

Strengths List

Client Information:

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

Instructions:

This Strengths and Qualities List Template is designed especially for you. Take a moment to reflect on your unique strengths and positive qualities. Fill out the table below honestly and with self-compassion. This exercise is a powerful tool for building self-awareness and enhancing your overall well-being.

Strengths/Qualities	Examples/Instances	Feelings/Impact

Additional Reflection:

1. What achievements are you most proud of in your life so far?

2. How have your strengths positively impacted your relationships with friends and family?

3. In what ways can you use your positive qualities to achieve your goals for the future?

4. Identify one challenge you are currently facing and reflect on how your strengths can help you overcome it.

Therapist's Notes:

Therapist's Signature:

Therapist's Name:

Date: