



NAME \_\_\_\_\_ DATE \_\_\_\_\_

This form will help us support you during the workshop. Our goal is to promote a sense of well-being, improving, growing and thriving within yourself, with friends and family. *All information is confidential.*

**PHYSICAL** Please rate 0-10 (0-none, 1-low function or ability, 10-high function or ability)

Mobility \_\_\_\_\_ Balance \_\_\_\_\_ Independent \_\_\_\_\_ Flexible \_\_\_\_\_ Sleep \_\_\_\_\_ Vision \_\_\_\_\_

Memory \_\_\_\_\_ Hearing \_\_\_\_\_ General Fitness Level \_\_\_\_\_ Daily Activities \_\_\_\_\_

How well are you able to stabilize yourself in general \_\_\_\_\_ After a trigger \_\_\_\_\_

Please list your current exercise both individual like yoga, aerobics, etc. or in a PT/OT program:

**EMOTIONAL/BEHAVIORAL** Please rate 0-10 if you feel they apply to you

(0-no effect, 1-has little effect/infrequent, 10-affects you a lot or frequent use)

Anxiety \_\_\_\_\_ Anger \_\_\_\_\_ Depressed \_\_\_\_\_ Fear \_\_\_\_\_ Hyperactivity \_\_\_\_\_ Easily Frustrated \_\_\_\_\_

Avoidant \_\_\_\_\_ Hard to Focus \_\_\_\_\_ Substance Use \_\_\_\_\_ Smoke \_\_\_\_\_ Alcohol \_\_\_\_\_

Current Therapies/Intervention: List and rank how helpful they are 0-10 (1-little help, 10-very helpful)

- 1.
- 2.
- 3.

**HOME AND FAMILY** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ (Check One)

Please rate the following that apply to you 0-10 (0-none of the time, 10-most of the time)

Close to Family \_\_\_\_\_ Able to Maintain Intimate Relationships \_\_\_\_\_ Ease Sharing Thoughts/Feelings \_\_\_\_\_

Difficulty Communicating \_\_\_\_\_ Feeling Isolated \_\_\_\_\_ Seek Support \_\_\_\_\_ Feel better with others \_\_\_\_\_

How much time do you spend in the company of friends? \_\_\_\_\_

Recreational interests \_\_\_\_\_

(Clubs/Hobbies/Recreation/individual/group activities)

**SPIRITUAL** Please rate the following that apply to you 0-10 (0-none, 10-most of the time)

Feel connected to the world around me \_\_\_\_\_ Able to Stay in the Present \_\_\_\_\_ Have Spiritual Practice \_\_\_\_\_

Find meaning in life \_\_\_\_\_ Appreciate beauty around me \_\_\_\_\_ Feel grounded within myself \_\_\_\_\_

Envision positive future \_\_\_\_\_ Do you have a spiritual community? \_\_\_\_\_ How much time with it? \_\_\_\_\_

## PERSONAL GOALS

What would you like to improve in your life in the next few months?

What is your biggest challenge now?