



CORE-OM

ISETYENZISWA E-OFSINI

Yazisa indawo yakho (indawo ohlala kuyo)

Ubudala

Umfazi

Umazisi wakho (client/isiguli/patient)

Indoda

iID yeTherapist

bhala ixesha ogqibe ngalo

- 1 Ekuqaleni
- 2 Ekuymbhekiseni 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

Inqanaba

Usuku okwagqitywa ngalo le fomu

I-episodi

Unyaka

Inyanga

Umhla

KUBALULEKILE- NCEDA FUNDA APHA KUQALA

Le fomu inenkcazelo ezingama-34 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

| | <i>Khange konke konke</i> | <i>Kancinci</i> | <i>Ngamaxesha athile</i> | <i>Kakhulu</i> | <i>Phantse ngamaxesha onke/Rhoqo</i> | <i>ISETYENZISWA E-OFSINI</i> |
|--|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------------|------------------------------|
| 1 Ndizive ndindedwa ndililolo | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> F |
| 2 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 |
| 3 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 | <input type="checkbox"/> F |
| 4 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 |
| 5 Ndizive ndityhafile ndingenamandla akwenza nto | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> P |
| 6 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 |
| 7 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 |
| 8 Bendikhathazwa ziintlungu, iingqaqambo okanye ezinye iingxaki zomzimba | <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 Bendinengcinga yokuzenzakalisa | <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 Bendizitsala ukuthetha nabantu | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> F |
| 11 Ukubamba umzimba nonxunguphalo kundithintele ukwenza izinto ezibalulekileyo | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> P |
| 12 Zindonwabisile izinto endizenzileyo | <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 Bendiphazanyiswe ziingcinga neemvakalelo ezingafunekiyo | <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 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 |

Nceda uguqule iphepha

Kule veki iphelileyo

Khange konke
Konke
Kancinci
Ngamaxesha
athile
Kakhulu
Phantse
ngamaxesha
onke/Rhoqo
ISETYENZISWA
E-OPISINI

| | | | | | | | | |
|----|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------|---|
| 15 | 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 |
| 16 | Ndiye ndenza amalungiselelo okuzibulala | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> | R |
| 17 | Ndive 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 |
| 18 | Andilali kakuhle okanye ndiyaphuthelwa | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> | P |
| 19 | Ndive 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 |
| 20 | 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 |
| 21 | Ndikwazile ukuzenza izinto ezininzi ebendinga ukuzenza | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> | F |
| 22 | Ndigrogrise okanye ndoyikisa omnye umntu | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> | R |
| 23 | 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 |
| 24 | Ndicinge ukuba bekunokuba ngcono ukuba bendifile | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> | R |
| 25 | Ndive 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 |
| 26 | Ndicinge ukuba andinabahlobo | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> | F |
| 27 | 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 |
| 28 | 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 |
| 29 | 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 |
| 30 | Ndicinge ukuba ndizenzile ngeemeko neengxaki zenzima zam | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> | P |
| 31 | 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 |
| 32 | 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 |
| 33 | 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 |
| 34 | 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 |

SIYABULELA NGOKUGCWALISA ELI PHETSHANA LEMIBUZO

Amanqaku ewonke

i'mean score

(Amanqaku ewonke kuluhlu ngalunye ahlula-hlulwe ngenani lamanqaku apheleleyo kwelo luhlu)

