Life goals: the concept and its relevance to rehabilitation

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Objective: Life goals are desired states that people seek to obtain, maintain or avoid. These goals may influence motivation to participate in the rehabilitation process. The aim of this paper is to review the literature on life goals and the influence of life goals on the rehabilitation process.

Methods: The MEDLINE, EMBASE, PsycLit and CINAHL databases were searched with the keywords goals, life goals, aim of life, meaning of life, motivation, assessment (identification) of life goals, goal planning, disability, coping and rehabilitation.

Results: The initial search produced 917 abstracts. After going through these abstracts, 39 articles were selected for inclusion in the review. Age, gender, personality, experiences and society and environment influence life goals. Pursuit and attainment of life goals affect sense of well-being. Life goals are accessible to conscious awareness and can be identified. Several questionnaires are available for assessment of life goals. Different questionnaires assess different aspects of life goals. All except one of these questionnaires need to be tested for validity and reliability in a rehabilitation setting. Disabilities interfere with goal striving and result in emotional distress. Motivation to participate in a rehabilitation programme depends on concurrence between a patient’s life goals and treatment goals. Incorporation of a subject’s life goals into a management programme resulted in better outcomes in various physical and psychiatric disorders. There are no data on the efficacy of life goal-orientated rehabilitation programmes.

Conclusions: Life goals influence patients’ motivation to participate in and compliance with treatment programmes. We still do not know whether rehabilitation programmes focusing on life goals make any difference in outcome. There is need for further studies in this area.
Life goals and rehabilitation

Introduction

The concept of life goals was introduced in 1970s as a dimension of motivation. Since then an extensive volume of knowledge about life goals has accumulated in the fields of psychology, social work and rehabilitation. Life goals are the desired states that people seek to obtain, maintain or avoid. These goals are the ends that individuals try to achieve by means of their cognitive and behavioural strategies. They are modified by personal and contextual factors. Diseases and disabilities interrupt the pursuit of life goals, resulting in emotional distress. The motivation of a person to participate in the rehabilitation process depend on concurrence between the treatment goals and the subject’s life goals. Goal-oriented treatment programmes were found successful in rehabilitation.

The aim of this paper is to review the literature on life goals and the influence of these goals on the process of rehabilitation. The paper describes the methods used for literature search, results and conclusions. The results are divided into sections dealing with the nature of life goals, factors influencing life goals, effect of life goals on health, impact of illness on life goals, tools for assessment of life goals and role of life goals in rehabilitation.

Methods

The MEDLINE, EMBASE, Psychlit and CINAHL databases were searched with the keywords goals, life goals, aim of life, meaning of life, assessment (identification) of life goals, goal planning, disability, coping and rehabilitation. Abstracts of all results were read. Articles dealing directly with the nature of life goals, assessment of life goals, factors influencing life goals, influence of life goals on health, effect of illness and disabilities on life goals, methods of assessment of life goals and significance of life goals to rehabilitation were selected. The reprints of these articles were obtained and read in full.

Results

The search of databases revealed 917 abstracts. Reprints of 72 articles were obtained and read. Thirty-nine references directly dealing with the subject were included in the review.

Life goals

Nature

Life goals consist of a complex hierarchy (Table 1). At the top of this hierarchy is an overriding reference value or idealized self-image. The desire to attain this idealized self-image leads to abstract motivations like need for power, fame, esteem, independence and pride. The personal goals or middle-level goals are tasks or objectives determined by these abstract motivations. They are easily recognized and expressed by the individuals and are amenable to measurement. They include goals like career, relationships and financial security. The contextual goals are an individual’s conscious intentions and actions to orient their current environment or life situations towards personal goals. Examples include striving for better grades at school, attempting to perform well at sports, and trying to improve relationships. The lowest level of hierarchy of life goals consists of immediate actions and discrete events that will lead to contextual goals. They include specific actions like reading, writing, driving, etc.

Setting of goals at any level is determined by the goal of the next level up in hierarchy. The fulfilment of lower level goals leads to realization of higher level motivations.

