



# DLA-20 Self Report

Please use scale below to score each daily living activity

During the last 30 days did your symptoms interrupt any of the following everyday activities?

No, not at all  
Rarely  
Sometimes  
Usually  
Yes, always

<b>Physical Health and Mental Wellness</b> During the last 30 days...	1	2	3	4	5	
I managed my mental health symptoms such as anxiety, racing or disturbing thoughts, depression, memory lapses or stressful repetitive behaviors. <b>Other symptoms/comment:</b>						<b>Total</b>
I managed my moods such as anger, sadness or happiness.						
I managed my physical health such as problems with pain, high blood pressure, weight or diet restrictions. <b>Other symptoms/comment:</b>						
I took all my medications as prescribed. ___ N/A (not on medication)						


<b>Stable Housing</b> During the last 30 days...	1	2	3	4	5	
I lived in the same place.						<b>Total</b>
I managed to keep up with my household duties such as cleaning.						


<b>Communication</b> During the last 30 days...	1	2	3	4	5	
I listened to others and understood what they were saying.						<b>Total</b>
I was able to focus, express my needs and wants in a positive manner.						


<b>Safety</b> During the last 30 days...	1	2	3	4	5	
I have been free from thoughts of harming myself.						<b>Total</b>
I have been free from thoughts to harm others.						
I made safe decisions at home and while out in the community.						

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 <b>Time Management</b> During the last 30 days...	1	2	3	4	5	
I slept between 5-9 hours most nights.						Total
I felt rested most days when I woke up.						
I followed a regular routine most days.						

 <b>Money Management</b> During the last 30 days...	1	2	3	4	5	
I had a monthly source of income.						Total
I independently managed my money.						
I paid my bills and expenses on my own.						


 <b>Nutrition</b> During the last 30 days...	1	2	3	4	5	
I ate 2 nutritious meals most days.						Total
I limited my caffeine and sugar intake.						
I prepared most of my meals.						


 <b>Problem Solving</b> During the last 30 days...	1	2	3	4	5	
I solved day to day problems.						Total
I managed stressful situations.						


 <b>Relationships with Family/Significant Others</b> During the last 30 days...	1	2	3	4	5	
I felt supported by my family or significant other.						Total
I was satisfied with my relationships with family/significant other.						


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 <b>Alcohol &amp; Drugs</b> During the last 30 days...	1	2	3	4	5	
I avoided drinking more than 2 beers or 2 drinks of alcohol daily.						Total
I avoided cigarettes, vaping and tobacco.						
I avoided all drugs such as marijuana, opiates and heroin.						

 <b>Leisure &amp; Physical Activities</b> During the last 30 days...	1	2	3	4	5	
I enjoyed time with others in my community, doing a healthy activity.						Total
I enjoyed personal hobbies such as exercising, reading, writing, painting or other activities.						


 <b>Community Resources</b> During the last 30 days...	1	2	3	4	5	
I used community resources that I needed such as churches, my doctor's office, mental health clinic or the grocery store.						Total
I used sources of transportation such as a car, bus or a family/friend to help me get around in the community.						


 <b>Friendships with Support Systems</b> During the last 30 days...	1	2	3	4	5	
I enjoyed time with a friend, neighbor or co-worker.						Total
Friends, neighbors or co-workers were kind and supportive of me.						


 <b>Sexual Health</b> During the last 30 days...	1	2	3	4	5	
I am satisfied with my current relationship status such as single or in relationship with a partner.						Total
I am satisfied that I am choosing safe sexual practices.						
I have questions and want to talk to my provider about sexual health concerns.	<input type="checkbox"/> Yes <input type="checkbox"/> No					


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 <b>Productivity</b> During the last 30 days...	1	2	3	4	5	
I am satisfied with my role of working at a job, homemaking, volunteering or attending school.						Total
I feel productive while working at a job, homemaking, volunteering or at school.						

 <b>Coping</b> During the last 30 days...	1	2	3	4	5	
I recognized my triggers such as symptoms or events that may lead to relapse.						Total
I used coping skills when I noticed symptoms such as being nervous, irritated, angry, sad or depressed.						

 <b>Community Norms</b> During the last 30 days...	1	2	3	4	5	
I enjoyed everyday freedoms in my community without conflict.						Total
I abided by all laws and my interactions with law enforcement or courts were positive.						

 <b>Oral &amp; Personal Hygiene</b> During the last 30 days...	1	2	3	4	5	
I independently managed my personal hygiene such as baths and showers.						Total
I brushed my teeth each day, with no pain or discomfort.						
I was able to eat, chew, drink hot or cold liquids without pain or discomfort.						

 <b>Grooming</b> During the last 30 days...	1	2	3	4	5	
My overall appearance was neat such as hair brushed, hands and nails clean.						Total

 <b>Dress</b> During the last 30 days...	1	2	3	4	5	
My clothes are generally comfortable and clean.						Total
I am satisfied that my clothing is in good repair.						

**Overall Score** \_\_\_\_\_