Areas to Improve	Good	Amazing!
Clinician shows no interest in patient's emotional state and/or discourages or cuts off the expression of emotion by the patient (signals verbally or nonverbally that it is not okay to express emotions).	Clinician shows relatively little interest or encouragement for the patient's expression of emotion; or allows emotions to be shown but actively or subtly encourages patient to move on.	Clinician openly encourage/is receptive to the expression of emotion (e.g., through use of continuers or appropriate pauses (signals verbally or nonverbally that it is okay to express feelings).
Clinician makes no attempt to respond to/validate the patient's feelings, or possibly belittles or challenges them (e.g., It's ridiculous to be so concerned about)	Clinician briefly acknowledges patient's feelings but makes no effort to indicate acceptance/validation.	Clinician makes comments clearly indicating acceptance/validation of patient's feelings (e.g., I can see how that would worry you)
Clinician makes no attempt to identify patient's feelings.	Clinician makes brief reference to patient's feelings, but does little to explore them by identification or labeling.	Clinician makes clear attempt to explore patient's feelings by identifying or labeling them (e.g., How does that make you feel? It seems to me that you are feeling quite anxious about).
Clinician's nonverbal behavior displays lack of interest and/or concern and/or connection (e.g., little or no eye contact, body orientation or use of space inappropriate, bored voice).	Clinician's nonverbal behavior shows neither great interest or disinterest (or behaviors over course of visit are inconsistent)	Clinician displays nonverbal behaviors that express great interest, concern and connection (e.g., eye contact, tone of voice, and body orientation) throughout the visit.

Adapted from: Krupat, E., Frankel, R., Stein, T., & Irish, J. (2006). The Four Habits Coding Scheme: validation of an instrument to assess clinicians' communication behavior. *Patient education and counseling*, 62(1), 38-45.

