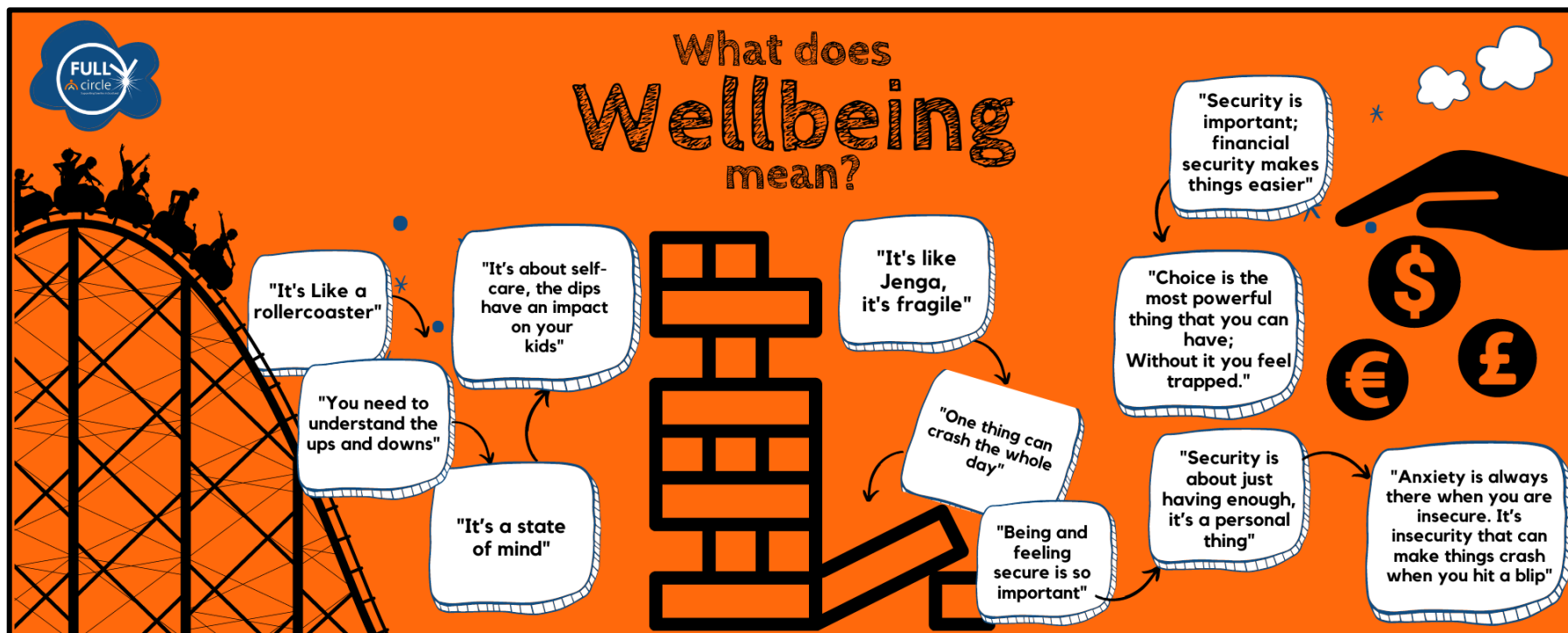


Circle Wellbeing Strength Support Assessment.

Baseline/Review:

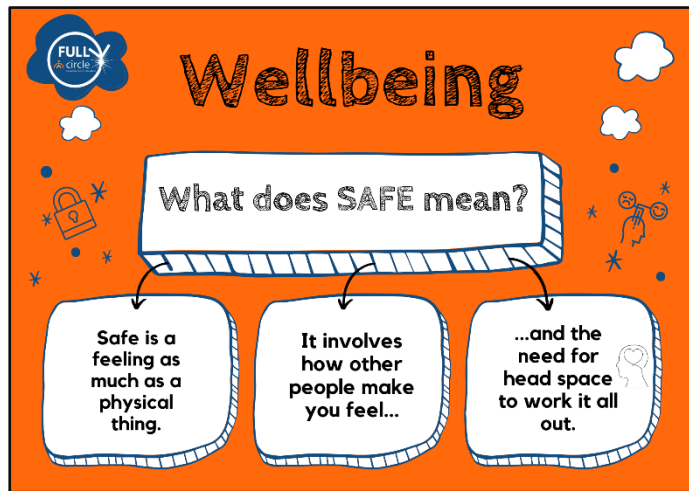
Date Completed:

[illegible]

Individual /Family identifier:


Baseline/Review:

Date Completed:



