

# The Solution Focused Measure of Occupational Function

Name: ..... DOB: ..... Date: .....

<b>1</b>	<b>I am able to talk to people</b>	Definitely	Mostly	Sometimes	Not at all
<b>2</b>	<b>I have satisfying relationships</b>	Definitely	Mostly	Sometimes	Not at all
<b>3</b>	<b>I have confidence in myself</b>	Definitely	Mostly	Sometimes	Not at all
<b>4</b>	<b>I can stand up for myself (be reasonably assertive)</b>	Definitely	Mostly	Sometimes	Not at all
<b>5</b>	<b>I am able to make decisions when I need to</b>	Definitely	Mostly	Sometimes	Not at all
<b>6</b>	<b>I am satisfied with my home environment</b>	Definitely	Mostly	Sometimes	Not at all
<b>7</b>	<b>I can take care of myself (e.g. personal hygiene tasks)</b>	Definitely	Mostly	Sometimes	Not at all
<b>8</b>	<b>I am able to take care of the place where I live, including laundry, shopping and cooking</b>	Definitely	Mostly	Sometimes	Not at all
<b>9</b>	<b>I can manage my finances</b>	Definitely	Mostly	Sometimes	Not at all
<b>10</b>	<b>I can organise my week in a way that works for me/ satisfies me</b>	Definitely	Mostly	Sometimes	Not at all
<b>11</b>	<b>I can get to where I want and need to go</b>	Definitely	Mostly	Sometimes	Not at all
<b>12</b>	<b>I am able to calm myself when needed</b>	Definitely	Mostly	Sometimes	Not at all
<b>13</b>	<b>I have positive ways of coping with angry feelings</b>	Definitely	Mostly	Sometimes	Not at all
<b>14</b>	<b>I am able to achieve what I set out to do</b>	Definitely	Mostly	Sometimes	Not at all
<b>15</b>	<b>I am able to maintain my concentration and attention on activities that are important to me</b>	Definitely	Mostly	Sometimes	Not at all
<b>16</b>	<b>I am able to solve problems as they arise</b>	Definitely	Mostly	Sometimes	Not at all
<b>17</b>	<b>I can get so involved in a project or activity that I can forget about my discomfort/problems</b>	Definitely	Mostly	Sometimes	Not at all
<b>18</b>	<b>I am able to contribute to meeting the needs of my family (if applicable)</b>	Definitely	Mostly	Sometimes	Not at all
<b>19</b>	<b>I am able to function adequately at work (if applicable)</b>	Definitely	Mostly	Sometimes	Not at all
<b>20</b>	<b>I would like to be able to work/retrain</b>	Definitely	Mostly	Sometimes	Not at all
<b>21</b>	<b>I can enjoy myself</b>	Definitely	Mostly	Sometimes	Not at all
<b>22</b>	<b>I take regular exercise</b>	Definitely	Mostly	Sometimes	Not at all
<b>23</b>	<b>I get enough rest and sleep</b>	Definitely	Mostly	Sometimes	Not at all
<b>24</b>	<b>I have people who understand and support me</b>	Definitely	Mostly	Sometimes	Not at all
<b>25</b>	<b>I can make positive goals for the future</b>	Definitely	Mostly	Sometimes	Not at all

Client's signature: ..... Therapist's signature: .....

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