PERSON-CENTERED STRENGTHS ASSESSMENT

Participant ____________________________ Case Manager ____________________________ date: ____________

Housing/ A Sense of “Home”: Where are you living now?

What do you like about your current living situation?

What things don’t you like about where you are living now?

For now, do you want to remain where you are, or would you like to move?

Describe the housing situation you have had in the past that has been the most satisfying for you.

Transportation/getting around: What are all the different ways you get to where you want or need to go?

Would you like to expand your transportation options?

What are some of the ways you have used in the past to get from place to place?

If you could travel anywhere in the world, where would you go? Why?

(use back to elaborate)
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Financial/Insurance: What are your current sources of income, and how much money do you have each month to work with?

What are your monthly financial obligations?

Do you have a guardian, conservator, or payee to help you with your finances?

What do you want to happen regarding your financial situation?

What was the most satisfying time in your life regarding your financial circumstances?

Vocational/Educational: Are you employed full or part time currently? If so describe where you work and what you do at your job.

What does your job mean to you? If you do not have a job now, would you like to get one? Describe why you would or would not like to get a job at this time.

What activities are you currently involved in where you use your gifts and talents to help others?

What kinds of things do you do that make you happy, and give you a sense of joy and personal satisfaction?
If you could design the perfect job for yourself what would it be? Indoors or outdoors? Night or day? Travel or no travel? Alone or with others? Where there is smoking or no smoking? Where it is quiet or noisy?

What was the most satisfying job you ever had?

Is it harder for you to get a job, or harder for you to keep a job? Why do you think this is so?

Are you currently taking classes that will lead to a degree or taking classes to expand your knowledge and skills?

What would you like to learn more about?

How far did you go in school? What was your experience with formal education?

What are your thoughts and feelings about returning to school to finish a degree, learn new skills, or take a Course for the sheer joy of learning new things?

Do you like to teach others to do things? Would you like to be a coach or mentor for someone who needs Some specialized assistance?
Social Supports, Intimacy, Spirituality: Describe your family.

What are the ways that members of your family provide social and emotional support for you, and help to make you feel happy and good about yourself?

Is there anything about your relationships with family that make you feel angry or upset?

What would you like to see happen regarding your relationships with family?

Where do you like to hang out and spend time? Why do you like it there?

What do you do when you feel lonely? Do you have a friend that you can call to talk to or do things with? If not, would you like to make such a friend?

Do you have the desire to be close to another in an intimate way? Would you like to have this type of relationship?

What meaning, if any, does spirituality play in your life? If this area is important to you, how do you experience and express your spiritual self?
What are your thoughts and feelings about nature?

Do you like animals?

Do you have a pet?

If not, would you like one? (if so, describe)

Have you ever had a pet? (elaborate)

**Health:** How would you describe your health these days?

Is being in good health important to you? Why or why not?

What kinds of things do you do to take care of your health?

What are your patterns regarding smoking? Using alcohol? Using caffeine? What effect do these drugs have on your health?

What prescription medications are you currently taking? How do these medications help you?

How do you know when you’re not doing too well? What is most calming and helpful for you during these times?

What limitations do you experience as a result of health circumstances?
PERSON CENTERED STRENGTHS ASSESSMENT

What do you want and believe that you need in the area of health?

**Leisure time, Talents, Skills:** What are the activities that you enjoy and give you a sense of satisfaction, peace, accomplishment, and personal fulfillment?

Would you like the opportunity to engage more frequently in these activities?

What are the skills, abilities, and talents that you possess? These may be tangible skills such as playing a musical instrument, writing poetry, dancing, singing, painting, etc. or intangible gifts such as sense of humor, compassion for others, kindness, etc.

What are the sources of pride in your life?

Are there things you used to do regularly that gave you a sense of joy that you have not done in recent years?

Which of these activities would you consider re-discovering at this time in your life?

**Prioritizing:** After thinking about all of these areas of your life, what are the two personal DESIRES that are most meaningful for you at this time?

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