

Name:	Start Date:
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Think back over the last week and mark the circle on the chart that best describes your experience.

How well have you done at connecting with positive and supportive people?					
	Not so good	OK	Good	Great	
1	2	3	4	4	o o o o o o o o o o
				3	o o o o o o o o o o
				2	o o o o o o o o o o
				1	o o o o o o o o o o
				0	o o o o o o o o o o
					1   2   3   4   5   6   7   8

How have things been in close relationships?					
Very difficult	Difficult	Not so good	OK	Good	
0	1	2	3	4	4
					o o o o o o o o o o
					3
					o o o o o o o o o o
					2
					o o o o o o o o o o
					1
					o o o o o o o o o o
					0
					o o o o o o o o o o
					1   2   3   4   5   6   7   8

How have things been socially? (e.g. at work/school/college, at social events, appointments, shopping, volunteering in your community, and in groups/clubs you attend.)					
Very difficult	Difficult	Not so good	OK	Good	
0	1	2	3	4	4
					o o o o o o o o o o
					3
					o o o o o o o o o o
					2
					o o o o o o o o o o
					1
					o o o o o o o o o o
					0
					o o o o o o o o o o
					1   2   3   4   5   6   7   8

How were your emotions and feelings?					
Very difficult	Difficult	Not so good	OK	Good	
0	1	2	3	4	4
					o o o o o o o o o o
					3
					o o o o o o o o o o
					2
					o o o o o o o o o o
					1
					o o o o o o o o o o
					0
					o o o o o o o o o o
					1   2   3   4   5   6   7   8

Overall, how has your week been?					
Very difficult	Difficult	Not so good	OK	Good	
0	1	2	3	4	4
					o o o o o o o o o o
					3
					o o o o o o o o o o
					2
					o o o o o o o o o o
					1
					o o o o o o o o o o
					0
					o o o o o o o o o o
					1   2   3   4   5   6   7   8

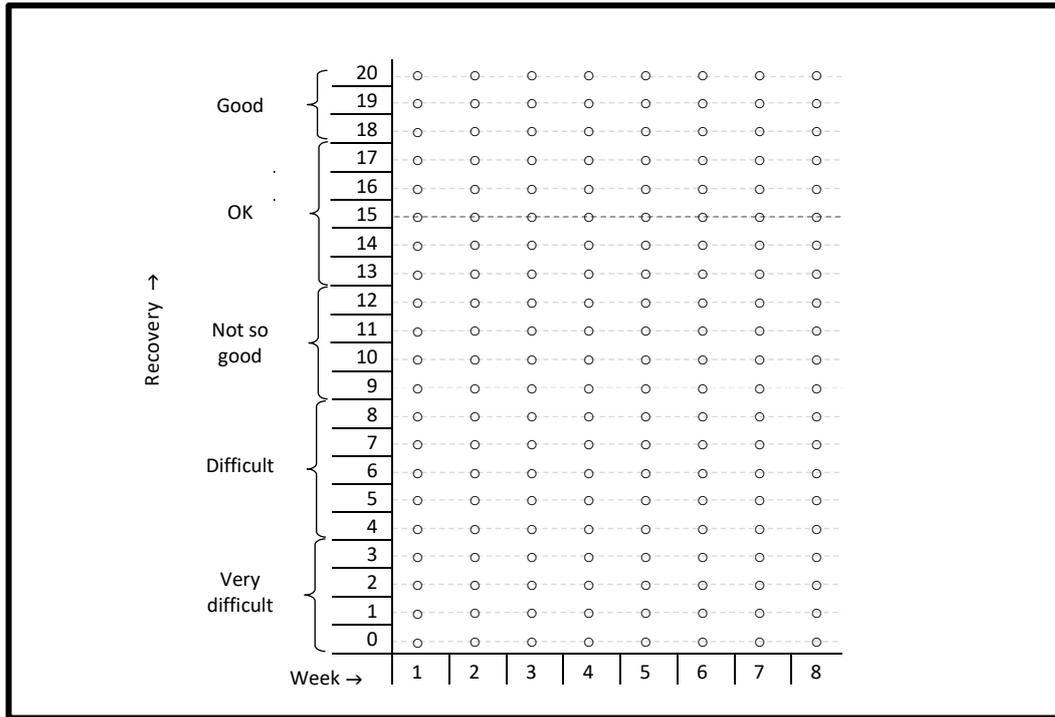
*These tools are designed for personal insight and growth and are not suitable for professional diagnosis, guidance, or advice.*

*If you have a physical or mental health concern or condition, consult your doctor, GP, or appropriately qualified healthcare professional before making significant changes to your diet, lifestyle, or exercise routines.*

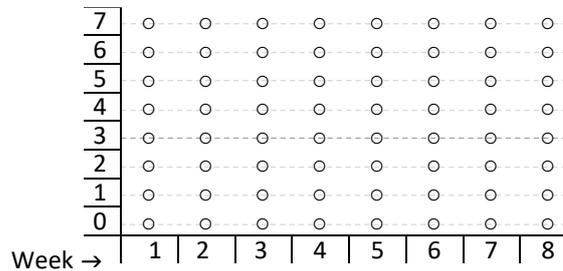
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Name:

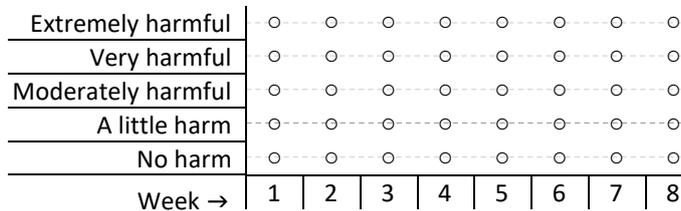
Start Date:



On how many days did you use over the last week?



How harmful was your use over the last week?



If you used over the past week and it caused moderate, little, or no harm, consider the following: *To what extent did your use put your future health and happiness at risk (e.g., escalation over time, loss of control, illness/disability, or relationship/work impact)? 0 means no risk and 10 means high risk.*

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