
9. If I needed a ride to the airport very early in the morning, I would have a hard time finding someone to take me.	0	1	2	3
10. I feel like I’m not always included by my circle of friends.	0	1	2	3
11. There really is no one who can give me an objective view of how I’m handling my problems.	0	1	2	3
12. There are several different people I enjoy spending time with.	0	1	2	3
13. I think that my friends feel that I’m not very good at helping them solve their problems.	0	1	2	3
14. If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone.	0	1	2	3
15. If I wanted to go on a trip for a day (e.g. to the mountains, beach, or country), I would have a hard time finding someone to go with me.	0	1	2	3

Circle the number that corresponds to your answer:	Definitely False	Probably False	Probably True	Definitely True
16. If I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house), I could easily find someone who would put me up.	0	1	2	3
17. I feel that there is no one I can share my most private worries and fears with.	0	1	2	3
18. If I were sick, I could easily find someone to help me out with my daily chores.	0	1	2	3
19. There is someone I can turn to for advice about handling problems with my family.	0	1	2	3
20. I am as good at doing things as most other people are.	0	1	2	3
21. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	0	1	2	3
22. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	0	1	2	3
23. If I needed an emergency loan of \$1000, there is someone (friend, relative, or acquaintance) I could get it from.	0	1	2	3
24. In general, people do not have much confidence in me.	0	1	2	3
25. Most people I know do not enjoy the same things that I do.	0	1	2	3
26. There is someone I could turn to for advice about making career plans or changing my job.	0	1	2	3
27. I don't often get invited to do things with others.	0	1	2	3
28. Most of my friends are more successful at making changes in their lives than I am.	0	1	2	3
29. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).	0	1	2	3
30. There really is no one I can trust to give me good financial advice.	0	1	2	3
31. If I wanted to have lunch with someone, I could easily find someone to join me.	0	1	2	3
32. I am more satisfied with my life than most people are with theirs.	0	1	2	3

Connecting Women to Care

Post-Treatment Assessment

Circle the number that corresponds to your answer.	Definitely False	Probably False	Probably True	Definitely True
33. If I was stranded 10 miles from home, there is someone I could call who would come and get me.	0	1	2	3
34. No one I know would throw a birthday party for me.	0	1	2	3
35. It would be difficult to find someone who would lend me their car for a few hours.	0	1	2	3
36. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	0	1	2	3
37. I am closer to my friends than most other people are to theirs.	0	1	2	3
38. There is at least one person I know whose advice I really trust.	0	1	2	3
39. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	0	1	2	3
40. I have a hard time keeping pace with my friends.	0	1	2	3

WAI-P

Instructions: The following questions reflect your working relationship with your therapist based on your work thus far. Please rate each item by checking the number that best represents how you feel thus far.

	Never			Sometimes			Always
1. My therapist and I agreed about the things I need to do in session to help improve my situation.	1	2	3	4	5	6	7
2. When I was upset, I believed that my therapist would help me feel better.	1	2	3	4	5	6	7
3. What we did in our sessions gave me new ways of looking at my problem.	1	2	3	4	5	6	7
4. I believed that my therapist likes me.	1	2	3	4	5	6	7
5. I was comforted by my therapist's presence.	1	2	3	4	5	6	7
6. My therapist did not understand what I was trying to accomplish in session.	1	2	3	4	5	6	7
7. I was confident in my therapist's ability to help me.	1	2	3	4	5	6	7
8. My therapist and I worked towards mutually agreed- upon goals.	1	2	3	4	5	6	7
9. I felt that my therapist appreciates me.	1	2	3	4	5	6	7
10. We agreed on what is important for me to work on.	1	2	3	4	5	6	7
11. My therapist and I seemed to trust one another.	1	2	3	4	5	6	7
12. I felt confident that if I were distressed, I could seek help from my therapist.	1	2	3	4	5	6	7
13. My therapist and I seemed to have different ideas of what my problems are.	1	2	3	4	5	6	7
14. We had a good understanding of the kind of changes that would be good for me.	1	2	3	4	5	6	7
15. I felt safe discussing upsetting personal topics with my therapist.	1	2	3	4	5	6	7
16. I believed that the way we were working with my problem was correct.	1	2	3	4	5	6	7

CSQ-8

Instructions: Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* Thank you very much; we really appreciate your help.

Check the box corresponding to your answer for each question.	1	2	3	4
1. How would you rate the quality of service you have received?	☐ Excellent	☐ Good	☐ Fair	☐ Poor
2. Did you get the kind of service you wanted?	☐ No, definitely	☐ No, not really	☐ Yes, generally	☐ Yes, definitely
3. To what extent has our program met your goals?	☐ Almost all of my needs have been met	☐ Most of my needs have been met	☐ Only a few of my needs have been met	☐ None of my needs have been met
4. If a friend were in need of similar help, would you recommend our program to him or her?	☐ No, definitely not	☐ No, I don't think so	☐ Yes, I think so	☐ Yes, definitely
5. How satisfied are you with the amount of help you received?	☐ Quite dissatisfied	☐ Indifferent or mildly dissatisfied	☐ Mostly satisfied	☐ Very satisfied
6. Have the services you received helped you to deal more effectively with your problems?	☐ Yes, they helped a great deal	☐ Yes, they helped	☐ No, they really didn't help	☐ No, they seemed to make things worse
7. In an overall, general sense, how satisfied are you with the service you have received?	☐ Very satisfied	☐ Mostly satisfied	☐ Indifferent or mildly dissatisfied	☐ Quite dissatisfied
8. If you were to seek help again, would you come back to our program?	☐ No, definitely not	☐ No, I don't think so	☐ Yes, I think so	☐ Yes, definitely