

FOLLOW-UP QUESTIONNAIRE

The questionnaire we are asking you to fill in (in three to six months after the end of the career counselling path you took part in) aims to highlight the activity's relevant outcomes from a personal and professional point of view.

Each question is followed by instructions for the correct completion of the questionnaire, the total duration of which should not exceed 10 minutes.

In accordance with the confidentiality of the contents, the answers will be treated anonymously.

Thank you for your cooperation.



FOLLOW-UP QUESTIONNAIRE

NAME AND SURNAME _____

CURRENT WORK STATUS _____

THE COUNSELLING COURSE

1. When did you finish the course?

2. How likely are you to follow the course again?

(1=very unlikely, 5=very likely)

1 2 3 4 5

Notes

3. Did you have the opportunity to talk with about what you achieved during the course?

Yes No

4. If yes, with who? (caregiver/friend/family member, etc.)

5. Have you recommended the course to other people?

Yes No

6. For what reason?

AREAS OF CHANGE

Please rank your 3 main expectations before starting the course by numbers in the circles (1=highest priority)

- ENHANCING MY SKILLS
- LEARNING MORE ABOUT THE EXTERNAL CONTEXT
- GAINING MORE KNOWLEDGE OF AVAILABLE OPPORTUNITIES
- RESOLVING A MOMENT OF PERSONAL AND PROFESSIONAL CRISIS
- FINDING A JOB
- CHANGING MY JOB
- FINDING A SUITABLE TRAINING PATH
- CHANGING THE WAY I SEE WORK
- GAINING MORE CONFIDENCE
- IMPROVING MY TIME MANAGEMENT
- OTHER _____

At the end of the course to what extent have your initial expectations been met?
(1= not at all; 5= completely)

Priority 1	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Notes
Priority 2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Notes
Priority 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Notes

FOLLOW-UP QUESTIONNAIRE

What do you think has changed most in your personal and professional life since following the course? (mark a maximum of 2 answers by ticking them with an X)

- MY SELF-IMAGE
- MY KNOWLEDGE OF OPPORTUNITIES IN THE EXTERNAL ENVIRONMENT
- MY AWARENESS OF MY COMPETENCES
- MY ABILITY TO MANAGE TIME
- MY ABILITY TO DEAL WITH EVERYDAY PROBLEMS
- MY IDEA OF WORK
- MY SCALE OF PRIORITIES
- MY IMAGE OF THE CAREGIVER IN THE WORLD OF WORK
- SELF-CONFIDENCE
- OTHER _____

How successful have you been so far in putting your action plan into practice?

(1 = not at all; 5= completely)

- 1 2 3 4 5

Notes

If there is still little you have been able to do, what is the most you need to do to put your action plan into practice? (choose a maximum of two answers)

- MORE SERVICES IN MY CITY/COUNTRY
- MORE LUCK
- MORE HELP FROM MY FAMILY
- MORE FACILITIES IN THE WORKPLACE
- MORE HELP FROM MY PARTNER
- MORE SELF-CONFIDENCE
- OTHER _____



FOLLOW-UP QUESTIONNAIRE

PROFESSIONAL SITUATION

Did you find a job after following our course?

Yes No

Does this job meet your expectations?

(1 = not at all; 5= completely)

1 2 3 4 5

Notes

Does this job meet your expectations?

(1 = At all; 10= completely)

1 2 3 4 5 6 7 8 9 10

Imagine you can make whatever changes you want in your job. What would you change?

Would you like to be in the same job in two years from now? Why yes? Why no?

Does this job give you motivation?

Does this job cover your financial needs?
