



B.P.R. Therapy, Mediation & Coaching Services

Stabilization Assessment

How true are the following statements for you regarding your home?	False	Somewhat False	Neutral	Somewhat True	True
1. I have significant medical/mental health issues.	1	2	3	4	5
2. My home meets my basic physiological needs (food, water, sleep).	1	2	3	4	5
3. I feel like I belong when I am home.	1	2	3	4	5
4. I like who I am when I am home.	1	2	3	4	5
5. I have privacy at home.	1	2	3	4	5
6. My home stays relatively clean and free of clutter.	1	2	3	4	5
7. I can easily socialize with my family and friends when I am home.	1	2	3	4	5
8. I am bored when I am home.	1	2	3	4	5
9. I feel that my home environment stifles my development/creativity.	1	2	3	4	5
10. I wished I lived somewhere else.	1	2	3	4	5
11. I feel safe across settings (work, home, in-public) in my life.	1	2	3	4	5
12. I tend to be more logical than emotional.	1	2	3	4	5
13. I tend to be more emotional than logical.	1	2	3	4	5
14. I have a steady daily routine.	1	2	3	4	5
15. I have a dependable and adequate support system (e.g., family, friends, religious group)	1	2	3	4	5
16. I tend to struggle in many relationships in my life (romantic, friendships, co-workers etc).	1	2	3	4	5
17. I feel economically stable.	1	2	3	4	5
18. I have a budget and understand how I spend my earnings.	1	2	3	4	5
19. I feel I am aware of what resources are available to me to address stressors.	1	2	3	4	5
20. I feel I have balance in my life. I work, get adequate sleep, socialize with family and friends, have hobbies, and relax as needed.	1	2	3	4	5
21. I participate in activities (e.g., gambling, sex, or other) or use substances (e.g., caffeine, alcohol etc) in excess.	1	2	3	4	5