|  |  |  |  |
| --- | --- | --- | --- |
| 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 | %%PaidWorkFrequency%% | | %%PaidWorkDays%% |
| Voluntary Work | %%VoluntaryWorkFrequency%% | | %%VoluntaryWorkDays%% |
| Study - college, school or vocational education | %%StudyFrequency %% | | %%StudyDays%% |
| Looking after Children | %%LookingafterchildrenFrequency%% | | %%LookingafterchildrenDays%% |
| Other Caregiving activities | %%OthercaregivingactivitiesFrequency%% | | %%OthercaregivingactivitiesDays%% |
| In the past 4 weeks, have you been happy with how much time you spend on the following? | | | |
| Hobbies, Sport & Recreation | | %%HobbiesSportsRecreation%% | |
| Family & Home | | %%FamilyHome%% | |
| Me Time | | %%MeTime%% | |
| Other Behaviours of Dependence (eg. gaming, social media) | | %%OtherBehavioursDependence%% | |
| Work / Study | | %%WorkOrStudy%% | |
| During the last 4 weeks, how often has substance use (or other behaviours of dependence) impacted on your work or other daily living activities?  %%Past4WkDailyLivingImpacted%% | | | |
| How well does the client feel they are able to prioritise and maintain the wellbeing of themselves and/or others they are caring for?  %%PrioritiseCare%% | | | |
| Every Day Living Issues:  %%EverydayLivingITSPIssues%% | | | |
| Every Day Living Goals:  %%EverydayLivingITSPGoals%% | | | |