

Client Name: _____

Date of Birth: _____

Please rate how well you have been doing in the following areas of your life:

1. Managing your day-to-day responsibilities?

- Not well at all
- Fairly well
- Moderately well
- Quite well
- Very well

2. Maintaining positive relationships with others who are important to you?

- Not well at all
- Fairly well
- Moderately well
- Quite well
- Very well

3. Being able to decrease or stop your misuse of alcohol or other drugs?

- Not well at all
- Fairly well
- Moderately well
- Quite well
- Very well
- N/A

4. Managing your stress level?

- Not well at all
- Fairly well
- Moderately well
- Quite well
- Very well

5. Learning new skills that are helpful in dealing with your problems?

- Not well at all
- Fairly well
- Moderately well
- Quite well
- Very well