

# SELF-ASSESSMENT WORKSHEET



This is a working document whereby the social worker and client collaboratively use the information gathered. The document is not perceived as an assessment tool, but as an opportunity for the client and social worker to engage in dialogue; to give the client opportunity to respond in conjunction with the psycho-social; and to aid in the development of a case management plan.

**Physical Health: How is your health?**

Excellent  
Good  
Fair  
Poor  
Very Poor

Comments:

**Self-Acceptance/Self-Esteem**

**How do you feel about yourself as a person?**

Excellent  
Good  
Fair  
Poor  
Very Poor

Comments:

**Vocational / Occupational**

**(Includes student and homemaker). How would you judge your work/school situation?**

Excellent  
Good  
Fair  
Poor  
Very Poor

Comments:

**Immediate Family.**

**How are your relationships with your family and/or spouse?**

Excellent  
Good  
Fair  
Poor  
Very Poor

Comments:

**Intimate Relationship(s).**

**Is there anyone you feel really close to and rely on?**

Excellent  
Good  
Fair  
Poor  
Very Poor

Comments:

**Residential.**

**How do you judge your housing situation?**

Excellent  
Good  
Fair  
Poor  
Very Poor

Comments:

**Financial.**

**How do you describe your financial situation?**

Excellent  
Good  
Fair  
Poor  
Very Poor

Comments:

**Decision Making Ability.**

**How satisfied are you with your ability to make life decisions?**

Excellent  
Good  
Fair  
Poor  
Very Poor

Comments:

**Life Philosophy.**

**How satisfied are you with how your life goals are working for you?**

Always Very Satisfied  
Almost Always Satisfied  
Occasionally Dissatisfied  
Almost Always Dissatisfied  
Always Very Dissatisfied

Comments:

**Leisure Time / Community Involvement.**

**How satisfied are you with your use of free time?**

Always Very Satisfied  
Almost Always Satisfied  
Occasionally Dissatisfied  
Almost Always Dissatisfied  
Always Very Dissatisfied

Comments:

**Feeling Management.**

**How comfortable are you with your feelings?**

Always Very Comfortable  
Almost Always Comfortable  
Occasionally Uncomfortable  
Almost Always Uncomfortable  
Always Very Uncomfortable

Comments:

**Lethality (self). Is there any current risk of suicide for you?**

No Predictable Risk Now  
Low Risk Now  
Moderate Risk Now  
High Risk Now  
Very High Risk Now

**Lethality (other).**

**Is there any risk that you might physically harm someone?**

No Predictable Risk of Assault Now  
Low Risk of Assault Now  
Moderate Risk of Assault Now  
High Risk of Assault Now  
Very High Risk of Assault Now

Comments:

**Substance Use (Drugs and / or Alcohol).**

**Does use of drugs and/or alcohol interfere with performing your responsibilities?**

Never Interferes  
Rarely Interferes  
Sometimes Interferes  
Frequently Interferes  
Constantly Interferes

Comments:

**Legal. What is your tendency to get in trouble with the law?**

No Tendency  
Slight Tendency  
Moderate Tendency  
Great Tendency  
Very Great Tendency

Comments:

**Community / Agency Support.**

**How successful are you with getting help from agencies (or doctors) when you need it?**

Always Successful  
Usually Successful  
Moderately Successful  
Seldom Successful  
Never Successful

Comments:

**What can you do to enhance the well-being of your child and the safety of his/her environment?**

**ANY ADDITIONAL COMMENTS**