

## **Questionnaire: Follow-up conversation**

Gender:	First name:	Surname:			
Date of birth:		(DD/MM/YY)	Conversation schedule	on:	_
1) What topics o last conversation	-	ou currently pred	occupied with? Are there	new ones since the	
2) What positive	changes can you	see/feel/notice s	since the last conversation	<u>on?</u>	
	ons since the last		kes you happy, have you /hat have you been able		
4) Close your of the problems. Who feel imagining the	eyes for a mome ere and how do y at you can achiev	ent and imagine you see yourself ye this?	e you are free from a ? Which visions/project	ll "worries", "fears" s emerge? How do	and es it