

Individual Well Being Assessment

Behavior Health:

Does the individual have behavior issues? ___ Yes ___ No

If yes, briefly explain: _____

Are there prescribed medications for behavior? ___ Yes ___ No

If yes, please list medications: _____

Mental & Emotional Health:

How is the individual's emotional health? ___ Stable ___ Unstable ___ Other

If Other, briefly explain:

Do you understand what abuse means? ___ Yes ___ No

Has there been abuse in your life? ___ Yes ___ No

If Yes, were you the perpetrator or victim? _____

Are you in good spirits/moods most of the time? ___ Yes ___ No

If No, how often are you sad? _____

Are you afraid something bad is going to happen to you? ___ Yes ___ No

If Yes, what? _____

Are there prescribed medications? ___ Yes ___ No

If Yes, please list medications: _____

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Physical Health:

How is the individual's physical health? ___ Excellent ___ Good ___ Fair ___ Poor

If fair or poor, briefly explain: _____

Do you feel full of energy? ___ Yes ___ No

Do you feel you are in good health? ___ Yes ___ No

Are there prescribed medications for physical health? ___ Yes ___ No

If yes, please list medications: _____

Social & Environmental Health:

Do you like where you live? ___ Yes ___ No

If No, why not? _____

Do you feel safe? ___ Yes ___ No

If No, why not? _____

Do you know your neighbors? ___ Yes ___ No

If No, would you like to know your neighbors? ___ Yes ___ No

Do you prefer to stay at home and do things or would you rather go out and do things? _____

Do you have friends/associates? ___ Yes ___ No

Are you close to your family? ___ Yes ___ No

Signature _____ Date _____