



Healing Waters Counseling

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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: _____

STRENGTHS

- Ability to ask for help
- Determined
- Good social support system
- Organized
- Honest
- Articulate
- Dependable
- Good Family Relationships
- Physically Strong
- Athletic
- Dynamic
- Has Charisma
- Resilient
- Business like
- Energetic
- Has integrity
- Responsible
- Cares about others
- Motivated
- Enthusiastic
- Self-reliant
- Centered
- Humble
- Exercises regularly
- Sincere
- Confident
- Flexible
- Financially stable
- Humorous
- Considerate
- Spiritual/religious
- Creative
- Intelligent
- Very patient
- Courageous
- Generous
- Level Headed
- Well-liked by others
- Goal oriented
- Other

NEEDS

- Advanced Directives
- Grief Counseling
- Increase Motivation
- Relapse Prevention
- Social Supports
- Abuse/Trauma Counseling
- Help with negatives in life
- Increase self-esteem
- Relaxation skills
- Anger Management
- Help with bipolar highs/low
- Insomnia relief
- Boundary Setting
- Employment
- HIV/AIDS Counseling
- Learn to have fun
- Spiritual Support
- Domestic Violence Counseling
- Housing/Shelter
- Learn to read
- Stress reduction
- Education Assistance
- Improved honesty
- Learn to say "no"
- Time Management
- Eliminate Hallucinations
- Improved relationships
- Legal assistance
- To improve trust
- Improved social skills
- Medical Consultation
- To understand diagnosis
- Impulse Control
- Financial Counseling
- Medication education
- Transportation help
- Public assistance
- Values clarification
- Other

Abilities

- Time management
- Computer literate
- Good with people
- Manages money well
- Artistic
- Creative
- Has GED/Diploma
- Organized
- Assertive in a positive way
- Employable/always works
- Athletic
- Has empathy toward others
- Problem solving skills
- Follows directions
- Homemaking skills
- Public Speaking
- Auto mechanic
- Good driver
- Keeps appointments
- Successful at school
- Can read well
- Good parenting skills
- Makes friends easily
- Takes all medications
- Volunteer work
- Others

Preferences

- AM Appointments
- PM Appointments
- Female Therapist
- Male Therapist
- Specific age of therapist
- Spiritual Guidance Independently
- Therapy in home
- Therapy in office
- Therapy in school
- Group therapy
- Individual Therapy
- Family therapy
- Hearing-impaired services
- Sight-impaired services
- Spanish Speaking services
- No written/reading assignments
- Atypical antipsychotics
- Other

Client signature: _____

Date: _____

Legal Guardian signature: _____

Date: _____

Staff Signature: _____

Date: _____