



ISETYENZISWA E-OFFISINI

Yazisa indawo yakho (indawo ohlala kuyo)

Umazisi wakho (client/isiguli/patient)

iID yeTherapist

Usuku okwagqitywa ngalo le fomu

Unyaka Inyanga Umhla

Ubudala

Umfazi

Indoda

Inqanaba

I-episodi

bhala ixesha ogqibe ngalo
 1 Ekuqaleni
 2 Ekuyibhekiseni komnye umntu
 3 Xilonga
 4 Indibano yokuqala yetherapy
 5 Itherapy yangaphambili ayixelwanga
 6 Kwinkqubo yetherapy
 7 Kwinkqubo yetherapy yokugqibela
 8 Elandelayo yokuqala
 9 Elandelayo yesibini

KUBALULEKILE- NCEDA FUNDA APHA KUQALA

Le fomu inenkcazelo ezingama-10 zokuba ubuziva njani na KULE VEKI IPHELILEYO. Nceda funda inkcazelo nganye uze ucinge ukuba uzive njalo kangakanani na kwiveki ephelileyo. Phawula ibhokisi ekufutshane nendlela ozive ngayo nge-

Kule veki iphelileyo

| | Khange konke konke | Kancinci | Ngamaxesha athile | Kakhulu | Phantse ngamaxesha onke/Rinogo |
|--|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|
| 1 Bendibambe umzimba, ndinexhala okanye ndiphaku-phaku | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2 Ndizive ndinaye umntu onokundixhasa xa ndidinga inkxaso | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 3 Ndizive ndikwazi ukumelana nezinto xa zingahambi kakuhle | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 4 Bendizitsala ukuthetha nabantu | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5 Bendinonxunguphalo noloyiko | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6 Ndiye ndenza amalungiselelo okuzibulala | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7 Andilali kakuhle okanye ndiyaphuthelwa | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8 Ndizive ndinikezele okanye ndiphelelwe lithemba | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9 Ndizive ndingonwabanga | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10 Imifanekiso engafunekiyo yezinto ezenzekayo, okanye iinkumbulo ezingafunekiyo bezindihlupha | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Amanqaku ewonke*

Indlela yokwenza/procedure. Dibanisa amanqaku (uze wahlule) uze wahlule ngenani lemibuzo egqityiweyo ukuze kufunyanwe i'mean score, uze uphindaphinde kalishumi ukuze ufumane inqaku le clinical. Ukuba amanqaku angaphantsi kwethoba agqityiweyo, kufuneka ujongisise kakuhle phambi kokuba uwasebenzise. Indlela elula yokwenza (xa wonke amanqaku egqityiwe). Dibanisa amanqaku ukuze ufumane inqaku le clinical.

SIYABULELA NGOKUGCWALISA ELI PHETSHANA LEMIBUZO