

ARM-5 Client's Scale

Client ID:

Session:

Date:

Thinking about today's meeting, please indicate how strongly you agreed or disagreed with each statement by circling the appropriate number.

		strongly disagree	moderately disagree	slightly disagree	neutral	slightly agree	moderately agree	Strongly agree
1	My therapist is supportive	1	2	3	4	5	6	7
2	My therapist and I agree about how to work together	1	2	3	4	5	6	7
3	My therapist and I have difficulty working jointly as a partnership	1	2	3	4	5	6	7
4	I have confidence in my therapist and his/her techniques	1	2	3	4	5	6	7
5	My therapist is confident in him/herself and his/her techniques	1	2	3	4	5	6	7