<table>
<thead>
<tr>
<th>Level</th>
<th>Goal</th>
<th>Examples</th>
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<tbody>
<tr>
<td>1</td>
<td>Idealized self-image</td>
<td>Power, fame, fortune</td>
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<tr>
<td>2</td>
<td>Abstract motivations</td>
<td>Career, family, relationships</td>
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<tr>
<td>3</td>
<td>Personal goals</td>
<td>Striving for better grades at school</td>
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<tr>
<td>4</td>
<td>Contextual goals</td>
<td>Specific activities like reading, writing, playing</td>
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<tr>
<td>5</td>
<td>Immediate actions</td>
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and in turn help the individual to move closer to the idealized self-image.\textsuperscript{6}

\textbf{Influences}

These goals are modified by various factors like age, gender, personality, affect, environment and health.\textsuperscript{5} An individual’s life goals change from early adulthood to late life (Table 2).\textsuperscript{6} Gender influences choice of life goals: women tend to give more importance to family, domestic and social goals, and men to economic goals and occupation.\textsuperscript{7,11} Pregnancy is a major life event that significantly influences and is influenced by life goals. Parenting demands adjustment of life expectations. A study by Hudspeth \textit{et al.}, found that the pregnant teenagers had fewer life goals than their peers.\textsuperscript{12}

Personality plays an important role in choice of life goals. Personality traits of extroversion and narcissism were correlated positively with goals of economic success, exciting lifestyle and prestigious occupation, and negatively with social goals like working for welfare of others.\textsuperscript{7} People with type A behaviour were more often dissatisfied with their attainment of life goals.\textsuperscript{13} The personality traits may be viewed as those facilitating or thwarting the pursuit of life goals.\textsuperscript{14} Certain personality traits may result in failure to utilize social support in goal striving. Life goals are also influenced by earlier negative or positive experiences. Unemployed subjects with end-stage renal failure had more negative attitudes to life goals, and reported greater loss of life goals.\textsuperscript{15}

\textbf{Life goals and health}

Life goals contribute to health and psychological well-being. Several studies have shown that people with a high sense of well-being had better recognition of life goals, commitment to life goals, perception of progress towards life goals and sense of achievement of life goals.\textsuperscript{10,16,17} Absence of life goals results in a sense of meaninglessness leading to nihilism, cynicism, apathy and suicidal ideas.\textsuperscript{18} The nature of goals also influences emotional well-being. A preoccupation with achievement-related goals to the exclusion of relationship goals results in stress. Extrinsically orientated goals like financial status and social standing were negatively related to sense of well-being.\textsuperscript{1}

How people handle the conflicts while striving towards life goals influences their sense of well-being. The degree to which individuals experienced positive or negative moods on a day was related to occurrence of events facilitating or inhibiting life goals.\textsuperscript{17,19}

\textbf{Life goals and illness}

Illness and disability interfere with pursuit of life goals and will result in emotional distress.\textsuperscript{2} Shih \textit{et al.} noted that unfinished responsibilities and unattained life goals were the primary concerns of patients admitted for cardiac surgery.\textsuperscript{20} Roberts \textit{et al.} observed that diagnosis of cancer interferes with the life goals of young adult patients and leads to psychological symptoms.\textsuperscript{21} Cook noted that patients with spinal cord injuries had negative perceptions towards important life goals.\textsuperscript{22} The life goals may be influenced by physical symptoms. Karoly and Lecci noted that persons experiencing persistent pain tend to evaluate their life goals in a problematic fashion.\textsuperscript{23} The presence of pain was associated with lower ratings of self-efficacy, self-monitoring, self-reward and less positive arousal.

McGrath and Adams\textsuperscript{2} used Carver and Scheier’s\textsuperscript{9} model of affect in relation to information processing to explain the emotional impact of brain injury on life goals. According this model the current action is undertaken to minimize the discrepancy between the current state and some behavioural reference (goal). Affect is experi-

\begin{table}[h]
\centering
\begin{tabular}{|l|l|l|}
\hline
\textbf{Early adulthood} & \textbf{Middle age} & \textbf{Late life} \\
\hline
Education & Carrier & Health \\
Finding occupation & Income & Retirement \\
Selection of partner & Meeting demands of parenthood & Adjusting to reduced income \\
Starting family & Nurturing marriage & Coping with bereavement \\
Finding congenial social groups & Managing household & Religion and life philosophy \\
\hline
\end{tabular}
\caption{Goals and stages of life\textsuperscript{6}}
\end{table}
enced when the rate of approach to goal is different from the desired rate. The distance from the goal is less important than the rate at which the goal is approached. When the actual rate of approach exceeds the desired rate positive emotions are experienced and where rate is slow negative emotions are experienced. The intensity and type of emotion are related to the significance of goals and the magnitude of the rate of discrepancy. Acute brain injury results in a sudden dramatic interruption of goal-directed activity. This is followed by a gradual and steady resumption of some activities in some life areas. In the chronic progressive conditions, the rate of approach to desired goals is unpredictable. Thus, neurological disorders have a significant negative impact on goal striving, resulting in emotional distress.

