

EVALUATION SHEET:

We would appreciate it greatly if you would please take a moment to complete this questionnaire. It is only so that we may gather a better idea on how you are presently coping with the situation in the country of which you are so courageously serving. Please note that there are no right nor wrong answers, it pertains only to you, therefore the only requirement that we have is that you would please be honest.

1. How do you feel the current situation is affecting you?

2. Please describe on how you believe that you are handling or relating to the current situation, both spiritually and emotionally.

3. How do you believe the concerns for your community and/or people you minister to are affecting you?

4. Are you carrying any concerns for your fellow staff members "well being" in the current situation and if so how are those concerns affecting you.

5. How do you believe your leaders are relating to you in the current situation?

6. From your perspective how is the current situation affecting team relationships at present?

7. Have you had any contact with your family in recent weeks concerning the current situation and if so when last did you have contact.

8. Do they have any concerns to your family's response and if so what might they be and how do you believe they are affecting you.

9. Do you feel understood by your colleagues and leaders in the way that you are interpreting the event/s both emotionally physically and spiritually? If not please comment.

10. In your opinion how do you believe we could be of assistance?

11. Are you able to relate to any of the following feelings?
Please check "YES" or "NO" of the one's that are appropriate for you, and to which degree of intensity and frequency you believe you are experiencing them.

Degree of intensity.

1 = little response

5 = coping ok

6 to 8 = not really coping

10 = experiencing a place of anxiety and a sense of not been in control of particular feelings.

Degree of frequency

1 = Once a fortnight or fortnightly

2 = Once a week or weekly

3 = three to four times a week

4 = Daily

EXAMPLE:

Vulnerability yes 6

Felt Emotions	Yes/No	Score	Degree of Frequency
Suspicious	_____	_____	_____
Vulnerability	_____	_____	_____
Threatened	_____	_____	_____
Anxious/fearful	_____	_____	_____
Depression	_____	_____	_____
Insecure	_____	_____	_____
Lack of focus or concentration	_____	_____	_____

Felt Emotions Cont	Yes/No	Score	Degree of Frequency
Jumpy	_____	_____	_____
Unable to sleep at night	_____	_____	_____
Angry	_____	_____	_____
Irritable	_____	_____	_____
Withdrawing	_____	_____	_____
Confused	_____	_____	_____
Feelings of guilt	_____	_____	_____
Lack of motivation	_____	_____	_____

Other Feelings.

We would like to thank you for taking the time and the effort that you have taken for this questionnaire, the information would serve to help us define how we could assist more appropriately.

Trauma Response Team.