Notes/comments

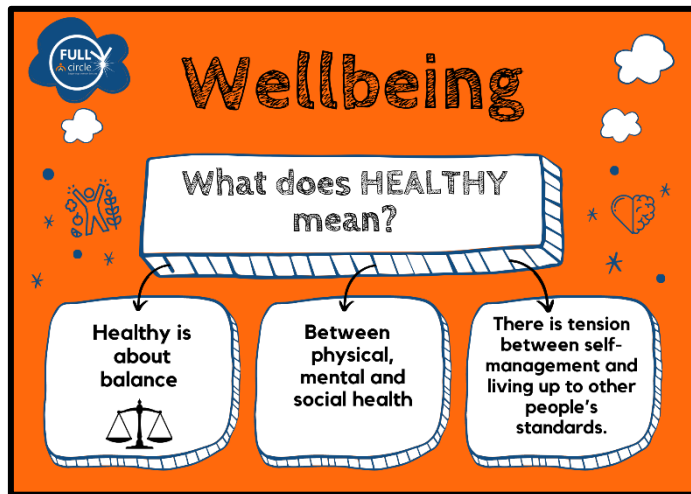
Assessment Question	0	1	2	3	4	5	6	7	8	9	10
How safe do you feel physically ?											
How safe do you feel mentally ?											

 All scores on a 0 - 10 scale: 0 = the worst scenario imaginable by the participant 10 = Perfection

Individual /Family identifier:

Baseline/Review:

Date Completed:



Notes/comments

Assessment Question	0	1	2	3	4	5	6	7	8	9	10
How well do you manage your health needs?											
How much choice and control do you have in this?											

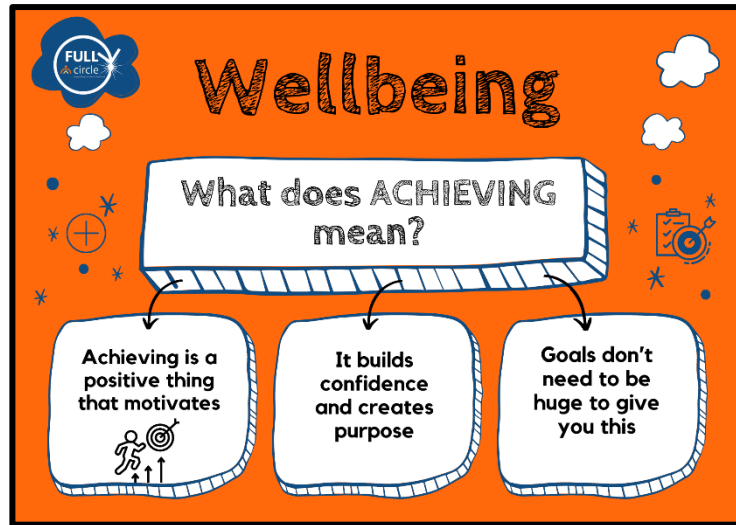


All scores on a 0 - 10 scale: 0 = Not at all 10 = Perfection

Individual /Family identifier:

Baseline/Review:

Date Completed:



Notes/comments

Assessment Question	0	1	2	3	4	5	6	7	8	9	10
How able are you to set goals and make plans?											
How much does setting goals and plans help build your confidence and give a sense of purpose?											

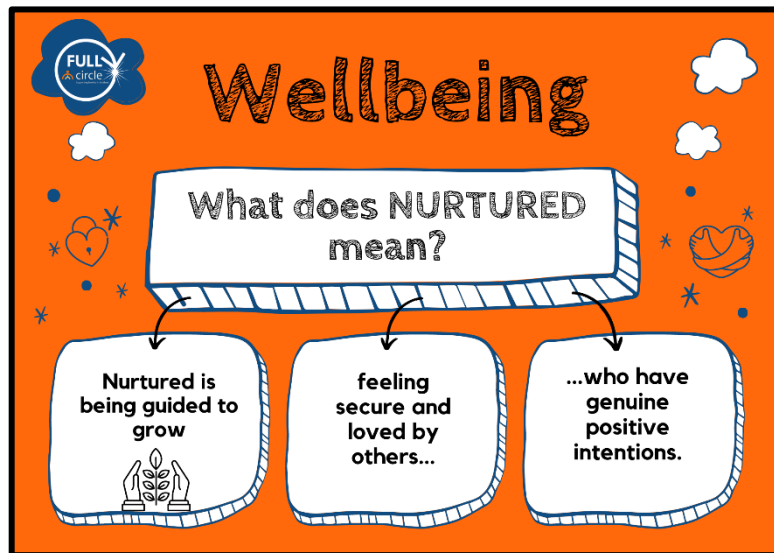


All scores on a 0 - 10 scale: 0 = Absolutely no use 10 = Perfection

Individual /Family identifier:

Baseline/Review:

Date Completed:



Notes/comments

Assessment Question	0	1	2	3	4	5	6	7	8	9	10
How aware are you of your whole family's needs?											
How well does your family support each other to feel safe, secure and loved?											



