

WAI - SR - Therapist

Instructions: Below is a series of statements about experiences therapists might have with their IBS clients. Some items refer directly to your client with an underlined space - as you read the sentences, mentally insert the name of your client in the place of _____ in the text. For each statement, please take your time to consider your own experience and then fill in the appropriate bubble.

Important: The rating scale is not the same for all the statements. PLEASE READ CAREFULLY!

Therapist	Subject ID	Month	Day	Year	Week
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

1. _____ and I agree about the steps to be taken to improve his/her situation.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

2. I am genuinely concerned for _____'s welfare.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

3. We are working towards mutually agreed upon goals.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

4. _____ and I both feel confident about the usefulness of our current activity in therapy.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

5. I appreciate _____ as a person.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

6. We have established a good understanding of the kind of changes that would be good for _____.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

7. _____ and I respect each other.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

8. _____ and I have a common perception of his/her goals.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom

9. I respect _____ even when he/she does things that I do not approve of.

1 Seldom
 2 Sometimes
 3 Fairly Often
 4 Very Often
 5 Always

10. We agree on what is important for _____ to work on.

5 Always
 4 Very Often
 3 Fairly Often
 2 Sometimes
 1 Seldom