

ADDENDUM A
ZUNG SELF-RATING ANXIETY SCALE

For each item below, please check the column that best describes how often you felt or behaved this way during the past several days.

	A little of the time	Some of the time	A good part of the time	Most of the time
1. I feel more nervous and anxious than usual.				
2. I feel afraid for no reason at all.				
3. I get upset easily or feel panicky.				
4. I feel like I'm falling apart and going to pieces.				
5. I feel that everything is all right and nothing bad will happen.				
6. My arms and legs shake and tremble.				
7. I am bothered by headaches and neck and back pain.				
8. I feel weak and get tired easily.				
9. I feel calm and can sit still easily.				
10. I can feel my heart beating fast.				
11. I am bothered by dizzy spells.				
12. I have fainting spells or feel like it.				
13. I can breathe in and out easily.				
14. I get numbness and tingling in my fingers and toes.				

	A little of the time	Some of the time	A good part of the time	Most of the time
15. I am bothered by stomach aches or indigestion.				
16. I have to empty my bladder often.				
17. My hands are usually dry and warm.				
18. My face gets hot and blushes.				
19. I fall asleep easily and get a good night's rest.				
20. I have nightmares.				

How is the Zung Self-Rating Anxiety Scale Scored?

Despite its simplicity, the Zung Self-Rating Scale for anxiety is widely used in the psychiatric field. It is not considered a replacement for a professional diagnosis. Still, it has been proven at least internally reliable in many different tests and continues to be used in the clinical field.

The rating scale is scored from 1 to 4 points. Most answers go in order of 1 (a little of the time) to 4 (most of the time). However, questions 5, 9, 13, 17, and 19 are scored in the opposite order since they represent positive/non-anxiety statements.

Scores are then calculated, and individuals are given the following results:

- 20-44 Normal Range
- 45-59 Mild to Moderate Anxiety Levels
- 60-74 Marked to Severe Anxiety Levels
- 75-80 Extreme Anxiety Levels

This is designed to give you a better idea of your anxiety in terms of severity.

Sources

1. William WK Zung. [A Rating Instrument for Anxiety Disorders](#). 12(6): Psychosomatics 371-379. 1971.

ADDENDUM B

HAMILTON ANXIETY RATING SCALE

The Hamilton Anxiety Rating Scale is a clinician-rated scale meant to help determine how bad someone’s anxiety is in adults, teens, and kids. It is given a score based on how well fourteen different factors are combined. Please see the Structure section for a full list and explanation of the things and the process. Here are some phrases that people use to talk about different thoughts. Find the answer that best explains how bad the client’s conditions are and rate them accordingly. Pick one answer from the list of five for each of the fourteen questions.

Feeling / Signs / Symptoms	Not present 0	Mild 1	Moderate 2	Severe 3	Very Severe 4
1. Anxious Mood Worries, anticipation of the worst, fearful anticipation, irritability.					
2. Tension Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.					
3. Fears Of dark, of strangers, being left alone, of animals, traffic and of crowds.					
4. Insomnia Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.					
5. Intellectual Difficulty in concentration, poor memory.					
6. Depressed Mood Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.					

Feeling / Signs / Symptoms	Not present 0	Mild 1	Moderate 2	Severe 3	Very Severe 4
7. Somatic (muscular) Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.					
8. Somatic (sensory) Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.					
9. Cardiovascular Symptoms Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.					
10. Respiratory Symptoms Pressure or constriction in the chest, choking feelings, sighing, dyspnoea.					
11. Gastrointestinal Symptoms Difficulty in swallowing, wind abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.					
12. Genitourinary Symptoms Frequency of micturition, urgency of micturition, amenorrhoea, menorrhagia, development of rigidity, premature ejaculation, loss of libido, impotence.					
13. Autonomic Symptoms Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.					

Feeling / Signs / Symptoms	Not present 0	Mild 1	Moderate 2	Severe 3	Very Severe 4
14. Behaviour at Interview Fidgeting, restlessness of pacing, tremors of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.					

The person being evaluated is told to judge how much the client meets the given criteria.

A five-point ratio scale is used to give each item its own number. If the rate is 0, it means that the client does not have the feeling.

- A grade of 1 means that the counselee has a mild case of the feeling.
- A rating of 2 means that the counselee has a modest amount of the feeling.
- A grade of 3 means that the counselee has a strong tendency to feel that way.
- A score of 4 means that the counselee has a very strong presence of the feeling.

To use the Hamilton Anxiety Rating Scale, the clinician in charge goes through the fourteen questions and rates each one on its own using the five-point scale shown above.

