|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RiO iD** |  | **Initials** |  | **Date** |  |

|  |  |  |
| --- | --- | --- |
| What Recovery means to me? My long term goals! What I would like to achieve in 12 months’ time...

|  |
| --- |
|  |
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| --- |
| What matters to me |
|  |

 |
| My skills, strengths and experiences that will help me achieving my goals:

|  |
| --- |
|  |
|  |

 |

For each area to be worked on below use the following Solution Focus Therapy framework

Step 1: Understanding - why this rating and not a lower one? - what is working?

Step2: Looking forward - best case scenario? - smallest improvement?

Step 3: Considering options - what can the patient do? - what can the clinician do? - what can others do?

**How satisfied are you with your mental health?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your physical health?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your job situation?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your accommodation?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your leisure activities?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your relationship with your partner/family?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your friendships?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your personal safety?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your finances?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your expression of identity?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your substance / alcohol use?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your medication?**

Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with the practical help you receive?**Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |

**How satisfied are you with your meetings with mental health professionals?**
Do you need additional help in this area? Y/N

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Totally dissatisfied | Very dissatisfied | Fairly dissatisfied | In the middle | Fairly satisfied | Very satisfied | Totally satisfied |
| Goals & Actions |