

Strengths Assessment Worksheet

Client Information
Name:
Date of Birth:
Address:
Phone Number:
Emergency Contact:
Health Conditions:
Medications:
Allergies:

Instructions:

This worksheet is designed to help you identify and explore your strengths across various areas of life. Take your time to reflect on each prompt and provide honest and thoughtful responses. Your insights will guide our discussions and support your overall well-being.

Strengths Assessment Table

Life Area	Strengths	Examples or Details

Therapist's Signature:

Therapist's Name:

Date: