

Client Strengths Self-Assessment

Name DOB Date

What helps you function now?

What has helped you function in the past?

What are your coping skills?

What are your strengths?

What resources do you rely on in difficult situations?

How would you describe yourself at your optimal functioning?

What meaningful activities do you participate in?

How often do you participate in meaningful activities?

What are your spiritual beliefs, if any?

What are your religious beliefs, if any?

What are your cultural beliefs, if any?

How often do you have the following in your life:	<i>None/Never</i>	<i>A little</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
Emotional support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else I should know about your strengths?

