



CORE SF-A

**ISETYENZISWA E-OFSINI**

Umazisi wakho (client/isiguli/patient)

iID yeTherapist

Usuku okwagqitywa ngalo le fomu

Unyaka
 Inyanga
 Umhla

Yazisa indawo yakho (indawo ohlala kuyo)

**bhala ixesha ogqibe ngalo**

F Indibano yokuqala yetherapy

D Kwinkqubo yetherapy

L Kwinkqubo yetherapy yokugqibela

Inkqubo yetherapy (yokuqala iilingana no 001)

## KUBALULEKILE- NCEDA FUNDA APHA KUQALA

Le fomu inenkcuzelo ezingama-18 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 veiki iphelileyo

|   | Khangela konke konke       | Kancinci                   | Ngamaxesha athile          | Kakhulu                    | Phantse ngamaxesha onke/Rhogo | ISETYENZISWA E-OFSINI      |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|
| 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    | <input type="checkbox"/> P |
| 2 Ndizive kakuhle ngesiqu sam   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0    | <input type="checkbox"/> W |
| 3 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    | <input type="checkbox"/> P |
| 4 Imizamo yam iphumelele  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0    | <input type="checkbox"/> F |
| 5 Ndizive ndiyintlekisa ndiphoxekile kwabanye abantu  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> F |
| 6 Ndizive ndifuna ukukhala  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> W |
| 7 Ndiva ubushushu okanye uthando komnye umntu   | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0    | <input type="checkbox"/> F |
| 8 Bekungakwazeki ukubeka iingxaki zam ecaleni   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> P |
| 9 Bendindlongo-ndlongo kwabanye abantu  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> R |
| 10 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    | <input type="checkbox"/> P |
| 11 Ndiva ngathi abanye abantu bayandigxeka  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> F |
| 12 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    | <input type="checkbox"/> F |
| 13 Ndizive ndingonwabanga   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> P |
| 14 Bendikruquka xa ndinabanye abantu  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> F |
| 15 Ndiva iingxaki zam zindongamele  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> W |
| 16 Bendinonxunguphalo noloyiko  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> P |
| 17 Ndizive ndinethemba ngengomso lam  | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0    | <input type="checkbox"/> W |
| 18 Ndizenzakalisile okanye ndenze izinto ukubeka impilo yam emngciphekweni                    | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4    | <input type="checkbox"/> R |

### Amanqaku ewonke

#### i'mean score

(Amanqaku ewonke kuluhlu ngalunye ahluha-hluwe ngenani lamanqaku apheleleyo kwelo luhlu)

