Progress Monitoring Checklist (18+ Years)

Client Information:

Name: ______________________________________ Date: ________________________

DOB: ______________________ Therapist/Counselor: _____________________________

Instructions

Please answer each question honestly and to the best of your ability. Your responses will help us tailor our interventions and support your personal growth.

Not at all - 0

Several days - 1

More than half the days - 2

Nearly every day - 3

Part I

Question	0	1	2	3
1. Over the past two weeks, how often have you experienced little interest or pleasure in doing things?	☐	☐	☐	☐
2. How frequently have you felt down, depressed, or hopeless over the past two weeks?	☐	☐	☐	☐
3. During the last two weeks, how often have you experienced trouble falling or staying asleep or sleeping too much?	☐	☐	☐	☐
4. In the past 14 days, how often have you felt tired or had little energy?	☐	☐	☐	☐
5. How frequently have you experienced a poor appetite or overeating in the last two weeks?	☐	☐	☐	☐

6. Over the past two weeks, how often have you felt bad about yourself or that you are a failure or have let yourself or your family down?	☐	☐	☐	☐
7. During the last 14 days, how often have you had trouble concentrating on things like reading the newspaper or watching television?	☐	☐	☐	☐
8. How often have you moved or spoken so slowly that other people could have noticed in the last two weeks?	☐	☐	☐	☐
9. In the past two weeks, how frequently have you had thoughts that you would be better off dead or of hurting yourself in some way?	☐	☐	☐	☐
10. How often have you experienced physical symptoms, such as aches, pains, headaches, or stomach problems, over the past two weeks?	☐	☐	☐	☐
11. During the last 14 days, how often have you had difficulty enjoying activities that you previously found enjoyable or interesting?	☐	☐	☐	☐
12. In the past two weeks, how often have you felt nervous, anxious, or on edge?	☐	☐	☐	☐
13. How frequently have you been unable to stop or control worrying in the last two weeks?	☐	☐	☐	☐
14. Over the past 14 days, how often have you experienced irritability or difficulty relaxing?	☐	☐	☐	☐
15. During the last two weeks, how often have you experienced restlessness or found it challenging to sit still?	☐	☐	☐	☐

Part II

Goal Achievement

1. Have you made progress towards achieving your personal goals?

2. How do you celebrate your achievements, no matter how small? (Select all that apply)

- ☐ Treating yourself to something special
- ☐ Sharing your achievements with loved ones
- ☐ Setting new goals
- ☐ Taking time to rest and relax
- ☐ Other (please specify): ____________________________

Additional Comments (optional):