McGrath and Adams noted frustration, sadness, fear, confusion and worry among subjects with brain injury. Frustration was the initial response to interruption or slowing of rate of approach to desired goal. Sadness or depression resulted from failure to attain a goal. Subjects experienced fear when slowing of rate of approach to a goal is anticipated, especially where the goal relates to self-preservation. Worry was the explicit cognitive aspect of monitoring the rate of approach to the desired goal. Confusion occurs when the monitoring process is disrupted because of misinformation or cognitive problems. The emotional distress described by these patients arises partly from slowing, interruption or uncertainty of rate of approach to personally meaningful goals.

Assessment of life goals

The techniques used to study life goals are qualitative methods, life goals questionnaires and questionnaires assessing commitment to life goals (Table 3). The personal quest for a meaningful life and life goals can be analysed using written narratives. The subjects were asked to write about the life goals and meaning of their life. The written descriptions were analysed using predetermined criteria. It was possible to test hypotheses and obtain statistically significant reproducible findings by this method. Goals specify what a person typically is trying to do. Craik used video recordings of person environment transactions during a lived day to analyse life goals.

Various questionnaires are used to identify life goals. Nurmi and King et al. used open-ended questionnaires in which the subjects were asked to list their goals of life. In the study by Nurmi, the subjects were asked to write down their goals, hopes, plans and dreams in four numbered lines. The goals and concerns were classified independently by two assessors into one of 15 categories. The categories were: occupation, property, family, marriage, self, education, health, travel, children’s life, leisure activities, world, retirement, war, health of others, friends and others. King et al. allowed subjects to list as many goals as they wished in one page. Examples of common life goals given by the participants of this study were ‘find a loving spouse’, ‘have two children’, ‘remain close to family’, and ‘be a successful paediatrician’. The number of goals listed varied from two to 30 (mean 7.9, SD 6). The open-ended questionnaires elicit self-articulated personal goals.

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<tr>
<th>Qualitative methods to identify life goals</th>
<th>Questionnaires to identify life goals</th>
<th>Measures of commitment to life goals</th>
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<tr>
<td>Recorded interviews and written narratives</td>
<td>Open-ended questionnaires&lt;br&gt;California Life Goals Evaluation Schedule&lt;br&gt;Life Esteem Survey&lt;br&gt;Life Goals Inventory&lt;br&gt;Major Life Goals Questionnaire&lt;br&gt;Questionnaire for mail survey of life goals&lt;br&gt;Rivermead Life Goals Questionnaire</td>
<td>Purpose in Life Test&lt;br&gt;Life Regards Index</td>
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Several structured questionnaires have been used to identify life goals. The California Life Goals Evaluation Schedule has been used in several studies. This questionnaire has 150 statements grouped into ten subsections: esteem, profit, fame, power, leadership, security, social service, interesting experience, self-expression and independence. The responses are rated on a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale has good validity and reliability. The Life Esteem Survey measures the relative importance of 22 different life goals. The importance of each goal is rated on a scale of one to nine. This scale also had good reliability and validity. Roberts and Robins assessed life goals using a questionnaire consisting of 38 life goals arranged in seven clusters. The clusters were economic, aesthetic, social, relationship, political, hedonistic and religious goals. The responses were obtained in a five-point rating scale ranging from 1 (strongly disagree) to 5 (strongly agree). The study showed a good internal consistency for the scale.

Raina and Vats used a 35-item life goals inventory to collect data on life goals. The subjects rated importance of each item on a four-point scale: 1 (of little or no importance), 2 (somewhat important), 3 (very important) and 4 (essential). These goals fell into three broad categories: personal, social and vocational. The validity and reliability of the scale were not reported. Hooker and Segler used a questionnaire with seven domains for a mail survey of life goals. The domains were: work, relationship with spouse, relationship with parents, relationship with children, relationship with friends, recreational activities, and civic and community activities. The respondents rated the importance of each domain on a four-point rating scale: 1 (not at all important), 2 (somewhat important), 3 (very important) and 4 (most important). This is a simple scale, which is easy to administer. However, there were no data on its validity and reliability.

