



Personal Strengths

+ My best qualities as a person are:

+ Something I would NOT change about myself is:

+ I am most proud of:

+ My sense of humor is:

+ The times I am most at peace are when:

+ People like that I am:

+ I feel really good about myself when:



Circle of Support



Circle 1: People you love, people who love you, people you would not want to live without

Circle 2: Close friends or relatives, people you count on, people you trust most

Circle 3: People you know from social clubs, hobbies, work, etc.

Circle 4: People who are meaningful, but you are not that close



GOAL EXPLORATION

Interests and Activities

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

This might include your hobbies, like playing music, writing, collecting, or whatever else you like to do. What are some of your interests or hobbies? What do you love to do? Are there things you would like to do more of? May include finding a new hobby, setting aside time to practice a current hobby, trying new things you enjoy, or finding time to relax.

Living Environment

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

Are you satisfied with your living situation right now? Do you like your neighborhood? Maybe you want to get your own place, or improve relations with a roommate? How would you like to change your living situation, if at all?

Employment

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

Would you like to work? What would you like to do? If you're working, do you enjoy your job? What would you like to improve about your work situation? May include advancing in your current career, furthering education, starting a business, or switching careers.



Learning

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

Are you interested in going back to school? Would you like to get your GED or go to college? What kinds of things are you interested in studying?

Financial

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

How is your financial situation? Is money something you worry about? Would you like help with managing your money or budgeting?

Lifestyle and Health

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

Do you have any concerns about your overall health? What do you do to take care of your health? Are you interested in taking better care of your health? Are there any habits you would like to change, such as smoking? May include exercising regularly, developing healthy eating habits, losing weight, or participating in a sport.



Faith and Spirituality

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

How important is faith/spirituality in your life? What type of spiritual or faith activities do you participate in? How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now?

Social/Relationships

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

Who are the most important people in your life right now? Who do you spend your time with? Do you have a romantic or intimate relationship? Are you satisfied with your sex life? Is there anyone you would like to spend more time with? May include devoting time to friendships, participating in social activities, or building a social support network. May also include spending more time with children, rekindling relationships with extended family members, trying new family activities, or improving communication.

Safety and Legal Issues

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

Are you dealing with any legal issues right now? Is probation or parole interfering with parts of your life? Are there ways you or others could help with these issues?



Psychiatric treatment and mental health symptoms

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

How much are your psychiatric symptoms interfering with your life? How much are your medications helping you? Are you being bothered by medication difficulties or side effects? How do you cope with your symptoms?

Drug and/or alcohol use

1 _____ 2 _____ 3 _____ 4 _____ 5
Not Important **Very Important**

Is your use of drugs or alcohol causing you problems in any way? Are you interested in cutting back or getting help to stop using? Do you want to work on maintaining your sobriety?

BARRIERS

What stands in the way of accomplishing your goals?

May include the need to develop a skill, learn something new, learn how to cope with distressing situations or symptoms, etc.

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