**NOTE: Each session should be audio-recorded.**

**Name of Companera:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Rater:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_**

**Session observed (circle one): 1 2 3 4 5 6 7 8 9 10**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How much of the time did the Companera do the following…?** | **Not****at all** | **A little of the time** | **Some of the time** | **Most of the time** | **All of the time** |
| 1. Follow the manual.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| 1. Explain concepts in language that the participant could understand.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| 1. Check to make sure the participant has understood the material presented.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| 1. Speak in a caring and supportive way.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| 1. Model the skills presented.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| 1. Praise and provide feedback to the participant for her efforts to learn and practice the skills.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |

**RATINGS OF QUALITY OF REINFORCEMENT OF COPING SKILLS TRAINING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How much of the time did the Compañera encourage the participant to practice the following skills…?** | **Not****at all** | **A little of the time** | **Some of the time** | **Most of the time** | **All of the time** | **Not applicable for session** |
| 1. Cognitive re-framing (turning unhelpful thoughts into helpful thoughts).
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Good communication skills with family, friends and others.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Seeking more information on cancer, including asking their doctors questions.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Practicing stress management skills.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Asking for help from others when she needs it.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Increasing helpful activities.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |
| 1. Setting goals for self-care/healthy living.
 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 | [ ] 9 |

**FOR SUPERVISION SESSIONS ONLY:**

|  |
| --- |
| Progress to date: |
|  |
|  |
| Plan for follow-up: |
|  |
|  |