

Information Gathering Tool

(Worksheets)

The recovery conversation areas:

Main Things on My Mind

My Connections

Work

Money Management/Legal

Harm in My Life

Smoking

Medical/Health

Medication

Recreation/Leisure

Who I Am (Identify)

School/ Education

Getting Around

Wellness and Mental Health

Personal Care

Future Housing

Oral Care Plan

Nutrition

My Hopes and Dreams

Recovery Plan – Information Gathering Tool

Name:

Facility:

Main Things On My Mind		
Setting the tone/ “mood” of the conversation. What are some of the pressing things on your mind?		
Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name:

Facility:

Who I Am (Identity)

How would you describe yourself? Tell me about yourself.
 What are your interests? Hobbies? Talents?
 What are some important things you have accomplished or been involved with in the past?
 Can you tell me about your culture/heritage (perhaps their experience of family or customs)?
 Do you speak any other languages? What language do you prefer to speak?
 How would you describe your usual personality?

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name:

Facility:

My Connections

People normally want to belong. Do you feel like you belong?
 Who are the important people/pets in your life?
 Is there anyone else you would like to see involved in your recovery plan?
 Can you tell me about any spiritual/religious connections you have or would like to have?
 Would you like to be more involved in spiritual/religious activities?
 What gives you a sense of purpose?
 What do you value most?
 Are you or have you been involved in an intimate relationship?

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name:

Facility:

School/Education

What is the highest level of schooling you have achieved?

What were your favourite subjects?

Did you have any difficulties with school?

Are you interested in taking courses/going to school?

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name: Facility:

Facility:

Work		
<p>Tell me about your work history (part-time/full-time/volunteer). What was your favourite job/s or volunteer work? Did you have difficulties with work? Are you interested in working or getting some volunteer work?</p>		
Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name: Facility:

Facility:

Getting Around		
How do you get around in the community? How well do you know the bus system? What makes it hard to get around?		
Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name:

Facility:

Money Management/Legal

Where do you get your money from or your source for money? (Employment, TVP, CPP, public trustee, other)

Do you have a bank account?

Has anyone helped you with money before? How did they help you?

What is important for me to know about you and your money?

Have you ever run out of money before the end of the month? What were the circumstances and what did you do?

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name:

Facility:

Wellness and Mental Health

What keeps you well?
 What has helped you cope before?
 What things do you do to look after your mental health?
 How do you know when you are not well? Who do you tell?

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

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Facility:

Harm in My Life

Are there any activities you are engaging in that interfere with your hopes and dreams?
 Have you ever had thoughts of harming yourself? (self-injury, suicide attempts, drugs, etc)
 Everyone had issues with other people. Have you had any serious incidents with others? (e.g. getting into fights, violence, disagreements with landlords, with law, being bullied, etc)
 So how do you or how have you dealt with those issues?
 Are you using any non-prescription substances? E.g. cigarettes, alcohol, marijuana, cocaine.
 When was the last time you used them?

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name:

Facility:

Personal Care

What kind of support do you think you need with your personal hygiene?
 How often do you bathe or shower, wash your clothes, change your clothes, tidy your room, vacuum or clean your room/apartment?
 What is your typical routine?
 Do you ever have difficulty hearing what people are saying? Seeing things clearly? Do you have/wear glasses?
 Do you have any allergies?
 What are your typical sleeping/waking times? Do you have trouble waking/sleeping that we should know about?
 Have you had any difficulty concentrating or staying focused when you are doing something?

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name:

Facility:

Smoking

Do you smoke? If yes, how many cigarettes do you smoke and what is your typical smoking pattern?

Have people ever complained about where you smoked?

Would you like to cut down or stop smoking?

Resident Response	Staff Comments	Date & Staff Initials

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Facility:

Future Housing

How do you feel about your living situation right now?
 Is there anything here that could be modified or could be made more enjoyable to live here?
 Where would you like to live in the future?
 What kind of living situation would you like? (apartment, living with others, kind of support)
 Do you have any fear about living on your own?

Resident Response	Staff Comments	Date & Staff Initials

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Medical/Health

Do you have any trouble walking? Have you ever fallen? Do you use any equipment?
 Do you have any physical problems that stop you from moving easily?
 Could you tell me about any physical or medical conditions that you need to take care of concerns that you have?
 When was the last time you saw a GP for your physical health?
 Have you had any difficulties getting to the bathroom on time or going to the bathroom?
 (This area can be used to discuss metabolic monitoring)

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name:

Facility:

Oral Care Plan		
<p>How often do you typically brush/floss your teeth? When was the last time you saw a dentist/had your teeth looked at? Do you wear dentures? Are you experiencing any dental pain?</p>		
Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

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Facility:

Medication		
<p>How do you feel about taking medications? What do you know about the medications you are taking? E.g. why you are taking them, what they help you with, etc.</p> <p>Do you experience any side effects from your medications?</p> <p>How comfortable/confident do you feel telling your doctor about side effects or concerns you might have with your medication?</p> <p>Are you aware of any lab work that might be required from time to time for the medications you are taking? How often? When should you be going next?</p>		
Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

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Facility:

Nutrition

What do you typically eat in a day?

What are some of your favourite things to eat?

Do you have any dietary restrictions/ food intolerances/preferences? E.g. vegetarian, kosher, vegan, cultural or religious restrictions.

When was the last time you shopped for groceries and cooked?

When was the last time you cooked? Would you like to learn more about cooking?

Resident Response	Staff Comments	Date & Staff Initials

Recovery Plan – Information Gathering Tool

Name _____ : Facility: _____

Recreation/Leisure		
What are your hobbies? What do you like to do for fun? Are there things in the past you enjoyed doing but are not doing now? What would make it hard to do these things? What would you like to do or try for fun/enjoyment in the future? What do you do for physical activity/exercise? Do you feel exercise has a place in your life?		
Resident Response	Staff Comments	Date & Staff Initials

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My Hopes and Dreams

Describe how do you see your life now?

What is something you could start that you think would make your life better?

What is something you could stop that you think would make your life better?

What are some of the most important things to you?

If you could wave a magic wand and live the way you wanted, what would your life look like? Describe it. (What would you do, where would you live, who would be around? Etc.)

Describe what you hope your life will be 5-10 years from now.

Resident Response	Staff Comments	Date & Staff Initials