The Purpose in Life Test and Life Regards Index measure the commitment to life goals. Purpose in Life Test was a measure of sense of meaning and purpose in life. The scores indicate strength of a person’s overall sense of purpose. The instrument has 20 items, which are rated on a scale from one to seven. Higher score indicates greater meaning or purpose of life. It has good validity and reliability and has been used for counselling students, vocational guidance, rehabilitation, treatment of alcoholism and therapy for neurosis. Life Regards Index was an instrument similar to the Purpose in Life Test. It has two 14-item subscales: the framework scale and the fulfilment scale. All the 28 items scored on a Likert scale: 1 (do not agree), 2 (no opinion) and 3 (agree). The framework subscale was designed to assess the degree to which individuals have derived a set of life goals. The fulfilment scale measures the degree to which subjects see themselves as having fulfilled or being in the process of fulfilling the life goals. This scale had good validity and reliability.

Different scales measure different aspects of life goals. The California Life Goals Evaluation Schedule and Life Esteem Survey measure mainly abstract motivations (Table 1). The validity and reliability of these two scales were established in several studies. It may not be practical to apply these scales in patients with brain injury, as associated cognitive deficits will interfere with abstract reasoning. Scales used by Roberts and Robins, Hooker and Segler, and Raina and Vats focus more on personal goals. The validity and reliability of these scales were not fully studied. The Life Regards Index and Purpose in Life Test estimate the extent to which the person is committed to life goals. They do not identify the life goals. The methods like analysis of written descriptions, responses to open-ended questionnaires and recorded interviews also assess personal goals, as these are better expressed by individuals. The interviews are very time-consuming and may not be feasible in subjects with communication problems. Problems in cognition, communication and motor control may interfere with the ability of subjects with neurological disabilities to give a good written account of life goals. The video recordings of person–environment interactions probably gives information about specific actions – the lowermost level of life goal hierarchy. Cognitive, visuospatial and locomotion disabilities limit interactions of patients with the physical environment. Hence this method may not be useful in this group of clients. These scales were studied in populations without disabilities. The assessment of life goals in people with disabilities should be considered.
ple with neurological disorders is complicated by problems in communication, cognition, emotion and motor skills. These scales were not validated in this group.

At Rivermead Rehabilitation Centre, Oxford, a structured questionnaire complemented by structured interview is used to identify patients' goals. This questionnaire addresses nine aspects or areas of life. Patients rate the significance on a scale of 0 (no significance), 1 (of some significance), 2 (of great significance) and 3 (of extreme significance) (Appendix). The scores on the life goals questionnaire help the patient to indicate the relative importance of each item. Many patients rate several areas as extremely important and so it is vital to ask the patient to rank the first three items in order if at all possible. A preliminary study showed good test–retest reliability for this questionnaire. Most of the subjects rated residential and domestic arrangements, ability to manage personal care and family life as of extreme importance. Financial status, work and leisure received variable ratings. The majority rated religion and life philosophy as of no importance. Patients who had a partner rated this area as of extreme importance. The patients gave emphasis to relationships with partner and family, not to work and leisure. In contrast, most rehabilitation services place more emphasis on work and leisure and less on family and relationships.

Aphasia, cognitive losses or emotional upset may make it difficult to obtain a patient's life goals. Communication problems are common following head injury or stroke. Some idea about the patient's life goals can be obtained from relatives who knew the patient well, but information may be biased. The relative may not know the life goals and may not be aware of this fact. The speech and language therapists have knowledge and technical skill in obtaining relevant information from these patients. Cognitive impairments and lack of insight also interfere with assessment of life goals. Loss of ability to make judgements and abstract thinking will interrupt with formulation and assessment of life goals. They may not be able to make choices or rank multiple options. It is essential to spend as much time as possible with such patients. Ask them to make simple choices and give yes or no responses and check for consistency of choices over time. Neurological disorders often result in emotional impairments such as hallucinations, delusions, anxiety and depression. These problems may also impair judgement and choice of life goals. It is important to tackle the emotional problems with medications, counselling or psychotherapy before obtaining life goals. Delay the decisions regarding life goals as far as possible until the emotional state is stable. In these subjects it is also essential to make repeated assessments and to check for consistency.

