














































Think about whether you have problems in any of the areas mentioned on the card and draw a line in the appropriate spot on each scale. Also indicate, by ticking the appropriate section, whether you hope to achieve personal change in that particular area.

Date: _____

Name:	As regards this topic I ...		I want a change to this	
	... experience a lot of difficulties	... do not experience any difficulties at all	yes	no
1. Daily routines			<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to relax			<input type="checkbox"/>	<input type="checkbox"/>
3. Conversation between two persons			<input type="checkbox"/>	<input type="checkbox"/>
4. Conversation in a group			<input type="checkbox"/>	<input type="checkbox"/>
5. Methods that support speech			<input type="checkbox"/>	<input type="checkbox"/>
6. Understanding speech			<input type="checkbox"/>	<input type="checkbox"/>
7. Speaking			<input type="checkbox"/>	<input type="checkbox"/>
8. Reading			<input type="checkbox"/>	<input type="checkbox"/>
9. Writing			<input type="checkbox"/>	<input type="checkbox"/>
10. Assistive devices for communication			<input type="checkbox"/>	<input type="checkbox"/>
11. Running errands			<input type="checkbox"/>	<input type="checkbox"/>
12. Moving			<input type="checkbox"/>	<input type="checkbox"/>
13. Modes of transport			<input type="checkbox"/>	<input type="checkbox"/>
14. Caring for one's health			<input type="checkbox"/>	<input type="checkbox"/>

	As regards this topic I ...		I want a change to this	
	... experience a lot of difficulties	... do not experience any difficulties at all	yes	no
15. Leisure and hobbies				<input type="checkbox"/> <input type="checkbox"/>
16. Friends				<input type="checkbox"/> <input type="checkbox"/>
17. Intimate relationships				<input type="checkbox"/> <input type="checkbox"/>
18. Eating				<input type="checkbox"/> <input type="checkbox"/>
19. Ability to concentrate				<input type="checkbox"/> <input type="checkbox"/>
20. Regulating emotions				<input type="checkbox"/> <input type="checkbox"/>
21. State of mind				<input type="checkbox"/> <input type="checkbox"/>
22. Physical exercise and habits				<input type="checkbox"/> <input type="checkbox"/>
23. Balance				<input type="checkbox"/> <input type="checkbox"/>
24. Pain				<input type="checkbox"/> <input type="checkbox"/>

Resources and support	I do not receive any support		I receive a lot of help and support		I want a change to this	
				yes	no	
Healthcare services				<input type="checkbox"/>	<input type="checkbox"/>	
Family				<input type="checkbox"/>	<input type="checkbox"/>	
Housing				<input type="checkbox"/>	<input type="checkbox"/>	
Social security				<input type="checkbox"/>	<input type="checkbox"/>	

I am happy with my situation as regards the following areas: _____

Most of all, I would like to see change in the following areas: _____