



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?