

## APPENDIX R

### **Treat First Trial Client Check-In instruments**

#### **Purpose**

A **Self Check-In** is conducted with the person at the beginning of each visit and a **Session Check-Out** is conducted at the end of each visit. Relative rating scale results are used by the practitioner to evaluate the client's perspective on how he/she are doing at the beginning of the session, and how useful and beneficial the session has been in making progress towards achieving the person's desired future

#### **How to use**

The following instruments will be loaded on a web-based data collection application for each practitioner's use with clients in the Treat First trial. At the beginning and end of the first 4 visits, complete the questions with each client identified for participation in the trial. It is recommended that the practitioner invite the client to enter their responses directly into the computer themselves. If it is deemed necessary, the practitioner can assist the client by reading the questions or entering their responses. A simple graph will be generated after the data are entered.

In addition to providing the client opportunity for input into their work towards their identified goals, these tools can also be beneficial to the practitioner by prompting discussion around the client's assessment of either their wellbeing or the session itself. This can help the client clarify or hone in on their identified goals, as well as providing the practitioner with real-time feedback that can further improve the focus of future sessions.

## Adult Self Check-In and Session Check-Out Instruments

### Self Check-In (at the beginning of the visit)

Introduction: *Looking back over the last week, including today, let me know how you have been doing by rating things on a scale of 1 to 10. A “1” would be not very well and a “10” would be very well.*

#### SELF CHECK-IN

- |  |  |           |
|--|--|-----------|
| 1. How would you rate how you are doing today?                       | 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 |           |
|  | Very Low   | Very High |
| 2. How would you rate how things are going in your personal life?    | 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 |           |
|  | Very Low   | Very High |
| 3. How would you rate how things are going in your social/work life? | 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 |           |
|  | Very Low   | Very High |
| 4. How would you rate how things are going in your life overall?     | 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 |           |
|  | Very Low   | Very High |

**Session Check-Out** (at the end of the visit) Introduction: *Please rate how you felt about your experience in today’s session. A “1” would be a very low level and a “10” would indicate a very high level.*

#### SESSION CHECK-OUT

- |  |  |           |
|--|--|-----------|
| 1. How would you rate how well you felt heard today?                       | 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 |           |
|  | Very Low   | Very High |
| 2. How would you rate whether we covered what you wanted to discuss today? | 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 |           |
|  | Very Low   | Very High |
| 3. How would you rate how you and I connected today?                       | 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 |           |
|  | Very Low   | Very High |
| 4. How would you rate our work together overall?                           | 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 |           |
|  | Very Low   | Very High |
| Today was our final session.   | Yes__ No__   |           |
| We have scheduled a follow-up session                                      | Yes__ No__   |           |

## Child/Youth Self-In and Session Check-Out Instruments

### Self Check-In (at the beginning of the visit)

Introduction: How are you doing? How are things going in your life? Circle a number on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a care giver filling out this form, please fill out according to how you think the child is doing.*

#### SELF CHECK-IN

- |   |                           |  |   |
|---|---------------------------|--|---|
| 1. How am I doing today?                        | 1.....2.....3.....4.....5 |  | 5 |
|   | ☹                         |  | ☺ |
| 2. How are things going in my family right now? | 1.....2.....3.....4.....5 |  | 5 |
|   | ☹                         |  | ☺ |
| 3. How are things going at school?              | 1.....2.....3.....4.....5 |  | 5 |
|   | ☹                         |  | ☺ |
| 4. How is everything going                      | 1.....2.....3.....4.....5 |  | 5 |
|   | ☹                         |  | ☺ |

### Session Check-Out (at the end of the visit)

Introduction: *How was our time together today? Circle the number below to let us know how you feel.*

#### Listening

- |                             |                           |                        |   |
|-----------------------------|---------------------------|------------------------|---|
|                             | 1.....2.....3.....4.....5 |                        | 5 |
| Did not listen to me today. | ☹                         |                        | ☺ |
|                             |                           | Did Listen to me Today |   |

#### What I want

- |   |                           |                                    |   |
|---|---------------------------|------------------------------------|---|
|   | 1.....2.....3.....4.....5 |                                    | 5 |
| We did not talk about what I wanted to. | ☹                         |                                    | ☺ |
|   |                           | We did talk about what I wanted to |   |

#### What We did Today

- |                                  |                           |                           |   |
|----------------------------------|---------------------------|---------------------------|---|
|                                  | 1.....2.....3.....4.....5 |                           | 5 |
| I did not like what we did today | ☹                         |                           | ☺ |
|                                  |                           | I liked what we did today |   |

#### Next Time

- |   |                           |  |   |
|---|---------------------------|--|---|
|   | 1.....2.....3.....4.....5 |  | 5 |
| Next time, I wish we could do something different | ☹                         |  | ☺ |
|   |                           | Next time I'd like to do the same kind of things |   |

Today was our final session. Yes\_\_ No\_\_

We have scheduled a follow-up session Yes\_\_ No\_

## Example of Graphs available for Adult Check-In Data

### SELF CHECK-IN

|  |    | SESSION<br>1 | SESSION<br>2 | SESSION<br>3 | SESSION<br>4 |
|--|----|--------------|--------------|--------------|--------------|
| 1. How would you rate how you are doing today?                       | Q1 | 1            | 3            | 6            | 6            |
| 2. How would you rate how things are going in your personal life?    | Q2 | 2            | 3            | 4            | 5            |
| 3. How would you rate how things are going in your social/work life? | Q3 | 3            | 4            | 6            | 6            |
| 4. How would you rate how things are going in your life overall?     | Q4 | 2            | 3            | 5            | 6            |

### SESSION CHECK-OUT

|  |    | SESSION<br>1 | SESSION<br>2 | SESSION<br>3 | SESSION<br>4 |
|--|----|--------------|--------------|--------------|--------------|
| 1. How would you rate how well our session was today?                      | Q1 | 7            | 7            | 9            | 9            |
| 2. How would you rate whether we covered what you wanted to discuss today? | Q2 | 6            | 7            | 8            | 9            |
| 3. How would you rate how you and I connected today?                       | Q3 | 9            | 7            | 9            | 10           |
| 4. How would you rate our work together overall?                           | Q4 | 7            | 7            | 9            | 9            |

