

## Client Questionnaire - T1

<b>State:</b> <input style="width: 90%;" type="text"/>	<b>Facilitator ID:</b> <input style="width: 90%;" type="text"/>	
<b>Country:</b> <input style="width: 90%;" type="text"/>	<b>Date:</b> <input style="width: 90%;" type="text"/>	
<p>The following personal information is needed only to help analyse the data and draw more meaningful conclusions from the questionnaire. Please be assured that <u>your responses will remain strictly confidential</u> and your name removed from all records and replaced with a code that cannot be linked back with your identify.</p>		
<b>Name:</b>	<b>Age:</b>	<b>Gender:</b> <input type="checkbox"/> Male / <input type="checkbox"/> Female
<b>Nationality: Please tick the box you most identify with (tick one)</b>		
<input type="checkbox"/> Australian <input type="checkbox"/> New Zealand <input type="checkbox"/> British <input type="checkbox"/> Asian <input type="checkbox"/> American <input type="checkbox"/> Aboriginal/Torres Strait Islander <input type="checkbox"/> Other (please specify) _____		
<b>Please indicate your current work status (tick one)</b>		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Seeking employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Stay at home parent <input type="checkbox"/> Other (please specify) _____		
<b>How many hours a week do you work on average?</b>		
<b>What is your annual household income?</b>		
<input type="checkbox"/> Less than \$9,999 <input type="checkbox"/> \$10,000 to \$24,999 <input type="checkbox"/> \$25,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$100,00 to \$124,999 <input type="checkbox"/> More than \$125,00 <input type="checkbox"/> Decline to answer		
<b>Please indicate the highest level of education you have completed (tick one)</b>		
<input type="checkbox"/> Some high school (grades 8-12) <input type="checkbox"/> Associate Diploma <input type="checkbox"/> Graduated from secondary school <input type="checkbox"/> Graduate Certificate/Diploma <input type="checkbox"/> Trade Qualification <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other (please specify) _____		
<b>Have you ever seen a counsellor, psychologist, or psychiatrist regarding your mental health</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Primary issue / or concerns:</b> _____ <b>Diagnosis (If any):</b> _____		
<b>Have you ever been hospitalised for a psychiatric condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you currently or have you EVER been treated for substance abuse / dependency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>How did you come to be involved in the program?</b> (tick the box that bests describes your referral)		
<input type="checkbox"/> Head about it from a friend <input type="checkbox"/> Department of Human Services <input type="checkbox"/> Solicitor/Barrister suggested participation <input type="checkbox"/> Employment Plus <input type="checkbox"/> Court mandated/directed <input type="checkbox"/> Salvation Army corps/centre <input type="checkbox"/> Community corrections <input type="checkbox"/> Other _____		
<b>Is your involvement with the Positive Lifestyle Program voluntary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>My program will be conducted as</b> <input type="checkbox"/> one-on-one or <input type="checkbox"/> group work (ask facilitator)		
<b>How do you feel about participating in the program?</b> <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative		
<b>Do you expect to benefit from participating?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No		
<b>Please briefly write some of your thoughts and feelings related to commencing the program</b>		

**IMPORTANT – PLEASE READ THIS BEFORE CONTINUING**

There are no right or wrong answers to any of the following statements. Do not spend too much time on any one statement.

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate **how you feel right now, that is, at this moment.**

STAI Y-1	Not at all	Somewhat	Moderately so	Very much so
1. I feel calm	1	2	3	4
2. I feel secure	1	2	3	4
3. I am tense	1	2	3	4
4. I feel strained	1	2	3	4
5. I feel at ease	1	2	3	4
6. I feel upset	1	2	3	4
7. I am presently worried	1	2	3	4
8. I feel satisfied	1	2	3	4
9. I feel frightened	1	2	3	4
10. I feel comfortable	1	2	3	4
11. I feel self confident	1	2	3	4
12. I feel nervous	1	2	3	4
13. I feel jittery	1	2	3	4
14. I feel indecisive	1	2	3	4
15. I am relaxed	1	2	3	4
16. I feel content	1	2	3	4
17. I am worried	1	2	3	4
18. I feel confused	1	2	3	4
19. I feel steady	1	2	3	4
20. I feel pleasant	1	2	3	4

**PLEASE READ THIS BEFORE CONTINUING**

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate **how you generally feel**.

