BUCKET HOLES INVENTORY

Clinical Assessment Worksheet

Client Name: _____ **Date:** _____

Therapist: _____

LEFT BUCKET HOLES

What makes it hard for you to RECEIVE love, kindness, and support?

Hole Description	Origin (When/Where)	Impact (1-10)	Healing Status

RIGHT BUCKET HOLES

What makes it hard for you to GIVE love, kindness, and support?

Hole Description	Origin (When/Where)	Impact (1-10)	Healing Status

PATTERNS IDENTIFIED

Common themes across bucket holes:

HEALING PRIORITIES

Top 3 holes to address in treatment (in order):

1. _____
2. _____
3. _____

TREATMENT CONSIDERATIONS

Clinical notes, safety concerns, recommended interventions:

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