

Name: _____

My Wishes

If you were told that you could have 3 wishes, what would you wish for?

Wish 1: _____

Wish 2: _____

Wish 3: _____

Notes: _____

Life & Goals

Category	What I do well	Where I can Improve	My Goals
Family			
Friends			
Work			
Soul / Spirituality			
Body			
Mind / Mental Health			

About Me

Finish the following sentences

I am really good at _____

My favorite thing(s) about my job is _____

My job is difficult when _____

At work, I usually feel _____

One word my family would use to describe me is:

One word I would use to describe myself is:

It's hard for me to pay attention when _____

Last time I was proud of myself was _____

SSB Checklists

In the following assessment, think about how frequently, or how well, you are performing the different activities. The goal of this assessment is to help you learn about your self-care and independence needs by spotting patterns and recognizing areas of your life that need more attention.

For each statement, use the following to answer:

1 - I am struggling with this / I don't do this enough or at all

2 - I do this okay / I do this sometimes

3 - I do this well / I do this often

*- I want to work on it.

Physical Self-Care

1	2	3	*	Statements
				I eat healthy foods.
				I take care of my personal hygiene (shower, brush teeth, etc.)
				I make time to exercise.
				I wear clean clothes that help me feel good about myself.
				I eat 3 meals a day and/or have snacks throughout the day.
				I participate in fun activities.
				I get enough sleep.
				I schedule and attend regular doctors appointments.
				I schedule and attend regular dental appointments.
				I rest when I feel or when I am sick.
				My overall physical self-care.

Score: _____ /30 in Physical Self-Care

Notes: _____

SSB Checklists

Psychological/Emotional Self-Care

1	2	3	*	Statements
				I take time off or cancel my obligations.
				I participate in hobbies.
				I take breaks from electronics and other distractions.
				I make time to learn new things that are unrelated to work.
				I express my feelings in healthy ways (ex: art, writing, etc.)
				I recognize my own strengths and achievements.
				I make time to go on vacations or take day trips.
				I do things to comfort myself (ex: watching favorite movies, taking a bath, drinking some tea, etc.)
				I find and look for reasons to laugh.
				I talk about my problems with others.
				My overall psychological and emotional self-care.

Score: _____ /30 in Psychological/Emotional Self-Care

Notes: _____

SSB Checklists

Social Self-Care

1	2	3	*	Statements
				I spend time with people who I like (not including family)
				I call or write to friends and family who do not live with me.
				I have stimulating conversations with others.
				I make time to meet new people.
				I spend quality time with people I care about.
				I ask others for help when I need it.
				I do and make time to do enjoyable activities with others.
				I make plans with others.
				I share my experiences with others.
				I keep in touch with my friends even when I am busy.
				My overall social self-care.

Score: _____ /30 in Social Self-Care

Notes: _____

SSB Checklists

Independence Checklist

1	2	3	*	Statements
				I make all my own appointments.
				I pay all my own bills without support.
				I keep a calendar to remember when I have something to do.
				I cook my own meals.
				I set up my own routines.
				I shower and dress myself.
				When I notice something needs to be done, I do it.
				I maintain a clean environment.
				I am organized.
				I manage my own transportation.
				I speak up in meetings when I have concerns or need help.
				I go to the grocery store when I need to buy food.
				I can get wherever I need to go by finding my own transportation
				I do my chores without needing reminders.

Score: _____ /42 in Independence Rating

Notes: _____

SSB Checklists

Romance Checklist

1	2	3	*	Statements
				I am interested in dating.
				I want to find someone to love.
				I am interested in getting married one day.
				I want to have children of my own.
				My life would be better with a partner.
				I understand what love is and how to be in love.
				I have kissed someone before.
				I have had physical intimacy with someone before.
				I am interested in having a long-term partner.
				I have been in love before.

Score: _____ /30 in Romance interest

Notes: _____

SSB Checklists

Work/Career Checklist

1	2	3	*	Statements
				I love my current job.
				I earn a fair salary for my job.
				I love the work I do.
				I get along well with my co-workers.
				I really like my bosses/supervisors.
				The company I work for is an awesome company.
				I learn a lot at my job.
				I look forward to going to work.
				I am interested in making more money.
				I wish I could find a job/find a better job.

Score: _____ /30 in Career/work interest

Notes: _____

SSB Checklists

Mental Health Checklist

1	2	3	*	Statements
				I visit a therapist regularly.
				I see a doctor for prescription medications.
				I hear or see unusual things.
				I wish I didn't have to live anymore.
				My life is really challenging most days.
				I feel really sad and lonely.
				I worry constantly.
				I am afraid of the things I think about.
				I am scared of/worry about everything.
				Sometimes I don't know why I try.

Score: _____ /30 in Mental Health

Notes: _____

Exploring Your Stressors

Daily stressors:

In this section, write down your top 3 daily stressors, or the things that stress you out most days, then rate them on a scale of 1 to 10 with 1 being a little stressful and 10 being extremely stressful.

#	Stressor	Rating
1		
2		
3		

Major Life Changes:

In this section, write down any major life changes you are experiencing, then rate them on a scale of 1 to 10 with 1 being a little stressful and 10 being extremely stressful.

#	Major Life Changes	Rating
1		
2		
3		

Life Circumstances:

In this section, write down permanent or long-term circumstances that make life more challenging for you, then rate them on a scale of 1 to 10 with 1 being a little stressful and 10 being extremely stressful.

#	Life Circumstances	Rating
1		
2		
3		

Exploring Your Anti-Stressors

Daily Uplifters:

In this section, write down your top 3 daily uplifters, or the things that make you happy most days.

#	Uplifters
1	
2	
3	

Healthy Coping Strategies:

In this section, write down any healthy coping skills you use to reduce or manage your stress.

#	Coping Strategies
1	
2	
3	

Protective Factors:

In this section, write down characteristics or protective factors that help protect you for having additional stress.

#	Protective Factors
1	
2	
3	