

**Healing Waters Counseling** 900 Virginia Avenue, Suite 7, Fort Pierce, Florida 34982 Fort Pierce, FL 34950

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## **SNAP Questionnaire**

Instructions: Put a checkmark next to the strengths/needs/abilities/preferences that you believe you or your child has.

Client name:	Date:
STRENG	<u>GTHS</u>
☐ Ability to ask for help ☐ Determined ☐ Good social support sys	tem □Organized □Honest □Articulate
☐ Dependable ☐ Good Family Relationships ☐ Physically Strong	☐ Athletic ☐ Dynamic ☐ Has Charisma
☐ Resilient ☐ Business like ☐ Energetic ☐ Has integrity ☐ Resp	onsible □Cares about others □Motivated
□ Enthusiastic □ Self-reliant □ Centered □ Humble □ Exercises	regularly □Sincere □Confident □ Flexible
☐ Financially stable ☐ Humorous ☐ Considerate ☐ Spiritual/relig ☐ Generous ☐ Level Headed ☐ Well-liked by others ☐ Goal orier	
<u>NEEI</u>	<u>DS</u>
□ Advanced Directives □ Grief Counseling □ Increase Motivation	☐ Relapse Prevention ☐ Social Supports
$\square$ Abuse/Trauma Counseling $\square$ Help with negatives in life $\square$ Incre	ase self-esteem Relaxation skills
□Anger Management □Help with bipolar highs/lows □Insomnia	a relief □Boundary Setting □Employment
$\square$ HIV/AIDS Counseling $\square$ Learn to have fun $\square$ Spiritual Support	$\square$ Domestic Violence Counseling $\square$ Housing/Shelter
$\Box$ Learn to read $\Box$ Stress reduction $\Box$ Education Assistance $\Box$ Im	proved honesty   □Learn to say "no" □Time Management
$\Box$ Eliminate Hallucinations $\Box$ Improved relationships $\Box$ Legal assis	stance $\ \Box$ To improve trust $\ \Box$ Improved social skills
$\square$ Medical Consultation $\square$ To understand diagnosis $\square$ Impulse Consultation	ntrol $\Box$ Financial Counseling $\Box$ Medication education
$\Box$ Transportation help $\Box$ Public assistance $\Box$ Values clarification	□Other
Abilit	<u>ties</u>
$\Box$ Time management $\Box$ Computer literate $\Box$ Good with people $\Box$	$\square$ Manages money well $\square$ Artistic $\square$ Creative
$\square$ Has GED/Diploma $\square$ Organized $\square$ Assertive in a positive way	$\square$ Employable/always works $\;\square$ Athletic
$\square$ Has empathy toward others $\square$ Problem solving skills $\square$ Follows	directions ☐ Homemaking skills ☐ Public Speaking
$\square$ Auto mechanic $\square$ Good driver $\square$ Keeps appointments $\square$ Success	sful at school Can read well
$\square$ Good parenting skills $\square$ Makes friends easily $\square$ Takes all medica	tions □Volunteer work □Others
<u>Prefere</u>	<u>ences</u>
$\square$ AM Appointments $\square$ PM Appointments $\square$ Female Therapist $\square$	Male Therapist □Specific age of therapist
$\square$ Spiritual Guidance Independently $\square$ Therapy in home $\square$ Therap	by in office $\ \Box$ Therapy in school $\ \Box$ Group therapy
$\square$ Individual Therapy $\square$ Family therapy $\square$ Hearing-impaired service	es □Sight-impaired services
☐ Spanish Speaking services ☐ No written/reading assignments ☐	☐ Atypical antipsychotics ☐ Other
Client signature:	Date:
Legal Guardian signature:	
Staff Signature:	Date: