

Living Well Moving Forwards

Reflecting on our work together

Thinking about your time spent with the Living Well Team and what life is like now.

1. What is life like now? What has changed?

2. What's next? What will you keep going?

3. What have you learnt?

4. A message from Living Well

Unable to complete Moving Forwards documentation due to issues with engagement

Yes

No

The focus of my support

My reason for support -What would you like to achieve in working with mental health services? How far are you towards achieving your goals?

I would like to:		Not at all	A little	Halfway	Mostly	Achieved
Goal 1	Start	<input type="checkbox"/>				
	Mid	<input type="checkbox"/>				
	End	<input type="checkbox"/>				
Goal 2	Start	<input type="checkbox"/>				
	Mid	<input type="checkbox"/>				
	End	<input type="checkbox"/>				
Goal 3	Start	<input type="checkbox"/>				
	Mid	<input type="checkbox"/>				
	End	<input type="checkbox"/>				

My quality of life

For each of the following statements, highlight one box that best describes your thoughts, feelings, and activities over the last week.

In the last week:	None of the above	Only occasionally	Sometimes	Often	Most / all of the time
I found it difficult to get started with everyday tasks	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I felt able to trust others	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt unable to cope	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I could do the things I wanted to do	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt happy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I thought my life was not worth living	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I enjoyed what I did	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt hopeful about my future	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
I felt lonely	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
I felt confident in myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Describe your physical health over the last week. E.g. problems with pain, mobility, difficulties caring for yourself or feeling physically unwell	No problems (4)	Slight problems (3)	Moderate problems (2)	Severe Problems (1)	Very severe (0)