



End of Therapy Checklist (EoTC) Therapist Initials:..... Participant ID:.....

Date of completion .....

Please take some time to fill in the following when the client has **completed therapy altogether**:

**Adherence score:**

**Was the following undertaken:**

	Yes	No
Psycho-education and worry awareness work	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of the usefulness of worry	<input type="checkbox"/>	<input type="checkbox"/>
Uncertainty recognition/exposure	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>
Written Exposure	<input type="checkbox"/>	<input type="checkbox"/>

Adherence according to the self-report measure requires that at least 3 out of 5 of the above are covered

(a) What were the 3 most important aspects of the therapy and why?

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Was there anything you felt was missing from this therapy?

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c) General comments

(d) Were any of the following covered during any of the sessions:

Yes

No

**Please note the following methods are NOT PERMITTED. Please note if they were nevertheless used in treatment, at what session and the reason they were used.**

Passively listening	<input type="checkbox"/>	<input type="checkbox"/>
Using psycho dynamic interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Using relaxation, meditation, yoga	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding thoughts (e.g. not thinking about worries, or saying "stop")	<input type="checkbox"/>	<input type="checkbox"/>
Reassurance (e.g. from friends, family or professionals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Avoid triggers (e.g. not going to places that trigger concerns)	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance based interventions	<input type="checkbox"/>	<input type="checkbox"/>
Using a worry tree	<input type="checkbox"/>	<input type="checkbox"/>
Controlled worry periods	<input type="checkbox"/>	<input type="checkbox"/>