When the evaluation is over, the clinician adds up all 14 scores to get a final number. A full score between 0 and 56 will be given by this figure. It has been predetermined that the results of the evaluation can be interpreted as follows:

- Total 17 or less: Mild anxiety severity
- Total 18 - 24: Moderate anxiety severity
- Total 25 - 30: Severe anxiety severity

Sources

1. M Hamilton. *The Assessment of Anxiety States by Rating*. 32 Br J Med Psychol 50-55. 1959.
2. W Maier, R Buller, M Philipp, & I Heuser. *The Hamilton Anxiety Scale: Reliability, Validity and Sensitivity to Change in Anxiety and Depressive Disorders*. 14(1) J Affect Disord 61-68. 1988.

ADDENDUM C
MASLACH BURNOUT INVENTORY

Most of the time, people use the Maslach burnout inventory (MBI) to determine if they are at risk of burnout. The MBI looks at three things to determine the burnout risk: exhaustion, depersonalization and personal success. No matter the answers, this tool should not be used as a scientific way to diagnose something. For each question, write down the score that goes with your answer. At the end of this questionnaire, add your scores for each area and look at how they relate.

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
Section A:	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score - Section A							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
Section B:	0	1	2	3	4	5	6
I feel I look after certain patients / clients / colleagues impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients / clients / colleagues make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care what happens to some of my patients / clients / colleagues.							
I've become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score - Section B							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
Section C:	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I'm easily able to understand what my patients / clients / colleagues feel.							
I look after my patients / clients / colleagues' problems very effectively.							
In my work I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I'm easily able to create a relaxed atmosphere with my patients / clients / colleagues.							
I feel refreshed when I've been close to my patients / clients / colleagues at work.							
Total score - Section C							

Scoring results - Interpretation

Section A: Burnout

Burnout or depressive anxiety syndrome testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, and physical / health problems. For the MBI and most authors, “exhaustion would be the key component of the syndrome.” Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total 18 - 29: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

Depersonalization or loss of empathy - Rather a dehumanization in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients/clients /colleagues, feelings of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients/clients/colleagues.

- Total five or less: Low-level burnout
- Total 6 - 11: Moderate burnout
- Total over 12: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total 34 - 39, inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

ADDENDUM D
COUNSELLING AGREEMENT

This Counselling Services Agreement ("Contract") is made and entered into on this _____ day of _____, 20_____, at _____ by and between:

Counsellor:

Full Name/s: _____ Surname: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Client:

Full Name/s: _____ Surname: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____

1. Services Provided

The Counsellor agrees to provide professional counselling services to the Client. The nature and scope of the counselling services will be mutually determined by both parties and may include individual, group, or family counselling sessions.

2. Session Fees and Payment

- The fee for each counselling session is R _____.
- Payment is due at the time of each session unless other arrangements have been made in advance.
- Accepted forms of payment include: _____.
- A receipt will be provided upon request.

3. Cancellation and Rescheduling Policy

- Clients must provide at least 24 hours' notice to cancel or reschedule an appointment.
- Cancellations or rescheduling requests made with less than 24 hours' notice may be subject to a cancellation fee of R_____.

4. Confidentiality

The Counsellor agrees to maintain the confidentiality of all Client information and will only disclose information with the Client's written consent, except as required by law (e.g., in cases of suspected child abuse or risk of harm to self or others).

5. Counsellor responsibilities

- The Counsellor agrees to be on time for sessions.
- The Counsellor agrees to refer the client if necessary.
- In case of emergency the counsellor can be contacted via the counselling centre (012 345 1181 x4)

6. Client Responsibilities

- The Client agrees to attend all scheduled sessions on time.
- The Client agrees to actively participate in the counselling process.
- The Client agrees to communicate openly and honestly with the Counsellor.

7. Termination of Services

Either party may terminate this Agreement at any time with written notice. The Client agrees to pay for any services rendered up to the date of termination.

8. Dispute Resolution

Any disputes arising out of or relating to this Agreement shall be resolved through mediation. If mediation is unsuccessful, the parties may pursue arbitration or legal proceedings.

9. Limitation of Liability

The Counsellor’s liability for any claim arising from this Agreement, including any cause of action based on negligence, shall be limited to the amount of fees paid by the Client for counselling services.

10. Entire Agreement

This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements, understandings, and representations, whether oral or written.

Client Acknowledgment

I, the undersigned Client, have read and understood the terms of this Agreement and agree to abide by them.

Client Signature: _____ Date: _____

Counsellor Acknowledgment

I, the undersigned Counsellor, agree to provide counselling services in accordance with the terms of this Agreement.

Counsellor Signature: _____ Date: _____

Important: Please complete pages 2 and 3 hereafter and sign as Indemnity and Client.

