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| Everyday Living |
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| During the last 4 weeks, how often has substance use (or other addictive behaviour) impacted on your work or other daily living activities? |
| How well are you able to manage the impact of the other person's substance use on your life? |
| How well are you able to set boundaries and prioritise your own wellbeing? |
| Every Day Living Summary Notes: |
| Every Day Living Goals: |