

QUALITY OF LIFE

About this Domain (Quality of Life)

To learn about what is important to the individual and what brings them satisfaction, happiness and comfort. It includes

- Routines and preferences
- Strengths and accomplishments
- Relationships
- Traditions and future plans

“Defining their own quality of life is what matters the most to the person.” (Michael Smull)

Routines and Preferences

What is a typical day like for you?

What are some things you enjoy doing?

How do you want to spend your time?

Do you like where you live (housing, city, county, etc.)?

- No
Explain: _____ (Displays when this option is checked)
- Yes
- Chose not to answer

If 'No' was selected ('Do you like where you live?'), the following question will be displayed

Would you prefer to live somewhere else?

- No
- Yes
Explain _____ (Displays when this option is checked)
- Chose not to answer

Notes/Comments: _____

Routines and Preferences has been assessed?

Yes

Strengths and Accomplishments

What are some things you feel you are good at doing?

What are some things you have done that you feel proud of?

Notes/Comments: _____

Strengths and Accomplishments has been assessed? (Displays for reassessment only)

Yes

Relationships

Family Life

Tell me about your family; where did you grow up; did you have brothers and sisters?

Supports – Family, Friends and Others

Is there someone who helps you – at home or in the community?

- No
- Yes
- Don't Know
- Chose not to answer

Comments

If 'Yes' was selected ('Is there someone who helps you?'), the following 3 questions will be displayed

Name:

Relationship:

- | | | |
|---|---|--|
| <input type="radio"/> Daughter/Son | <input type="radio"/> Parent | <input type="radio"/> Other Relative |
| <input type="radio"/> Daughter-in-law/Son-in-law | <input type="radio"/> Partner/Significant Other | <input type="radio"/> Other Non-Relative |
| <input type="radio"/> Friend/Neighbor | <input type="radio"/> Sibling | |
| <input type="radio"/> Guardian/Legal/Representative | <input type="radio"/> Spouse | |

Is this your primary caregiver?

- No
- Yes

Who are some people you enjoy spending time with?

Keeping in Touch (Table only displayed if Age >= 18)

One way people make and keep friends is by staying in touch and doing fun things with other people.

Follow up for each: Do you need any help to do that? Could you do it more often if you had some help?

Typically in your life, do you...	Not at All	As Often as I'd Like	Would Like to Do More Often	Some Support Needed	A Lot of Support Needed
a. Talk to friends, relatives, or others on the telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Invite a friend or family member to go out to a movie or another activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Play cards, a board game or a video game with a friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Invite a friend over to your house (have dinner or to watch a movie etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Go to a friend or family member's house to visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Go other places with family or friends (shopping, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Confide in someone about things that are bothering you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specific Support Needed (This question is displayed for an adult assessment only)

Notes/Comments: _____

Relationships has been assessed? (Displays for reassessment only)

- Yes

Traditions and Rituals

Explore how the influence of family background, customs and traditions may impact service expectations and delivery?

(This question is displayed if Age >= 18 only)

Are you able to attend religious services or engage in spiritual practices as often as you like?

- No
Explain _____ (Displays when this option is checked)
- Yes
Name of place of worship _____ (Displays when this option is checked)
- N/A – Do not want to attend religious services or participate in other spiritual practices
- Chose not to answer

Notes/Comments: _____

Traditions and Rituals has been assessed? (Displays for reassessment only)

Yes

Future Plans

Is there anything else you would like to tell me about the way things are going for you now?

- No
- Yes
Explain _____ (Displays when this option is checked)
- Chose not to answer

What would you like for yourself in the future?

Notes/Comments: _____

Future Plans has been assessed? (Displays for reassessment only)

Yes

Referrals (Quality of Life)

What is important to the individual?

Referrals Needed:

- Advocacy Services
_____ (Displays if checked)
- Communication Access Assistance (DHH)
_____ (Displays if checked)
- Community-Based Social/Recreational Activities
_____ (Displays if checked)
- Counseling Services
_____ (Displays if checked)
- Disability Linkage Line (1-866-333-2466)
_____ (Displays if checked)
- Friendly Visitor/Senior Companion Program
_____ (Displays if checked)
- Housing Services
_____ (Displays if checked)
- More in-depth Person-Centered Planning (e.g., ELP, PATH, MAP, etc.)
_____ (Displays if checked)
- Ombudsman
_____ (Displays if checked)
- Protective Services
_____ (Displays if checked)
- Senior Linkage Line (1-800-333-2433)
_____ (Displays if checked)
- Transportation Services
_____ (Displays if checked)
- Other
Specify: _____ (Displays when 'Other' is checked)
- Other
Specify: _____ (Displays when 'Other' is checked)

Summarize each need with the associated support plan implication to meet the need and any notes on referrals

Referrals & Goals (Quality of Life) have been assessed? (Displays for reassessment only)

- Yes