

Assessment of Life Habits

(LIFE-H 3.1)

General Short Form



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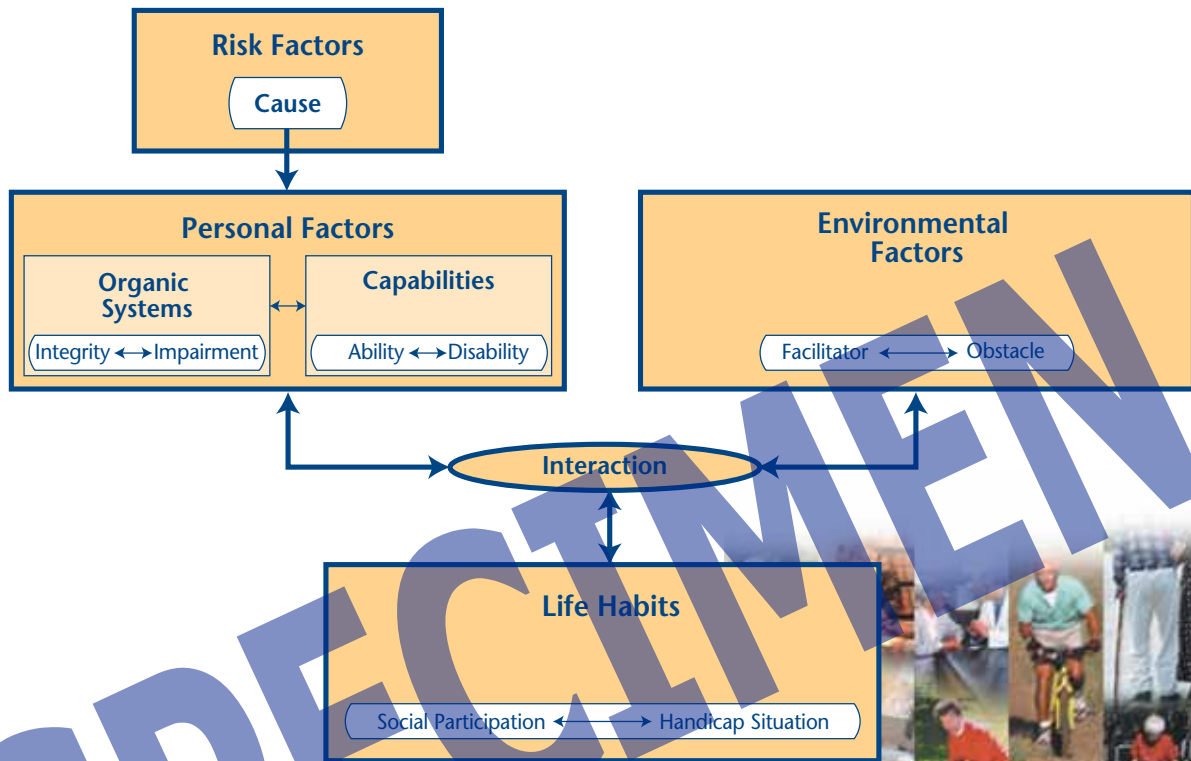
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The Disability Creation Process: The Reference Model



This model, known as the DCP, enables one to identify and explain the causes and consequences of disease, trauma, and disruptions to the development of a person.

The DCP demonstrates that the accomplishment of life habits is not only the result of our identity, our choices, impairments to our organs, our abilities and disabilities, but also the characteristics of our living environment.

As such, life habit accomplishment may be influenced by the reinforcement of our capabilities and compensation of our disabilities through rehabilitation, as well as by the reduction of obstacles due to prejudice, a lack of assistance or resources, or the absence of accessibility within the home or school.

Therefore, measuring the accomplishment of life habits involves identifying the result of the interaction between the person and his or her environment. We are thus talking about the quality of the person's social participation or the intensity of the handicap situations experienced by that person.

The DCP is thus a positive model that does not place responsibility for handicaps on the person.



Instructions for Respondents

Please read these instructions very carefully. They will familiarize you with the questionnaire and allow you to complete it more easily.

Generally speaking, this questionnaire is intended to gather information on a group of life habits that people accomplish in their environments (home, work, school and neighborhood).

Life Habits are *regular activities* (eating meals, communicating with others, moving around) and *social roles* (holding a job, studying) that ensure a person's survival and well-being in society throughout his/her lifetime. The accomplishment of life habits depends on the person's age, expectations of his/her environment, and cultural factors.