DISCLAIMER (for Adults)

I, the undersigned, _____
(hereinafter referred to as the "Client") hereby declare as follows:

1.

- I certify that I have personally scheduled an appointment with the Betesda Counselling Centre of Collage Community Church in Pretoria in order to receive therapeutic therapy and/or counselling from Betesda's staff, consultants, and/or professional personnel.
- I **hereby indemnify** and introduce, **in my personal capacity**, and/or on behalf of any of my dependents, my heirs, my administrators, executors or any other legal successor that I or the aforementioned client may have, Betesda Counselling Centres and/or Collage Community Church (and/or any of its staff, professional employees, consultants or other workers, whether they are involved with Betesda Counselling Centre, or not) harmless against any claims of whatsoever nature that may arise from the provision of counselling and/or therapeutic services, or any claims that may arise from the aforementioned services, as well as against any consequential loss or damage of whatsoever nature.
- I hereby undertake that I and/or the client mentioned above will subject myself/ourselves to the guidance, procedures and policies of Betesda Counselling Centre and I hereby give permission for confidential information to be shared with a multidisciplinary team at Betesda Counselling Centre.

This disclaimer will be valid from the date my treatment commences, alternatively from date of signing of this form, whichever is the earliest.

Signed to _____ op this ____ day of _____ 20__.

Client

TERMS AND CONDITIONS (for Adults)

1. If an appointment cannot be met for any reason, the appointment must be cancelled in advance – at least 12 hours in advance in the event of a crisis, but preferably 24 hours in advance – so that the counsellors can allocate the time differently.
2. If you do not show up for 2 consecutive sessions, that time slot is automatically given to the next person on the waiting list.
3. For quality service delivery, it is requested that you be punctual to your appointment.
4. The counsellors **do not get involved in any Court cases**. For these purposes, we suggest consulting with a private practice professional (i.e. **no reports are provided by the counsellor for any reason or use**).
5. The centre is unable to provide a babysitting facility when you come to see the counsellor.
6. No weapons are allowed at Betesda Counselling Centre.
7. Please note that Betesda Counselling Centre is a smoke-free area.
8. To comply with the POPI Act, Betesda Counselling Centre needs your permission to send you future communications via email, WhatsApp or SMS. Please check the appropriate box:

As a responsible party on behalf of myself and/or my family, I hereby give permission for my/our personal information in this document to be used by Betesda Counselling Centre to send me/us electronic communication regarding Betesda Counselling Centre's feedback and functioning:

Yes No:

I hereby declare that the above information provided by me is correct and that I have read and agree with the terms and conditions set forth above. I give permission for the relevant counsellor/therapist to make information available to relevant persons in furtherance of my (the client's) treatment but will still treat them with confidentiality.

Signed at _____ on this _____ day of _____ 20____.

Client

ADDENDUM E
COUNSELLING SCREENING/ASSESSMENT TEMPLATE

1. Basic Information:

Full name: _____ Surname: _____
Gender: _____ ID no: _____
Cell no: _____ Email address: _____
Occupation: _____ Referred by: _____
Physical address: _____ Renting/owning house: _____
Who lives with you/on the premises: _____
Emergency Contact: _____

• **Marital status:**

Single: ___ Married: ___ Divorced: ___ Widow/er: ___

If Married:

Name and Surname: _____

Date of Birth: _____ Gender: _____

• **Dependents:**

Number of dependents: _____

Relationship to each of the dependents: _____

2. Presenting Problem:

- What are the reasons for your visit today?

- Description of the Issue:

- Duration of the Problem:

- Impact on Daily Life:

3. Personal and Family History:

- Personal History:

- Significant Life Events:

- Medical History and medications using:

- Family History:

- Mental Health:

- Substance Abuse:

4. Mental Health History:

- Previous Counselling or Therapy (by whom, where and when):

- Any mental health diagnoses the client has received:

- Treatment if diagnosed:

5. Current Symptoms and Behaviours:

- Mood: (Depression, anxiety, irritability)

- Thought Patterns: (Negative thoughts, cognitive distortions)

- Behaviours: (Sleep patterns, eating habits, substance use)

- Physical Symptoms: (Headaches, fatigue, etc.)

6. Risk Assessment:

- General Emotional health Information

Check the issues below and tick the issue that applies to you if applicable:

(When did it start / what was happening in life at the time)

Depressed mood _____

Panic attacks _____

Anxiety _____

Memory lapse _____

Relationship problems _____

Mood swings _____

Phobias _____

Trouble planning _____

Hallucinations _____

Repetitive behaviours _____

Time loss _____

Excessive worry _____

Traumatic event _____

Homicidal thoughts _____

Rapid speech _____

- Have you had any suicidal thoughts recently? Yes No

- If yes, how often? Frequently Sometimes Rarely

- How intense is your distress? (0 is not at all and 10 is intense.)

