**STRENGTH PROGRAM**

  

**The Strength Program**

**Pre-Assessment Questionnaire**

\*Please submit this form to your Addiction Counsellor to be sent along with your referral**.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Why is it important for you to come to the Strength Program?**

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1. **What goals do you want to accomplish while at the Strength Program?**

**(Education goals, Recovery goals, Mental Health Goals, Life Goals, etc.)**

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1. **What do you need from the Strength Program to help you achieve these goals?**

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1. **What are you prepared to do to get these things from the Strength Program?**

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1. **What questions would you like answered at your assessment?**

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