











































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. Conversation in a group			<input type="checkbox"/>	<input type="checkbox"/>
3. Time management			<input type="checkbox"/>	<input type="checkbox"/>
4. Functioning in a group			<input type="checkbox"/>	<input type="checkbox"/>
5. Conversation between two persons			<input type="checkbox"/>	<input type="checkbox"/>
6. Using support measures			<input type="checkbox"/>	<input type="checkbox"/>
7. Understanding speech			<input type="checkbox"/>	<input type="checkbox"/>
8. Speaking			<input type="checkbox"/>	<input type="checkbox"/>
9. Reading			<input type="checkbox"/>	<input type="checkbox"/>
10. Writing			<input type="checkbox"/>	<input type="checkbox"/>
11. Assistive devices for communication			<input type="checkbox"/>	<input type="checkbox"/>
12. Moving around in different locations			<input type="checkbox"/>	<input type="checkbox"/>
13. Eating			<input type="checkbox"/>	<input type="checkbox"/>
14. School			<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. Self-control				<input type="checkbox"/> <input type="checkbox"/>
16. Friends				<input type="checkbox"/> <input type="checkbox"/>
17. Dressing				<input type="checkbox"/> <input type="checkbox"/>
18. Leisure and relaxation				<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. Sleep				<input type="checkbox"/> <input type="checkbox"/>
22. Family relationships				<input type="checkbox"/> <input type="checkbox"/>
23. Sensory functions				<input type="checkbox"/> <input type="checkbox"/>
24. Understanding others				<input type="checkbox"/> <input type="checkbox"/>

Resources and support	I do not receive any support		I receive a lot of help and support	
	25. Health services			
26. Family				<input type="checkbox"/> <input type="checkbox"/>
27. Housing				<input type="checkbox"/> <input type="checkbox"/>
28. Assistive devices for communication				<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: _____