STAI Y-2	Not at all	Somewhat	Moderately so	Very much so
21. I feel pleasant	1	2	3	4
22. I feel nervous and restless	1	2	3	4
23. I feel satisfied with myself	1	2	3	4
24. I wish I could be as happy as others seem to be	1	2	3	4
25. I feel like a failure	1	2	3	4
26. I feel rested	1	2	3	4
27. I am "calm, cool, and collected"	1	2	3	4
28. I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29. I worry too much over something that really doesn't matter	1	2	3	4
30. I am happy	1	2	3	4
31. I have disturbing thoughts	1	2	3	4
32. I lack self confidence	1	2	3	4
33. I feel secure	1	2	3	4
34. I make decisions easily	1	2	3	4
35. I feel inadequate	1	2	3	4
36. I am content	1	2	3	4
37. Some unimportant thoughts run through my mind and bother me	1	2	3	4
38. I take disappointments so keenly that I can not put them out of my mind	1	2	3	4
39. I am a steady person	1	2	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

**PLEASE READ THIS BEFORE CONTINUING**

Below is a list of statements dealing with your **general feelings about yourself**. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

SES	Strongly agree	Agree	Disagree	Strongly disagree
1. On the whole, I am satisfied with myself.	SA	A	D	SD
2. At times, I think I am no good at all.	SA	A	D	SD
3. I feel that I have a number of good qualities.	SA	A	D	SD
4. I am able to do most things as well as most other people.	SA	A	D	SD
5. I feel I do not have much to be proud of.	SA	A	D	SD
6. I certainly feel useless sometimes.	SA	A	D	SD
7. I feel that I'm a person of worth, at least on equal plane with others.	SA	A	D	SD
8. I wish I could have more respect for myself.	SA	A	D	SD
9. All in all, I am inclined to feel I am a failure.	SA	A	D	SD
10. I take a positive attitude towards myself.	SA	A	D	SD

**PLEASE READ THIS BEFORE CONTINUING**

This section has 34 statements **about how you have been feeling over the last week**. Please read each statement and think **how often you felt that way last week**. Then circle the number which is closest to this.

CORE-OM	Not at all	Only occasionally	Sometimes	Often	Most of the time
1. I have felt terribly alone and isolated	0	1	2	3	4
2. I have felt tense, anxious, or nervous	0	1	2	3	4
3. I have felt I have someone to turn to for support when needed	0	1	2	3	4
4. I have felt okay about myself	0	1	2	3	4
5. I have felt totally lacking in energy and enthusiasm	0	1	2	3	4
6. I have been physically violent towards others	0	1	2	3	4
7. I have felt able to cope when things have gone wrong	0	1	2	3	4

	Not at all	Only occasionally	Sometimes	Often	Most of the time
8. I have been troubled by aches, pains, or other physical problems	0	1	2	3	4
9. I have thought of hurting myself	0	1	2	3	4
10. Talking to people has felt too much for me	0	1	2	3	4
11. Tension and anxiety have prevented me doing important things	0	1	2	3	4
12. I have been happy with the things I have done	0	1	2	3	4
13. I have been disturbed by unwanted thoughts and feelings	0	1	2	3	4
14. I have felt like crying	0	1	2	3	4
15. I have felt panic or terror	0	1	2	3	4
16. I made plans to end my life	0	1	2	3	4
17. I have felt overwhelmed by my problems	0	1	2	3	4
18. I had difficulty getting to sleep or staying asleep	0	1	2	3	4
19. I have felt warmth or affection for someone	0	1	2	3	4
20. My problems have been impossible to put to one side	0	1	2	3	4
21. I have been able to do most things I needed to	0	1	2	3	4
22. I have threatened or intimidated another person	0	1	2	3	4
23. I have felt despairing or hopeless	0	1	2	3	4
24. I have thought it would be better if I were dead	0	1	2	3	4
25. I have felt criticised by other people	0	1	2	3	4
26. I have no friends	0	1	2	3	4
27. I have felt unhappy	0	1	2	3	4
28. Unwanted images or memories have been distressing me	0	1	2	3	4
29. I have been irritable with other people	0	1	2	3	4
30. I have thought I am to blame for my problems and difficulties	0	1	2	3	4
31. I have felt optimistic about my future	0	1	2	3	4
32. I have achieved things I wanted to	0	1	2	3	4
33. I have felt humiliated or shamed by other people	0	1	2	3	4
34. I have hurt myself physically or taken dangerous risks with my health	0	1	2	3	4

**IMPORTANT – PLEASE READ THIS BEFORE CONTINUING**

Below is a list of statements dealing with your **general feelings about yourself**. Read each statement and then circle the appropriate number to the right of the statement to indicate **how you generally feel**.

GSE	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough	1	2	3	4
2. If someone opposes me, I can find the means and ways to get what I want	1	2	3	4
3. It is easy for me to stick to my aims and accomplish my goals	1	2	3	4
4. I am confident that I could deal efficiently with unexpected events.	1	2	3	4
5. Thanks to my resourcefulness, I know how to handle stressful unforeseen situations	1	2	3	4
6. I can solve most problems if I invest the necessary effort	1	2	3	4
7. I can remain calm when facing difficulties because I can rely on my coping abilities	1	2	3	4
8. When I am confronted with a problem, I can usually find several solutions	1	2	3	4
9. If I am in trouble, I can usually think of a solution	1	2	3	4
10. I can handle whatever comes at me	1	2	3	4

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE