

Confidential Session Feedback Form

Office Use Only: Date: _____ Session ID: ES / FS _____

Your Details

What I am most bothered about is:

Name (Optional): _____

Age: _____ Today's Date: _____

Sex: Male / Female

Are you: Patient / Carer / Staff / Student?

Referred by:

Doctor Patient Complementary therapist

Nurse Relative Occupational therapist

Friend Physio. Radiographer

Self Other: _____

Are you comfortable to sit for an hour? Y / N

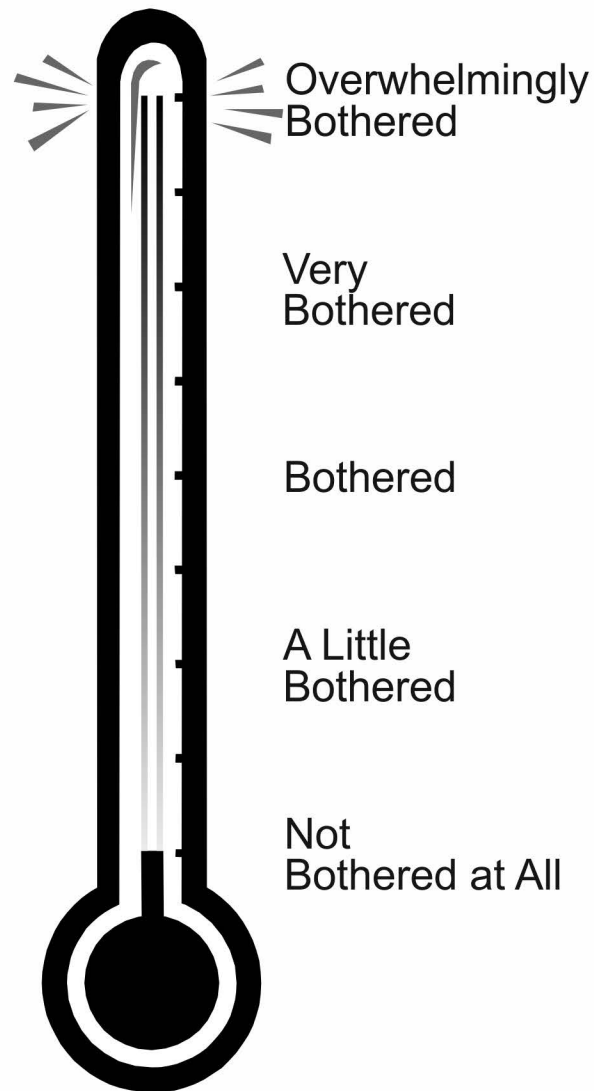
If **NO**, please let us know at the start of the session.

Do you need any special support? Y / N

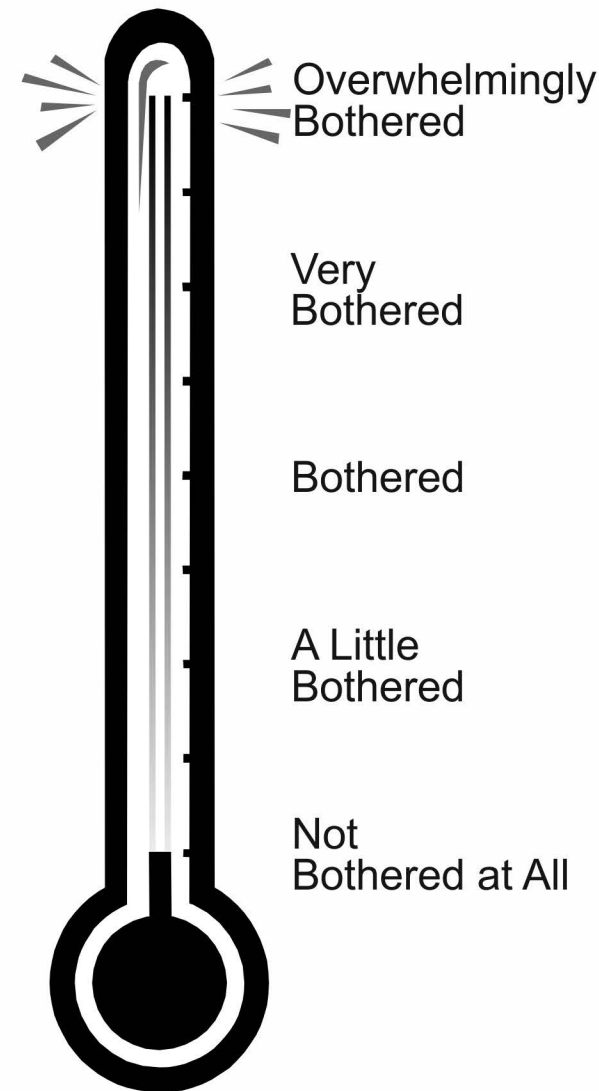
If **YES**, please let us know at the start of the session.

For more copies of this form and information about its use see: www.botherometer.com

At the **START** of the session
I am feeling...



At the **END** of the session
I am feeling...

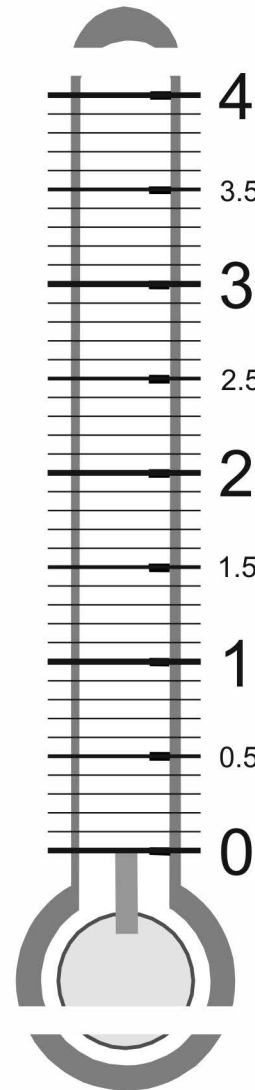


Draw a line on the scale to show how bothered you are feeling now

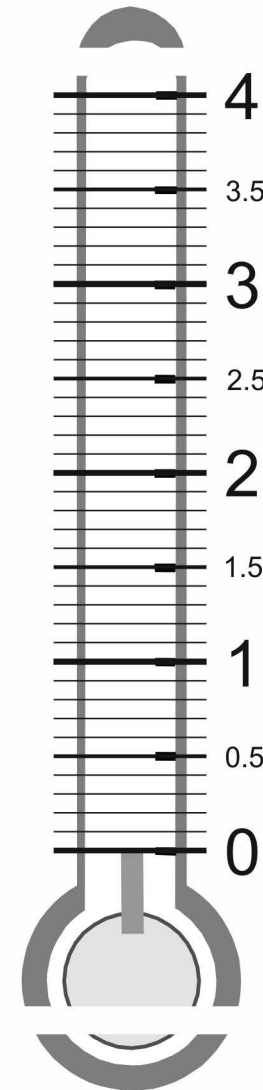
Scale Measuring Form

PRINT ON ACETATE ON SAME COPIER AS PRINTED FORMS

At the **START** of the session
I am feeling...



At the **END** of the session
I am feeling...



Always Round UP to the nearest line.