

OPTIONAL MODULE 7: GOALS



FOR STAFF ONLY

UR Number:

Surname:

Given name:

Date of birth:

(Please fill in if no label available)

PURPOSE OF MODULE

To map out a clients goals.

WHO CAN ADMINISTER THIS MODULE?

This module can be completed by the client with the clinician assisting through prompts that may reflect any earlier discussion about problems, goals and priorities.

INTRODUCTION FOR CLIENT

“Now I’d like you to think about your goals and some of the priority areas you’d like to address”

INSTRUCTIONS

1. Invite client to think about their satisfaction with a range of areas in their life out of 10.
2. Invite the client to think about what would need to happen to improve that area of their life.
3. Ask client to rank priorities (or reflect on which are the most important/urgent) in discussion with you.
4. Give client a copy of their goals form to take home as a resource they can refer to as desired.

PROBLEM AREA	SATISFACTION OUT OF 10	WHAT WOULD HAVE TO CHANGE TO INCREASE MY SCORE OUT OF 10?	PRIORITY
ALCOHOL AND/OR DRUG USE			
HEALTH (PHYSICAL & MENTAL)			
SOCIAL LIFE & FRIENDS			
RELATIONSHIPS (PARTNER OR FAMILY)			
HOUSING			
JOB/ EDUCATION			
MONEY & FINANCES			
EXERCISE			
LEGAL ISSUES & CRIME			

FOR STAFF ONLY

Clinician name:

Position:

Signature:

Date: