Motivational Assessment

Name	Date of Birth
	Sex
	Date

Purpose	

The purpose of the assessment is to help you gain an accurate and realistic perspective of the strengths and problem areas in your life.

Having chosen what difficulty you want to work on, decide what you want to achieve and what you need to reach your goal.

Please answer the following questions with a tick for 'No problem' answers, and a cross for a 'Problems' answer, with a brief summary

PHYSICAL HEALTH & STRESSORS		
How healthy and physically fit are you?		
Any major illness in the last 5 years		
Do you consider you have a disability?		
PSYCHOLOGICAL HEALTH & SYMPTOMS		
Do you feel calm and in control of your life? If not, how do you feel & what is the trigger?		
Are you currently seeing or have you seen a psychiatrist, psychologist, psychotherapist or counsellor? Your reason(s) ?		
Are you currently having any sleeping problems?		
Have you ever suffered a trauma e.g. robbery RTA or other life threatening incident?		
Are you taking medication/treatment for a physical or mental condition?		
Do you currently experience:		
Flashbacks/Nightmares?*		
Voices in your head?*		
Wide mood swings ?*		
Extreme Guilt/Panic attacks ?*		
Have you attempted/thought of suicide?*		
* If 'Yes' is your answer to these questions you may wish to see your doctor, and note that e therapy is unlikely to be appropriate.		
Doctor Name Address **Phone no.**		

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PERSONAL HISTORY & CURRENT SUPPORT		
How was your childhood experience? E.g. good/bad, close/distant, encouragement v. criticism?		
How was your experience of school?		
Are you single, married, divorced, cohabiting or separated ?		
How are your relationships with your family and/or close friends?		
How concerned are you about your sex life or sexuality?		
Have you suffered a significant bereavement or loss?		
If you have caring responsibilities for children, the elderly, disabled or others, are there any difficulties for you?		

SOCIAL ISSUES		
Are gambling, your eating habits, smoking, alcohol/drug consumption or obsessions of concern to you?		
Do you have any worries about your housing or neighbourhood?		
Are you constantly worried about having enough money?		
Have you have any problems with debt?		
Have you been (or are you about to go) to court for any reason?		

SPIRITUAL/RELIGIOUS/BELIEF ISSUES
Do you believe in a God of any name or a Universal Power-helpful/harmful?
Do you have a sense of purpose in your life?
How do you see the world-good or bad or neutral or otherwise?

WORK MATTERS
Are you working/out of work? How is this for you?

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How do you get along with workmates and managers at work?		
Are you a victim of bullying or harassment at work?		
How concerned are you about job security?		
How fulfilling is your work?		

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ASSESSMENT SUMMARY
PHYSICAL HEALTH & STRESSORS
PSYCHOLOGICAL HEALTH & SYMPTOMS
PERSONAL HISTORY & CURRENT SUPPORT
SOCIAL ISSUES
SPIRITUAL/RELIGIOUS/BELIEF ISSUES
WORK MATTERS

In Confidence
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EVALUATION
What do you see as the fundamental problem to be tackled first?

RE-FRAMING THE PROBLEM-YOUR SOLUTION
If you were able to feel as good as you've ever felt, or can imagine feeling say, happy, excited, full of energy and confidence, able to tackle anything, what difference would it make? What would you be doing? How would your life be?
Your solution needs to be: Specific, Stated in the Positive, Within Your Own Control, Measurable, Realistic, Worthwhile, and Legal!

ACTION TO REACH YOUR SOLUTION
Where can you get help? Checkout Self-help Resources. Who or what may encourage and support you? How would you like to start? What can you do immediately? List below your first and subsequent steps? How will you reward yourself for each successful step? Action Plan