rosecrance

ROSECRANCE, INC.
Self-Assessment

WELCOME TO ROSECRANCE! WE EXPECT TO HELP YOU ON YOUR ROAD TO RECOVERY BY PROVIDING THE BEST POSSIBLE CARE, TREATMENT AND SERVICES. IN ORDER TO DO THAT, WE NEED SOME INFORMATION FROM YOU SO THAT WE CAN TAILOR YOUR PROGRAM TO MEET YOUR SPECIFIC NEEDS.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

SPIRITUALITY
1. Do you regularly attend religious services? _____Yes _____No.
2. Do you believe in God or a Higher Power? _____Yes _____No.
3. Would you like to meet individually with a chaplain? _____Yes _____No.
JOB / SCHOOL
1. Would you like to improve your job interviewing skills? _____Yes _____No
2. Do you like to learn? _____Yes _____No
3. What is your favorite way to learn?
______Written materials, books, papers, etc. ______Audio tapes, lectures ______Experiences ______Movies, DVDs, videos ______Other: _______________
4. What makes it hard for you to learn? ______Hard to see ______Hard to hear ______Hard to remember ______Hard to understand ______Language problem
5. My reading ability is: _____Good _____Fair _____Poor
PSYCHOSEXUAL HISTORY / HIV & BLOODBORNE DISEASE RISK
1. Have you ever purposely pierced you skin with sharp objects such as needles, pins, paper clips, other)? _____Yes _____No. If yes, please explain:
2. Do you have unprotected sex? _____Yes _____No. If yes, please explain:
3. Have you ever had sex with an IV drug user? _____Yes _____No. If yes, please explain:
4. At what age was your 1st sexual experience?
5. Have you had a sexual experience that troubles you? _____Yes _____No. If yes, please explain:
6. Have you been sexually abused? _____Yes _____No. If yes, please explain:
7. Would you like to talk confidentially to someone about this? _____Yes _____No

Patient Name: _______________________________ Date of Birth: ___________ Today's Date: ________

Counselor's Initials: ________

LEISURE ACTIVITIES (Adolescents Only)

1. Tell us something about your leisure, social and recreational activities during the past few months.

Activity	How often? Weekly / Monthly	Level of Satisfaction 1 = Low / 10 = High	Date of Last Involvement

2. Tell us about any leisure, social or recreational activities that you no longer participate in.

Activity	How often? Weekly / Monthly	Level of Satisfaction 1 = Low / 10 = High	Date of Last Involvement

3. Do you have any special talents? (Example: artistic, creative, musical, etc.) _____Yes _____No. If yes, please explain:

4. Are you interested in establishing a regular physical fitness program? ____Yes ____No ___Maybe ___Already Have

5. What type of program do you have or would you be interested in establishing? Please explain.

6. Do you have any physical or other limitations that might interfere with your recreational and/ or exercise program? If yes, please explain: ____Yes ____No

7. Describe the type of activities you do with your family:

8. What activities or hobbies are you interested in that you may or may not have tried?

9. What prevents you from participating in activities?

10. What facilities are available in your community? (Example: YMCA, skating rink, library, etc.)

11. What do you feel you need from the recreational program at Rosecrance?

12. Would you like to meet individually with our Recreation Specialist?

Patient Name: ________________________________Date of Birth: ______________Today's Date: ____________

Counselor's Initials: _________