

## Facilitator Descriptives – This form only needs to be completed once

<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"/>					
The following personal information is needed only to help analyse the data and draw more meaningful conclusions from the research project. <u>Your responses will remain strictly confidential</u> and your identity replaced with a code that cannot be linked with your identify.					
<b>Name:</b> <input style="width: 95%;" type="text"/>					
<b>Age:</b> <input style="width: 30%;" type="text"/>	<b>Gender:</b> <input type="checkbox"/> Male / <input type="checkbox"/> Female				
<b>Date:</b> <input style="width: 60%;" type="text"/>					
<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 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"/> Master Degree <input type="checkbox"/> Graduated from secondary school <input type="checkbox"/> Graduate Certificate/Diploma <input type="checkbox"/> PhD <input type="checkbox"/> Trade Qualification <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor degree with honours					
<b>If your education, training or experience is relevant to your role as a PLP facilitator, please briefly explain how</b>					
..... ..... .....					
<b>Please indicate your work status as a PLP facilitator (tick one)</b>					
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify) _____					
<b>On average, how many hours a week do you facilitate the program? (Client contact hours only)</b> _____					
<b>What is your position title where you facilitate the Positive Lifestyle Program?</b> _____					
<b>How long have you have facilitated the Positive Lifestyle Program?</b>	<table border="1" style="float: right; border-collapse: collapse;"> <thead> <tr> <th style="width: 50px;">Years</th> <th style="width: 50px;">Months</th> </tr> </thead> <tbody> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </tbody> </table>	Years	Months		
Years	Months				
<b>If you are involved in the provision of other types of therapies with clients, please tick the box you most identify with – otherwise, leave blank or run a pen diagonally through this box.</b>					
<input type="checkbox"/> Psychodynamic <input type="checkbox"/> Psychoanalytic <input type="checkbox"/> Cognitive <input type="checkbox"/> Behavioural <input type="checkbox"/> CBT <input type="checkbox"/> Structured/Brief <input type="checkbox"/> Person-centred <input type="checkbox"/> Integrative <input type="checkbox"/> Systemic <input type="checkbox"/> Supportive <input type="checkbox"/> Art <input type="checkbox"/> Other (specify below) _____					
<b>Client involvement in the above is mostly concerned with or related to</b>					
<input type="checkbox"/> Depression <input type="checkbox"/> Trauma/Abuse <input type="checkbox"/> Anxiety <input type="checkbox"/> Bereavement/Loss <input type="checkbox"/> Psychosis <input type="checkbox"/> Self esteem <input type="checkbox"/> Addictions <input type="checkbox"/> Personality Problems <input type="checkbox"/> Work/Academic <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Spirituality <input type="checkbox"/> Interpersonal/relationship <input type="checkbox"/> Other (specify below) _____					
<b>Do you receive regular supervision? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, How often?</b> _____					

Please use the following scale to indicate your response to the statements below

**The program is not helpful in assisting clients resolve wellbeing concerns**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**Participants are provided with life enhancing skills**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**The program fails to cover participants concerns**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**Participant's self-esteem is enhanced by the Positive Lifestyle Program**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**Weekly booklets and time restraints limit clients exploring personally meaningful concerns**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**The program accomplishes its aim in enhancing participant's self-worth**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**The program's content adequately covers participants concerns**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**Participants self awareness is enhanced as a result of the program content**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**The program offers clients new and adaptive ways of dealing with anxiety and stress**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**Participants become aware of their destructive and self defeating behaviours**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**The program does not provide tools future success in life**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**Participants explore and evaluate their own personal experiences**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**Participants know no more about themselves than when they began the program**

1. Strongly agree      2. Agree      3. Undecided      4. Disagree      5. Strongly disagree

**Overall, I rate the Positive Lifestyle Program as**

1. Excellent    2. Very good    3. Good    4. Average    5. Poor    6. Very poor    7. Rubbish

**Overall, how effective do you believe the Positive Lifestyle Program to be**

1. Very effective    2. Effective    3. Unsure    4. Poor    5. Very ineffective

**Rank the sessions/booklets in their therapeutic value** (1 being the most valuable, 10 being the least)

.... Self-Awareness      .... Anger      .... Depression      .... Stress      .... Loneliness  
 .... Grief and Loss      .... Problem Solving      .... Assertiveness      .... Self Esteem      .... Goal Setting

If you require additional pages to answer any of these questions, please check the below box and attach the additional pages behind this form when mailing in the package.

Additional attachments   
Pages ...

If you were responsible for redeveloping the program, what changes would you make?

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What element/s of the program are most beneficial?

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What elements need to be improved or discarded?

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What challenges do you face in facilitating the program?

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Do you have any other comments regarding the Positive Lifestyle Programme?

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Do you have any other comments or thoughts that you would like to make known to Salvation Army leadership in relation to the Positive Lifestyle Programme?

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