Life goals and rehabilitation

Spriggs noted that even in the face of devastating illness people continue to make autonomous decisions, set goals and pursue them. According to Lukas people with chronic illness and long-term disabilities testify that life is unconditionally worth living. There is a meaningful life for every person, regardless of his or her life circumstances. Patients come to rehabilitation with a system of beliefs concerning illness, recovery and rehabilitation. The nature of their expectations will depend on the patient's previous experience of similar situations, culture and experiences of friends and relatives, information given about the illness, attitudes of the professional staff and life philosophy. It is important to establish which areas of life concern patients most.

The success of a rehabilitation programme depends on the motivation of its clients. Motivation depends, to a large extent on concurrence between a patient's life goals and the goals set by the rehabilitation team. Many patients described as unmotivated simply have goals different from those of the rehabilitation team. In a case study, Kogan reported a patient who offered resistance to psychotherapy that had goals that did not fit with the patient's life goals. It is the duty of the team to tailor their goals to those of the patient, not vice versa. The team must also ensure that the patient understands and agrees that the rehabilitation goals coincide with their life goals.

Treatment programmes centred on a patient's life goals have been successful in the management of several disorders. Skantze noted that some domains of quality of life of outpatients with schizophrenia improved significantly with
services based on patients’ life goals. Thornton and Hakkim suggested that a rehabilitation programme focused on life goals and designed to restore the meaningful existence of people with end-stage renal disease improves the quality of life and is cost effective. Addition of personal goals into a rehabilitation programme improved the outcome of sports injuries. In a randomized controlled trial, Glasgow et al. noted that the introduction of patient-centred goal setting led to prolonged changes in dietary behaviour in people with diabetes. Setting individual goals led to more efficient and effective fitness training in people with chronic airway limitation. Bauer and McBride suggested that a life goals group psychotherapy programme was successful in the treatment of bipolar affective disorders.

It is good practice to involve patients in setting their own goals. Increased involvement of patients in their process of goal planning led to maintenance of gains made. However there was only one study directly dealing with the benefits of a rehabilitation programme centred on patients’ life goals. McGrath and Adams noted that patient-centred goal planning improved the mood of the subjects. Evidence on the efficacy of the incorporation of patients’ life goals into a rehabilitation programme is still lacking.

Figure 1 shows a flowchart for a rehabilitation programme based on life goals. The rehabilitation team, using knowledge about prognosis, available interventions, resources and environment, should assess the life goals obtained from patients. Many of the life goals of clients may turn out to be unrealistic and not achievable. Subjects are required to restructure their life goals. Coping with loss of life goals and refocusing on achievable goals are essential for the success of rehabilitation. Patients with rheumatoid arthritis who coped by restructuring life goals were found to have better psychological adjustment and functional status than patients who hoped for unrealistic solutions or who engaged in self-blame. Post and Collins suggested that in patients with chronic obstructive pulmonary disease, a lack of adjustment in expectations and life goals led to difficulty in accepting illness, chronic anxiety, attribution of responsibility to external factors and poor compliance with medical regime. Psychotherapeutic interventions included facilitation of acceptance of losses and restructuring of life goals helped in promoting more adaptive coping. Refocusing of life goals helped people with AIDs to cope with illness better.

Quite often, patients are well aware of the difficulties in achieving goals they have set, but do not acknowledge this. They should be helped to change this denial behaviour, develop a more positive coping skill and move on to a more realistic goal. Many subjects do not have insight into their problems. They do not recognize the barriers of impairments and disabilities. These subjects require assistance in understanding the requirements to fulfil their life goals, their current and likely future situation and possible alternatives. This realization often causes anxiety and emotional distress. The rehabilitation team should help clients to cope with negative emotions due to the disruption of goal striving. One approach is to examine the relation between unachievable goals and a person’s idealized self-image. These goals may need to be disconnected from the ideal self-image. Then, the failure to achieve them will not be of emotional significance. The person can turn to a new goal domain or adopt a less exacting standard in the same domain. Shultze and Ooske suggested that counselling based on the principles of Brief Therapy is useful in this setting. The intervention consists of validation, compliment and suggestion. ‘Validation’ is the acknowledgement of difficulties that the patient is facing in goal striving and normalizing the experience. ‘Compliment’ is the recognition of their efforts in relation to goal attainment. ‘Suggestion’ is the introduction of the task they need to perform to attain the goals. The tasks also include change in behaviour, development of coping skills, obtaining insight and focus on achieving realistic goals.

