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**POST-THERAPY ASSESSMENT QUESTIONNAIRE**

**Instructions:** Please take a few minutes to reflect on your progress throughout therapy. Your responses will help us evaluate the effectiveness of the sessions. All responses are confidential.

### **Personal Information**

**Full Name:**

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**Date of Birth:**

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**Date of Assessment:**

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**Counsellor Name:**

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### **1. How are you currently managing your daily life responsibilities?**

* (a) I am struggling significantly.
* (b) I find it difficult but can cope.
* (c) I am managing fairly well.
* (d) I am doing well with no major difficulties.

### **2. How would you describe your overall emotional well-being?**

* (a) I feel overwhelmed and distressed most of the time.
* (b) I experience frequent emotional struggles.
* (c) I feel emotionally stable but have occasional struggles.
* (d) I feel emotionally healthy and balanced.

### **3. How satisfied are you with your relationships (family, friends, work, etc.)?**

* (a) I feel isolated and disconnected from others.
* (b) I have strained relationships but some support.
* (c) I have stable relationships with occasional challenges.
* (d) I feel well-supported and connected to those around me.

### **4. What progress have you made in the challenges you initially sought therapy for?**

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### **5. Looking back, what has changed for you since beginning therapy?**

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### **6. What aspects of therapy were most helpful to you?**

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### **7. Do you feel you need further support after the completion of therapy?**

* (a) No, I feel confident moving forward.
* (b) Yes, I would like occasional follow-up sessions.
* (c) Yes, I need continued therapy.

### **8. Any additional comments or feedback?**

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**9. Would you be willing to share a brief review of your experience with Kuthetha Nathi and the counselling you received?**

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**10. Do we have your permission to use your response above for public purposes** (e.g., website, funding reports), without including your name or any identifying information?

**☐ Yes  ☐ No**

**11. How can we improve our services?**  
(Please share any suggestions you think would help us support people better.)

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**Thank you for completing this assessment. Your feedback is valuable in improving our services.**