

Client's Concerns List

Name _____

Date _____

Rate the concerns on a basis of 1 to 10, with 1 = have not done anything to improve behavior and 10 = have improved behavior to what is wanted. (If you need more space, please write on back.)

What are your concerns now? How would you rate them? When did they start?	Rate	Date Started
1		
2		
3		
4		
5		
6		

How do you want your life to look in one year?

How do you want your life to look in five years?

If you found that you had one year to live, how would you LIKE to spend your time?

How do you want to be remembered after you pass from this life?

Check the one that best applies.	Yes	No
Are you ready to do the work it takes to make the changes needed?		
Do you have a job or someone who supports you financially?		
Do you have your high school diploma, GED, or higher education?		
Do you have family members who are there for you when you need them?		
Do you have friends who are there for you when you need them?		
Do you have a stable place to live?		
Do you have a car (or if a minor, someone you can always depend upon to take you places)?		
Do you have good health?		
Are you able to put money into savings each month?		
Do you believe in God or a Higher Power?		
TOTAL		