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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?  %%Past4WkDailyLivingImpacted%% |
| How well are you able to manage the impact of the other person's substance use on your life?  %%ManagingImpactOfOthersAODUse%% |
| How well are you able to set boundaries and prioritise your own wellbeing?  %%SetBoundariesPrioritiseWellbeing%% |
| Every Day Living Summary Notes:  %%EverydayLivingITSPIssues%% |
| Every Day Living Goals:  %%EverydayLivingITSPGoals%% |