

## My SNAP Assessment for Recovery

This worksheet will help us talk with you about your mental health treatment here at Cincinnati VAMC. There are four parts for you to share with us about your **Strengths, Needs, Abilities** and **Preferences**. Please check and/or list the items which best fit you at this time.

<p><b><u>STRENGTHS</u></b></p> <p>What personal qualities do you have which we can build upon in treatment?</p>	<input type="checkbox"/> Open minded <input type="checkbox"/> Friendly <input type="checkbox"/> Creative <input type="checkbox"/> Good Listener <input type="checkbox"/> Quick Learner <input type="checkbox"/> Good Grooming <input type="checkbox"/> Organized	<input type="checkbox"/> Takes personal responsibility <input type="checkbox"/> Strong personal or spiritual values <input type="checkbox"/> Independent <input type="checkbox"/> Assertive <input type="checkbox"/> Hard Worker <input type="checkbox"/> Able to learn from my experiences <input type="checkbox"/> Can collaborate/ work with others	<input type="checkbox"/> Good Problem Solver <input type="checkbox"/> Good Decision Maker <input type="checkbox"/> Dependable <input type="checkbox"/> Motivation <input type="checkbox"/> Good health <input type="checkbox"/> Other (Please List) <hr/> <hr/> <hr/>
<p><b><u>NEEDS</u></b></p> <p>What would help you achieve your goals? Please, check your most important needs.  (Prioritize your top three)</p>	<input type="checkbox"/> Increase my knowledge of resources that provide me with support <input type="checkbox"/> Referral to resources for job training or education <input type="checkbox"/> Access to medical care for health related concerns <input type="checkbox"/> Staying in a sober environment to help me not use drugs and or alcohol <input type="checkbox"/> Gain more knowledge and understanding about: <input type="checkbox"/> My mental health diagnosis <input type="checkbox"/> My medication(s) <input type="checkbox"/> My symptoms / behaviors related to my mental health diagnosis <input type="checkbox"/> Get help to stop smoking <input type="checkbox"/> Learn how to empower myself to take a more active role in my treatment	<input type="checkbox"/> Increasing effective communication skills to improve my relationships with others <input type="checkbox"/> Learn how to talk about my concerns/issues/feelings <input type="checkbox"/> Practice my coping skills in a safe environment <input type="checkbox"/> Learn more about effective coping skills related to: <input type="checkbox"/> Improving my sleep <input type="checkbox"/> Reducing anxiety and using relaxation <input type="checkbox"/> Managing my depression <input type="checkbox"/> Leisure skills <input type="checkbox"/> Organizing daily activities <input type="checkbox"/> Managing anger <input type="checkbox"/> Mood Regulation <input type="checkbox"/> Improving reality-based thinking <input type="checkbox"/> Eating Healthy  <input type="checkbox"/> Other (Please List) <hr/> <hr/>	
<p><b><u>Abilities</u></b></p> <p>What skills do you possess?</p>	<input type="checkbox"/> Basic ability to read and write <input type="checkbox"/> Computer knowledge and skills <input type="checkbox"/> Ability to work effectively with others <input type="checkbox"/> Knowledge or tools that I use to help me manage my emotions <input type="checkbox"/> Ability to have positive relationships with others	<input type="checkbox"/> Ability to make healthy decisions about my life <input type="checkbox"/> Job Skills _____ <input type="checkbox"/> Education / Training _____ <input type="checkbox"/> Leisure Skills _____ <input type="checkbox"/> Ability to manage my time and structure my daily activities <input type="checkbox"/> Other (Please List)	
<p><b><u>Preferences</u></b></p> <p>How do you want your treatment?</p>	<input type="checkbox"/> I prefer my family or friends to be involved in my treatment <input type="checkbox"/> I would like to have a family meeting I learn new information better: <input type="checkbox"/> Face to face <input type="checkbox"/> Hands on instruction and practice <input type="checkbox"/> Reading written material <input type="checkbox"/> Alone <input type="checkbox"/> In discussion with others <input type="checkbox"/> Sharing information in a group of my peers	<input type="checkbox"/> I would like to live: <input type="checkbox"/> Independently, on my own <input type="checkbox"/> Independently, with community support <input type="checkbox"/> With others <input type="checkbox"/> Other ideas I have about my living situation (Please List) <hr/> <hr/> <hr/>	<input type="checkbox"/> I am interested in learning more about <input type="checkbox"/> Outpatient programming <input type="checkbox"/> Community resources <input type="checkbox"/> Other areas of interest (Please List) <hr/> <hr/> <hr/>