

Emotional Needs Audit

Instructions to Client

Answer the questions below, rating, in your judgment, how well, on a scale of 1 to 7, each emotional need is being met in your life at the moment.

1. Do you feel secure in your home life?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

2. Do you feel secure in your work life?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

3. Do you feel secure in your environment?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

4. Do you feel you receive enough attention?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

5. Do you give other people enough attention?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

6. Do you feel in control of your life most of the time?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

7. Do you feel part of the wider community?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

8. Can you obtain privacy when you need to?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

9. Do you have at least one close friend?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

10. Do you have an intimate relationship in your life?

No 1 2 3 4 5 6 7 Yes
 ○ ○ ○ ○ ○ ○ ○ ○

11. Do you feel an emotional connection to others?

No 1 2 3 4 5 6 7 Yes
○ ○ ○ ○ ○ ○ ○ ○

12. Do you feel you have status that is acknowledged?

No 1 2 3 4 5 6 7 Yes
○ ○ ○ ○ ○ ○ ○ ○

13. Are you achieving things and feeling competent?

No 1 2 3 4 5 6 7 Yes
○ ○ ○ ○ ○ ○ ○ ○

14. Are mentally and/or physically being stretched?

No 1 2 3 4 5 6 7 Yes
○ ○ ○ ○ ○ ○ ○ ○

End of questions