|  |  |  |  |
| --- | --- | --- | --- |
| Everyday Living | | | |
|  | | | |
| In the last 4 weeks has the client engaged in any of the following? | | | |
|  | Frequency | | How many days in last 28 |
| Paid Work |  | |  |
| Voluntary Work | %%Past4WkEngagedInOtheractivitiesVoluntaryWorkFrequency%% | |  |
| Study - college, school or vocational education |  | |  |
| Looking after Children |  | |  |
| Other Caregiving activities |  | |  |
| In the past 4 weeks, have you been happy with how much time you spend on the following? | | | |
| Drugs and/or Drinking (sourcing & using) | |  | |
| Hobbies, Sport & Recreation | |  | |
| Family & Home | |  | |
| Me Time | |  | |
| Other Behaviours of Dependence (eg. gaming, social media) | |  | |
| Work / Study | |  | |
| Other | |  | |
| During the last 4 weeks, how often has substance use (or other behaviours of dependence) impacted on your work or other daily living activities? | | | |
| How well does the client feel they are able to prioritise and maintain the wellbeing of themselves and/or others they are caring for? | | | |
| Every Day Living Issues: | | | |
| Every Day Living Goals: | | | |