

## Pre Assessment

Counsellor ID:

Activity #:

|  |   |
|--|---|
| <p><b>Please completely fill in the circle under the appropriate answer.</b></p> | <p>Example of <u>correctly</u> filling in the Circle <input checked="" type="radio"/></p> <p>Example of <u>incorrectly</u> filling in the Circle <input type="checkbox"/></p> |
|--|---|

1. Are you currently off work, on leave?  Yes  No
2. For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.
- No Absence (0 hours)       Absent less than half a day (< 4 hours)       Absent Less than a full day (< 8 hours)       Absent from one to three days (8 to 24 hours)       Absent more than three days (25 to 160 hours)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <p><b>INSTRUCTIONS FOR ITEMS 3 - 6: The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past 30 days. Use the 1-5 response key to the right.</b></p> | <p><b>Strongly Disagree</b></p> <p><b>1</b></p>  | <p><b>Somewhat Disagree</b></p> <p><b>2</b></p>  | <p><b>Neutral</b></p> <p><b>3</b></p>  | <p><b>Somewhat agree</b></p> <p><b>4</b></p>   | <p><b>Strongly agree</b></p> <p><b>5</b></p>   |
| <p>3. My personal problems kept me from concentrating on my work.</p> <p>4. I am often eager to get to the work site to start the day.</p> <p>5. So far, my life seems to be going very well.</p> <p>6. I dread going into work.</p>                               | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> |

**Please stop here, the following section will be completed at the last session.**

## Post Assessment

Counsellor ID:

Activity #:

|  |   |
|--|---|
| <p><b>Please completely fill in the circle under the appropriate answer.</b></p> | <p>Example of <u>correctly</u> filling in the Circle <input checked="" type="radio"/></p> <p>Example of <u>incorrectly</u> filling in the Circle <input type="checkbox"/></p> |
|--|---|

1. Are you currently off work, on leave?  Yes  No
2. For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.
- No Absence (0 hours)       Absent less than half a day (< 4 hours)       Absent Less than a full day (< 8 hours)       Absent from one to three days (8 to 24 hours)       Absent more than three days (25 to 160 hours)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <p><b>INSTRUCTIONS FOR ITEMS 3 - 6: The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past 30 days. Use the 1-5 response key to the right.</b></p> | <p><b>Strongly Disagree</b></p> <p><b>1</b></p>  | <p><b>Somewhat Disagree</b></p> <p><b>2</b></p>  | <p><b>Neutral</b></p> <p><b>3</b></p>  | <p><b>Somewhat agree</b></p> <p><b>4</b></p>   | <p><b>Strongly agree</b></p> <p><b>5</b></p>   |
| <p>3. My personal problems kept me from concentrating on my work.</p> <p>4. I am often eager to get to the work site to start the day.</p> <p>5. So far, my life seems to be going very well.</p> <p>6. I dread going into work.</p>                               | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> | <input type="radio"/><br><input type="radio"/><br><input type="radio"/><br><input type="radio"/> |