

Churchill Counseling Services

Our mission is to assist you, our client, in achieving good mental health and improving your overall functioning. So that we may monitor your progress as you work through our issues, please answer the following questions by checking the box that most describes how you are functioning today. Thank you.

Program Goal	This does not apply to me [0]	This is mostly NOT true [1]	This is somewhat true [2]	This is more often true [3]	This is extremely true [4]
Goal 1: I feel better more days than I feel bad					
Goal 2 (a): I am obtaining my education					
Goal 2 (b): I have been able to maintain my employment					
Goal 3: I socialize and relate well with my family and friends					
Goal 4: I follow my medication regimen					

If you answered "Mostly NOT True" to any question above, what would you like to work on? _____

Client Name

Date

Completed at First Session 6 months 1 year

Annually thereafter (indicate date) _____

Clinician Name

Liberty

Cornersburg