

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. Household chores			<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to relax			<input type="checkbox"/>	<input type="checkbox"/>
3. Own space and time			<input type="checkbox"/>	<input type="checkbox"/>
4. Interaction			<input type="checkbox"/>	<input type="checkbox"/>
5. Understanding others			<input type="checkbox"/>	<input type="checkbox"/>
6. Using support measures			<input type="checkbox"/>	<input type="checkbox"/>
7. Receiving help			<input type="checkbox"/>	<input type="checkbox"/>
8. Doing things together			<input type="checkbox"/>	<input type="checkbox"/>
9. Time management			<input type="checkbox"/>	<input type="checkbox"/>
10. Expressing emotions			<input type="checkbox"/>	<input type="checkbox"/>
11. Moving around outside the home			<input type="checkbox"/>	<input type="checkbox"/>
12. Eating together			<input type="checkbox"/>	<input type="checkbox"/>
13. Eating			<input type="checkbox"/>	<input type="checkbox"/>
14. Regulating emotions			<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
<b>15.</b> Friends			<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b> Housing			<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b> Conversation			<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b> Sleep			<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b> Foresight			<input type="checkbox"/>	<input type="checkbox"/>
<b>20.</b> Support measures for communication with relatives and friends			<input type="checkbox"/>	<input type="checkbox"/>
<b>21.</b> Family members' hobbies			<input type="checkbox"/>	<input type="checkbox"/>
<b>22.</b> Daily routines			<input type="checkbox"/>	<input type="checkbox"/>
<b>23.</b> School			<input type="checkbox"/>	<input type="checkbox"/>
<b>24.</b> Professional support			<input type="checkbox"/>	<input type="checkbox"/>

<b>Resources and support</b>			
	I do not receive any support	I receive a lot of help and support	
<b>25.</b> Family			
<b>26.</b> Friends			
<b>27.</b> School (supportive teaching, assistive devices etc.)			
<b>28.</b> Health services (doctor, psychologist, therapist etc.)			

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

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