Strengths List

CLIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

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

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

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

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

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

THERAPIST'S NOTES

Therapist's Notes:

Therapist's Signature:
Therapist's Name: _____ Date: _____ dd / mm / yyyy