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- To what degree do your problems affect your ability to perform at work, at home, and in your relationships with others? (0 is not at all and 10 is totally)

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- General Health Information

- How is your physical health at the present time? (0 is very bad and 10 is excellent)

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Please list any persistent physical symptoms or health concerns (e.g., chronic pain, headaches, hypertension, diabetes, thyroid dysfunction, etc.):

- Are you having any problems with your sleep habits? Yes No

- If yes, indicate those that apply:

Sleep too much Sleep too little Poor quality Disturbing dreams

Other: _____

- Are there any changes or difficulties with your eating habits? Yes No

- If yes, circle those that apply:

Eating less Eating more Binging Restricting

Other: _____

- Have you experienced a weight change in the last two months? Yes No

- Do you exercise regularly? Yes No

- If yes, how many days per week do you exercise? _____

- How many minutes/hours per session: _____

- Do you consume alcohol regularly? Yes No

- In one month, how many times do you have four or more drinks in a 24-hour period? _____

- Do you have any substance abuse issues? Yes No

- If your answer was yes in the previous question how often do you engage in recreational drug use? Daily Weekly Monthly Rarely

- If you use drugs, what kinds of drugs do you use:

- Are you currently in a romantic relationship? Yes No
- If yes, how long have you been in this relationship?

- On a scale from 1-10, how would you rate the quality of your relationship? (0 is very bad and 10 is excellent)

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- In the last year, have you had any major life changes (e.g., new job, moving, illness, relationship change, etc.)?

7. Strengths and Resources:

- Personal Strengths: (Client's strengths, e.g., resilience, problem-solving skills)

- Support Systems: (Family, friends, community support)

- Coping Mechanisms: (Healthy ways the client manages stress)

8. Goals for Counselling:

- Short-Term Goals:

- Long-Term Goals:

For official use only

Clinical Impressions:

- Initial Impressions: (Counsellor's initial thoughts based on the assessment)

- Possible Themes: (Potential mental health conditions to explore further)

- Areas of Focus: (Key areas to address in counselling)

Plan of Action:

- Intervention Strategies: (Proposed therapeutic approaches and techniques)

- Frequency of Sessions: (How often sessions will be held)

- Homework/Assignments: (Tasks for the client to work on between sessions)

- Next Steps: (Immediate next steps in the counselling process)

ADDENDUM F

Change Readiness Questionnaire

(Taken from *Sacred Cows Make the Best Burgers* by Robert Kriegel and David Brandt)

Focus on your performance at work. Answer each question honestly. Circle the number that most accurately describes your beliefs and your behaviors as they actually are, not as you would like them to be or think they should be.

Change Readiness Scale:

1 = Strongly Disagree.....6 = Strongly Agree

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. I prefer the familiar to the unknown. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I rarely second guess myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I'm unlikely to change plans once they're set. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I can't wait for the day to get started. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I believe in not getting your hopes too high. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. If something's broken, I'll find a way to fix it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I get impatient when there are not clear answers. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. I'm inclined to establish routines and stay with them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I can make any situation work for me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. When something important doesn't work out, it takes me time to adjust. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. I have a hard time relaxing and doing nothing. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. If something can go wrong, it usually does. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. When I get stuck I'm inclined to improvise solutions. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. I get frustrated when I can't get a grip on something. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. I prefer work that is familiar and within my comfort zone. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. I can handle anything that comes along. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Once I've made up my mind, I don't easily change it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. I push myself to the max. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. My tendency is to focus on what can go wrong. | 1 | 2 | 3 | 4 | 5 | 6 |

Readiness for Therapy Questionnaire (RTQ)

**Q1: It's essential that I work on my problems as soon as possible
because they are affecting the quality of my life**

Strongly agree	Agree	Undecided	Disagree	Strongly disagree
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Q2: I like to do things the way I've always done them and I don't want to change*

Strongly agree	Agree	Undecided	Disagree	Strongly disagree
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Q3: If I'm sceptical about something, I'm not willing to try it*

Strongly agree	Agree	Undecided	Disagree	Strongly disagree
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Q4: Even if therapy becomes difficult, I will stick with it to the end

Strongly agree	Agree	Undecided	Disagree	Strongly disagree
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Q5: In between the sessions, I will dedicate time to regularly practise the things I learn in therapy

Strongly agree	Agree	Undecided	Disagree	Strongly disagree
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Q6: I won't attend therapy if I have something more pressing or interesting planned*

Strongly agree	Agree	Undecided	Disagree	Strongly disagree
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