Clinician End Of Case Series Evaluation Form

Participant ID

_____

Background Information and Clinician Experience

Instructions: Please complete this form at the end of treatment for all patients

Date of Interview

_____

What were the number of sessions

_____

Duration and frequency of sessions

_____

How many were delivered on the phone

_____

Over how many weeks was the treatment delivered

_____

To what extent were the overall phases of treatment followed

_____

Did this need to be altered

◯ Yes
◯ No

Specify if there is the need to be altered

_____

What were your views on the duration of delivering the intervention

_____

Will you require more time to deliver the intervention

◯ Yes
◯ No

Are students attentive throughout the sessions

◯ Yes
◯ No

What were your views on the sequencing of the intervention Please comment on the layout of the sessions

_____

Have you used any other treatment strategies apart from those described in the manual

◯ Yes
◯ No

Explain which strategy and describe the reason

_____

To what extent did the patient adhere to the treatment expectations (e.g. homework assignments, follow up, etc)	_____
Were there additional strategies required to address patient adherence	◯ Yes ◯ No
Describe if there were additional strategies required to address patient adherence	_____
How did the normative beliefs of the patients influence the delivery of the intervention	_____
What was the overall clinical response to the treatment	_____
Which strategy/technique/phase contributed most to any beneficial effect and why	_____
Which contributed least and why	_____
Summarize the challenges encountered in using the guidelines of the manual, and the strategies you used to address the challenges	_____
Clinician code/name	_____ (Enter your code as the one completing the FORM)