

**Strengths/Resources**

**Needs**

<p><b>What are some things that help you? Check all that apply and list others you think will help.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Support from family (parents, children, others)</li> <li><input type="checkbox"/> 2. Support from spouse or significant other</li> <li><input type="checkbox"/> 3. Connection to self-help group (AA, NAMI, etc.)</li> <li><input type="checkbox"/> 4. A positive and supportive sponsor</li> <li><input type="checkbox"/> 5. Connection to a church group or minister</li> <li><input type="checkbox"/> 6. Access to a spiritual practice group</li> <li><input type="checkbox"/> 6. Counselor of case manager who helped you get into treatment</li> <li><input type="checkbox"/> 7. Someone who helped you get into Hopewell</li> <li><input type="checkbox"/> 8. Financial assistance or benefits coming to me</li> <li><input type="checkbox"/> 9. Permanent residence/housing option</li> <li><input type="checkbox"/> 10. Work/ vocational options/connections at discharge</li> <li><input type="checkbox"/> 11. Work/ vocational experience doing _____</li> <li><input type="checkbox"/> 12. Connections to volunteering I have done</li> <li><input type="checkbox"/> 13. Connection to a community _____</li> <li><input type="checkbox"/> 14. Connections to a mental health facility and/or psychiatric care; provisions for obtaining medications</li> <li><input type="checkbox"/> 15. Supportive friends</li> <li><input type="checkbox"/> 16. Community involvement _____</li> <li><input type="checkbox"/> 17. A guardian who is helpful</li> <li><input type="checkbox"/> 18. Recreation/leisure connections</li> <li><input type="checkbox"/> 19. Drivers license</li> <li><input type="checkbox"/> 20. Others:</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><b>What do you want to learn while at Hopewell? Check all that apply and list other things you can think of that are not shown.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Education about mental disorders</li> <li><input type="checkbox"/> 2. Education about substance abuse</li> <li><input type="checkbox"/> 3. An explanation of my diagnosis</li> <li><input type="checkbox"/> 4. Improvement in my communication skills</li> <li><input type="checkbox"/> 5. Improvement in my interpersonal skills</li> <li><input type="checkbox"/> 6. Contact with supportive others</li> <li><input type="checkbox"/> 7. Emotion-management skills</li> <li><input type="checkbox"/> 8. Anger-management skills</li> <li><input type="checkbox"/> 9. A personal safety plan</li> <li><input type="checkbox"/> 10. Medication education</li> <li><input type="checkbox"/> 11. Getting and keeping a job</li> <li><input type="checkbox"/> 12. Education about improving my health</li> <li><input type="checkbox"/> 13. Relapse prevention or recovery plan</li> <li><input type="checkbox"/> 14. Coping with symptoms e.g. voices, confusion Specific symptoms _____</li> <li><input type="checkbox"/> 15. Relapse prevention skills</li> <li><input type="checkbox"/> 16. Art &amp; creative expression class</li> <li><input type="checkbox"/> 17. Money management skills e.g. checking</li> <li><input type="checkbox"/> 18. Independent living skills e.g. cooking,</li> <li><input type="checkbox"/> 19. Assistance with housing</li> <li><input type="checkbox"/> 20. Empowerment/advocacy training</li> <li><input type="checkbox"/> 21. Benefit analysis for SSI/SSDI and work</li> <li><input type="checkbox"/> 22. Understanding of how Hopewell works for me</li> <li><input type="checkbox"/> 23. Exercise opportunities &amp; guidance</li> <li><input type="checkbox"/> 24. ADL assistance e.g. grooming hygiene</li> <li><input type="checkbox"/> 25. Managing sleep schedule</li> <li><input type="checkbox"/> 26. Help dealing with groups and many people</li> <li><input type="checkbox"/> 27. Support to manage limitations in _____</li> <li><input type="checkbox"/> 28. Others: _____</li> </ul> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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This form is to be completed by each resident during their initial assessment at Hopewell. Residents may request and receive assistance from their clinical manager, prime staff or others.

**Person Assisting (if requested)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Abilities**

**What are some of your personal qualities, skills or talents that will help you in recovery? Check all that apply and list others you think will help.**

- 1. I am very motivated for treatment
- 2. I am able to make an appropriate transition to living in a recovering community
- 3. I have good interpersonal/communication skills
- 4. I have good emotion-management skills
- 5. In the past I have demonstrated openness and honesty with regard to my recovery
- 6. I have been able to let go of the denial that I once had about my mental disorder
- 7. I have been able to let go of the denial that I once had about my substance abuse
- 8. I have some insight into my substance abuse and mental disorder
- 9. I have good self-esteem
- 10. I have some positive plans and goals for my future
- 11. I am willing to do what it takes to be in recovery
- 12. I have good work skills doing \_\_\_\_\_
- 13. I'm aware of how work effects benefits
- 14. I'm aware of supports/resources in my community
- 15. I have a good relationship with a higher power
- 16. In spite of past hardships, there are still areas of my life in which I take pleasure
- 17. I am a helpful caring person, capable of offering support to others in recovery
- 18. Able to function in groups
- 19. Good grooming hygiene & self care
- 20. I'm generally physically fit
- 21. Good spiritual practice e.g. prayer, yoga
- 22. I can teach or offer my experience in \_\_\_\_\_
- 23. I have already over come obstacles in my life.
- 24. Special talents \_\_\_\_\_
- 25. I am knowledgeable in \_\_\_\_\_
- 26. Others:

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**Preferences/Expectations**

**What do you hope to get out of Hopewell? Check all that apply and list other things you can think of that are not shown.**

- 1. I will learn the skills to stay mentally stable
- 2. I will learn the skills to stay clean and sober
- 3. I will have a better understanding of my diagnosis
- 4. I will be able to communicate more effectively
- 5. My interpersonal skills/relationships will improve
- 6. I will develop a system of support in recovery
- 7. I will be able to better manage my emotions
- 8. I will be able to better manage my anger
- 9. My health will improve  physically  mentally
- 10. I will have a better understanding of relapse prevention
- 11. I will have a illness management plan
- 11. I will learn how to reunite with my family
- 12. I will learn to get a job
- 13. I will learn ways to live well & be happy
- 14. Personal safety plan preferences  
PRN meds \_\_\_\_\_  
Physical restraint \_\_\_\_\_  
Open quiet room \_\_\_\_\_
- 15. I will learn self advocacy & empowerment
- 16. I will learn how to engage in activities I enjoy
- 17. I prefer to work in  
Large Groups \_\_\_\_\_  
Small Groups \_\_\_\_\_  
Individually \_\_\_\_\_
- 18. Exercise in class, equipment, inside or outside
- 19. Spiritual/religious preference \_\_\_\_\_
- 20. Less help will be needed from case mangers & staff
- 21. I will stay out of the hospital
- 22. I will take my medication as prescribed
- 23. I will use coping skills instead of self harming
- 21 Others:

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