The Dialogical Feedback Questionnaire

(DFQ - Rober & Van Tricht, 2015)

Name: ……
Date: …….....

1. Were you able to talk about what you wanted in the session?

0	1	2	3	4	5	6	7	8	9	10
Not at all										*Totally*

A word of explanation:

2. Did you feel understood by the therapist(s) during the session?

0	1	2	3	4	5	6	7	8	9	10
Not at all										*Totally*

In this area I didn't feel understood:	In this area I felt understood:

3. Did you feel understood by your partner / the other family members during the session?

0	1	2	3	4	5	6	7	8	9	10
Not at all										*Totally*

In this area I didn't feel understood:	In this area I felt understood:

4. What *surprised* you most during the session?

5. What *moved* you most during the session?