

OPTIONAL MODULE 8: ASSESSMENT OF RECOVERY CAPITAL

FOR STAFF ONLY

UR Number:
Surname:
Given name:
Date of birth:
(Please fill in if no label available)

PURPOSE OF MODULE

To identify internal and external resources and strengths that individuals can draw upon to help them meet their recovery and treatment goals.

WHO CAN ADMINISTER THIS MODULE?

This module can either be self-completed by the client or administered by the clinician.

INTRODUCTION FOR CLIENT

“Now I’m going to ask you a series of statements about strengths you may possess to help you meet your goals.”

INSTRUCTIONS

1. Tick boxes that the client agrees with.
2. Tally responses and provide feedback on strengths.
3. Use areas of strengths as prompts for the strengths mapping exercise in the next module as desired.

1. SUBSTANCE USE & SOBRIETY	YES
I am currently completely sober	
I feel I am in control of my substance use	
I have had no ‘near things’ about relapsing	
I have had no recent periods of substance intoxication	
There are more important things to me in life than using substances	
TOTAL	/5

2. GLOBAL HEALTH (PSYCHOLOGICAL)	YES
I am able to concentrate when I need to	
I am coping with the stresses in my life	
I am happy with my appearance	
In general I am happy with my life	
What happens to me in the future mostly depends on me	
TOTAL	/5

3. GLOBAL HEALTH (PHYSICAL)	YES
I cope well with everyday tasks	
I feel physically well enough to work	
I have enough energy to complete the tasks I set myself	
I have no problems getting around	
I sleep well most nights	
TOTAL	/5

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4. CITIZENSHIP /COMMUNITY INVOLVEMENT	YES
I am proud of the community I live in and feel part of it – sense of belonging	
It is important for me to contribute to society and or be involved in activities that contribute to my community	
It is important for me to do what I can to help other people	
It is important for me that I make a contribution to society	
My personal identity does not revolve around drug use or drinking	
TOTAL	/5

5. SOCIAL SUPPORT	YES
I am happy with my personal life	
I am satisfied with my involvement with my family	
I get lots of support from friends	
I get the emotional help and support I need from my family	
I have a special person that I can share my joys and sorrows with	
TOTAL	/5

6. MEANINGFUL ACTIVITIES	YES
I am actively involved in leisure and sport activities	
I am actively engaged in efforts to improve myself (training, education and/or self-awareness)	
I engage in activities that I find enjoyable and fulfilling	
I have access to opportunities for career development (job opportunities, volunteering or apprenticeships)	
I regard my life as challenging and fulfilling without the need for using drugs or alcohol	
TOTAL	/5

7. HOUSING AND SAFETY	YES
I am proud of my home	
I am free of threat or harm when I am at home	
I feel safe and protected where I live	
I feel that I am free to shape my own destiny	
My living space has helped to drive my recovery journey	
TOTAL	/5

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8. RISK TAKING	YES
I am free from worries about money	
I have the personal resources I need to make decisions about my future	
I have the privacy I need	
I make sure I do nothing that hurts or damages other people	
I take full responsibility for my actions	
TOTAL	/5

9. COPING AND LIFE FUNCTIONING	YES
I am happy dealing with a range of professional people	
I do not let other people down	
I eat regularly and have a balanced diet	
I look after my health and wellbeing	
I meet all of my obligations promptly	
TOTAL	/5

10. RECOVERY EXPERIENCE	YES
Having a sense of purpose in life is important to my recovery journey	
I am making good progress on my recovery journey	
I engage in activities and events that support my recovery	
I have a network of people I can rely on to support my recovery	
When I think of the future I feel optimistic	
TOTAL	/5

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