

ASSESSMENT OF RECOVERY CAPITAL (ARC)

DATE: _____ CLIENT ID: _____

TREATMENT ADMISSION DATE: _____

I am currently completely sober.	<input type="checkbox"/>
I feel I am in control of my substance use.	<input type="checkbox"/>
I have had no 'near things' about relapsing.	<input type="checkbox"/>
I have had no recent periods of substance intoxication.	<input type="checkbox"/>
There are more important things to me in life than using substances.	<input type="checkbox"/>

Section 1: Total ✓ = _____

Yes

I am able to concentrate when I need to.	<input type="checkbox"/>
I am coping with the stresses in my life.	<input type="checkbox"/>
I am happy with my appearance.	<input type="checkbox"/>
In general I am happy with my life.	<input type="checkbox"/>
What happens to me in the future mostly depends on me.	<input type="checkbox"/>

Section 2: Total ✓ = _____

Yes

I cope well with everyday tasks.	<input type="checkbox"/>
I feel physically well enough to work.	<input type="checkbox"/>
I have enough energy to complete the tasks I set myself.	<input type="checkbox"/>
I have no problems getting around.	<input type="checkbox"/>
I sleep well most nights.	<input type="checkbox"/>

Section 3: Total ✓ = _____

Please place a ✓ *only* in the boxes for statements you agree with and that describe your experience as of today.

	Yes
I am proud of the community I live in and feel part of it – sense of belonging.	<input type="checkbox"/>
It is important for me to contribute to society and or be involved in activities that contribute to my community.	<input type="checkbox"/>
It is important for me to do what I can to help other people.	<input type="checkbox"/>
It is important for me that I make a contribution to society.	<input type="checkbox"/>
My personal identity does not revolve around drug use or drinking.	<input type="checkbox"/>

Section 4: Total ✓ = _____

	Yes
I am happy with my personal life.	<input type="checkbox"/>
I am satisfied with my involvement with my family.	<input type="checkbox"/>
I get lots of support from friends.	<input type="checkbox"/>
I get the emotional help and support I need from my family.	<input type="checkbox"/>
I have a special person that I can share my joys and sorrows with.	<input type="checkbox"/>

Section 5: Total ✓ = _____

	Yes
I am actively involved in leisure and sport activities.	<input type="checkbox"/>
I am actively engaged in efforts to improve myself (training, education and/or self awareness).	<input type="checkbox"/>
I engage in activities that I find enjoyable and fulfilling.	<input type="checkbox"/>
I have access to opportunities for career development (job opportunities, volunteering or apprenticeships).	<input type="checkbox"/>
I regard my life as challenging and fulfilling without the need for using drugs or alcohol.	<input type="checkbox"/>

Section 6: Total ✓ = _____

Please place a ✓ *only* in the boxes for statements you agree with and that describe your experience as of today.

	Yes
I am proud of my home.	<input type="checkbox"/>
I am free of threat or harm when I am at home.	<input type="checkbox"/>
I feel safe and protected where I live.	<input type="checkbox"/>
I feel that I am free to shape my own destiny.	<input type="checkbox"/>
My living space has helped to drive my recovery journey.	<input type="checkbox"/>

Section 7: Total ✓ = _____

	Yes
I am free from worries about money.	<input type="checkbox"/>
I have the personal resources I need to make decisions about my future.	<input type="checkbox"/>
I have the privacy I need.	<input type="checkbox"/>
I make sure I do nothing that hurts or damages other people.	<input type="checkbox"/>
I take full responsibility for my actions.	<input type="checkbox"/>

Section 8: Total ✓ = _____

	Yes
I am happy dealing with a range of professional people .	<input type="checkbox"/>
I do not let other people down.	<input type="checkbox"/>
I eat regularly and have a balanced diet.	<input type="checkbox"/>
I look after my health and wellbeing.	<input type="checkbox"/>
I meet all of my obligations promptly.	<input type="checkbox"/>

Section 9: Total ✓ = _____

Please place a ✓ *only* in the boxes for statements you agree with and that describe your experience as of today.

	Yes
Having a sense of purpose in life is important to my recovery journey.	<input type="checkbox"/>
I am making good progress on my recovery journey.	<input type="checkbox"/>
I engage in activities and events that support my recovery.	<input type="checkbox"/>
I have a network of people I can rely on to support my recovery.	<input type="checkbox"/>
When I think of the future I feel optimistic.	<input type="checkbox"/>

Section 10: Total ✓ = _____