The rate of recovery from neurological disorders is often slow and may not match with patients’ expectations. It may be disappointing to learn that recovery may take longer time than expected. The slow rate of approach to personally meaningful goals results in emotional distress. The patients should be able to develop realistic expectations about the rate at which goals will be approached. This occurs through provision of expert information on prognosis and
Patients with disturbances in memory may need to be repeatedly reminded about this. At Rivermead Rehabilitation Centre, patients and family members are invited to participate in all goal-planning meetings, except the initial one. A copy of the summary of the meeting is also given to them. This helps both the patient and family to keep in mind the links between what may be boring, repetitive or unpleasant daily therapies and deeply valued goals, such as returning to home or work.²

The life goals expressed by the patients may

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Figure 1  Rehabilitation programme based on life goals.
change during the course of a rehabilitation programme. This may be due to two reasons. During the initial phases of rehabilitation it may be difficult to get a true picture of what the patient wants or is expecting from the team. Impaired communication and cognitive deficits may interfere with the patient’s ability to express life goals. Neuropsychological interventions may improve cognitive status. Speech therapy may improve their ability to communicate. As a result of all these changes, the rehabilitation team will be able to obtain a better understanding of the patient’s goals after he or she has been in the programme for a while. The rehabilitation often results in reduction in disabilities even though the impairments may not change. The degree of independence in activities of daily living and mobility may become better. These improvements may result in the patient setting more ambitious goals. Hence it is important to review the life goals periodically. At Rivermead Rehabilitation Centre, life goals are obtained from patients before each goal-planning meetings. These meetings usually occur once in six weeks.

The role of the rehabilitation team with regard to patients’ life goals include:

1) Identification of life goals.
2) Analysis of life goals in view of prognosis, impairments, disabilities, handicap, available resources and patient’s environment. Decide whether the goals are achievable or unachievable.
3) Help subjects with unachievable goals to cope with loss of life goals and develop attainable goals.
4) Help subjects develop realistic expectations about rate of progress towards life goals.
5) Plan and implement a rehabilitation programme orientated towards patient’s life goals.
6) Help patients’ to relate treatment goals to life goals.
7) Periodic reviews to identify changes in life goals and make suitable changes in the programme.

The motivation of the patient to participate in rehabilitation process may improve with these steps.

### Clinical messages

- Life goals are objectives that a person strives to attain or avoid.
- They are hierarchically organized, accessible to conscious awareness and can be identified.
- Life goals may influence participation in rehabilitation programme.
- It is not clear whether rehabilitation programmes focusing on life goals will improve outcome.

### Conclusions

Life goals are hierarchically organized and are influenced by various physical and psychological factors. Illness and disabilities interfere with pursuit of life goals. Interruption of life goals results in emotional distress. Different questionnaires assess different aspects of life goals. Most of the currently available life goal questionnaires need to be tested for validity and reliability in a rehabilitation setting. Incorporation of a subject’s life goals into a management programme results in better outcomes in various physical and psychiatric disorders. It is still not clear whether rehabilitation programmes focusing on life goals make any difference in outcome. Further studies are required to answer this question.

### Acknowledgement

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### References

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Life goals and rehabilitation


Appendix – Rivermead Life Goals Questionnaire

Various aspects and areas of life are given below. I would like you to tell me how important each is to you. Please rate the importance of each: 0 = of no importance, 1 = of some importance, 2 = of great importance and 3 = of extreme importance.

1) My residential and domestic arrangements (where I live and who with) are : 0 1 2 3
2) My ability to manage my personal care (dressing, toilet, washing) is : 0 1 2 3
3) My leisure, hobbies and interests including pets are : 0 1 2 3
4) My work, paid or unpaid is : 0 1 2 3
5) My relationship with my partner (or my wish to have one) is : 0 1 2 3
6) My family life (including with those not living at home) is : 0 1 2 3
7) My contacts with friends, neighbours and acquaintances are : 0 1 2 3
8) My religion or life philosophy is : 0 1 2 3
9) My financial status is : 0 1 2 3

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