All scores on a 0 - 10 scale: 0 = Not at all 10 = Perfection

Individual /Family identifier:

Baseline/Review:

Date Completed:



Notes/comments

Assessment Question	0	1	2	3	4	5	6	7	8	9	10
How active are you physically?											
How active are you mentally?											
In general, how motivated are you to be active?											

 All scores on a 0 - 10 scale: 0 = Not at all 10 = Perfection

Individual /Family identifier:


Baseline/Review:

Date Completed:



Notes/comments

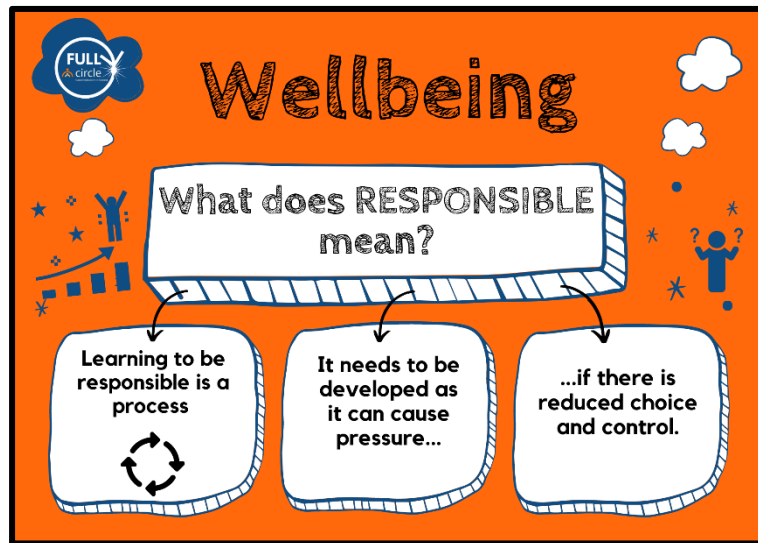
Assessment Question	0	1	2	3	4	5	6	7	8	9	10
How well do you think that you are listened to and trusted by others?											
How much self-respect do you have?											

 All scores on a 0 - 10 scale: 0 = Not at all/none 10 = Perfection

Individual /Family identifier:


Baseline/Review:

Date Completed:



Notes/comments

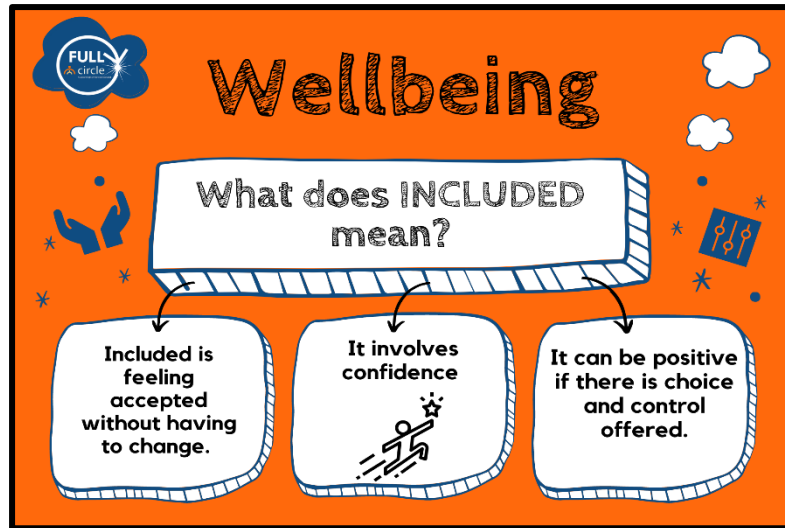
Assessment Question	0	1	2	3	4	5	6	7	8	9	10
In general, how much responsibility do you have?											
How well do you cope with your responsibilities?											

 All scores on a 0 - 10 scale: 0 = None/Not at all 10 = Perfection

Individual /Family identifier:

Baseline/Review:

Date Completed:



Notes/comments

Assessment Question	0	1	2	3	4	5	6	7	8	9	10
To what extent do you have opportunities to take part in activities in your community?											
To what extent do you have opportunities to take part in activities with your family?											

 All scores on a 0 - 10 scale: 0 = None 10 = Perfection