The Solution Focused Measure of Occupational Function

1 I am able to talk to people 1 I have satisfying relationships 2 I have satisfying relationships 3 I have confidence in myself 4 I can stand up for myself (be reasonably assertive) 4 I can stand up for myself (be reasonably assertive) 5 I am able to make decisions when I need to 6 I am satisfied with my home environment 7 I can take care of myself (e.g. personal hygiene tasks) 8 I am able to take care of the place where I live, including laundry, shopping and cooking 9 I can manage my finances 10 I can organise my week in a way that works for me/ satisfies me 11 I can get to where I want and need to go 12 I am able to calm myself when needed 13 I have positive ways of coping with angry feelings 14 I am able to achieve what I set out to do 15 I am able to maintain my concentration and attention on activities that are important to me 16 I am able to solve problems as they arise 17 I can get so involved in a project or activity that I can forget about my selfonitely Mostly Sometimes Not at all mable to contribute to meeting the needs of my family (if applicable) 18 I am able to function adequately at work (if applicable) 19 I am enjoy myself 10 I can enjoy myself 10 I can enjoy myself 11 I can enjoy myself 12 I take regular exercise 10 I fan epositive poals for the future 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can most involved on a project or the future 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can enforce who understand and support me 11 I can make positive goals for the future	Name	: Di	0B:		Date:	
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Client's signature: Therapist's signature: