

# WORKPLACE OUTCOME SUITE – 5 ITEM VERSION

## GENERAL INSTRUCTIONS

Below is a series of statements that refer to aspects of your work and life experience that may be affected by the personal problems you want to address at the EAP during the past 30 days. Please read each item carefully and answer as accurately as you can.

			NUMBER OF HOURS				
AB	1.	For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.					
INSTRUCTIONS FOR ITEMS 2 – 5			STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past 30 days. Use the 1-5 response key to the right.							
PR	2.	My personal problems kept me from concentrating on my work.	1	2	3	4	5
WE	3.	I am often eager to get to the work site to start the day.	1	2	3	4	5
LS	4.	So far, my life seems to be going very well.	1	2	3	4	5
WD	5.	I dread going into work.	1	2	3	4	5

Copyright © Chestnut Global Partners 2013.07.02



For more information contact: Richard Lennox, Ph.D.  
rllenox@chestnut.org  
919.933.0797

Dave Sharar, Ph.D.  
dsharar@chestnut.org  
309.820.3570

1.800.433.7916

www.chestnutglobalpartners.org