Respondents are asked to indicate how they generally accomplish each life habit in day to day living. **The purpose of this questionnaire is to determine the way in which respondents most commonly accomplish these life habits.** In addition, respondents are asked to indicate the level of satisfaction with how they accomplish the life habit.

Note to respondents

Please respond freely to this questionnaire, according to your own perceptions; there are no right or wrong answers. If you are not comfortable responding to some of the more personal items, feel free to skip over them.

Questions and Format of the Questionnaire

There are two (2) questions for each life habit.

Question 1

will determine, for each of the person's life habits,

- A** The level of accomplishment, and
- B** The type of assistance required to accomplish it.

Please note that the answers to sub-questions (**A** & **B**) are interrelated.

Question 2

will determine the **level of satisfaction** with each of the person's life habits (respondent, next of kin, care provider).

This is the rating scale you will find at the top of each page of the questionnaire.

Answer the following two questions.
(Check the appropriate boxes.)

1 For each of the following life habits, indicate
A. How the person generally accomplishes it, and
B. The type of assistance required to accomplish it.

2 For each of the following life habits, indicate the level of satisfaction with the way it is accomplished.

Note: Keep in mind that answers should reflect the person's usual way of carrying out life habits.

Question 1		Question 2
A Level of Accomplishment (Check only 1)	B Type of Assistance (Check 1 or more, as required)	Level of Satisfaction (Check only 1)
No difficulty	No assistance	Very dissatisfied
With difficulty	Assistive device	Dissatisfied
Accomplished by a proxy	Adaptation	More or less satisfied
Not accomplished	Human assistance	Satisfied
Not applicable		Very satisfied

Levels of Accomplishment

Question 1 A

For each of the following life habits, indicate the way in which the person usually accomplishes it.

For this sub-question, please check **only one level of accomplishment** for each life habit in the grid. The following descriptions explain how each level of accomplishment is defined.

No difficulty

The person accomplishes the life habit easily or with little difficulty even if it requires an adaptation*, an assistive device*, or human assistance*, as applicable.

With difficulty

The person accomplishes the life habit with difficulty (discomfort, much effort, etc.) even if it requires an assistive device, adaptation, or human assistance, as applicable.

Accomplished by a proxy

The person cannot actively participate in the completion of the life habit due to disabilities that are too severe or obstacles that are too great. Since this habit is **essential** in the majority of cases (e.g., washing, dressing, moving around), it is **entirely accomplished by another person**.

Not accomplished

The person cannot accomplish the life habit because

- 1) The disabilities are too severe,
- 2) The obstacles are too great, or
- 3) There is a lack of assistance.

Since this is a **non-essential** life habit in the majority of cases (e.g., holding a job, going to the movies), it cannot be accomplished by someone else.

Not applicable

This life habit is not part of the person's daily activities because of

- 1) Never having done it or needed to do it (e.g., flown in a plane, planned a move, used public transport),
- 2) Age or gender (e.g., for a child respondent, planning a budget),
- 3) The person's environment (e.g., using a balcony or patio if he/she does not have one), or
- 4) A personal, family, or socio-cultural choice (e.g., taking a course if the person is not in school, taking part in artistic activities: music, painting, dance, etc.).

* Definitions of these terms can be found on the following page.

Type of Assistance Required

Question 1 B

For each of the following life habits, indicate which type of assistance is required.

You may check more than one box (under **Type of Assistance**) if they all correspond to the way the person accomplishes the life habit. Here are definitions of each type of assistance:

No assistance

The person accomplishes the life habit by himself/herself without an assistive device, adaptation, or human assistance. In this situation, **no other box should be checked.**

Assistive device

Any (nonhuman) support used to assist in the accomplishment of life habits such as a wheelchair, a visual aid, a hearing aid, a bath seat, medication, or other accessories. Generally speaking, **the person can take the assistive device with him/her.**

Adaptation

Any modification to the person's environment or task to facilitate the accomplishment of the life habit such as an access ramp, a wider doorway, lighting modifications, adaptation of the task, modification of the life habit, or the **time allotted to accomplish it (having more time to complete it)**. Generally speaking, **the person cannot take physical adaptations with him/her.**

Human assistance

This is defined as any person who assists in the accomplishment of the life habits of the person, including family members, friends, medical personnel, etc. This includes physical assistance or supervision, verbal cues, encouragement, etc. This assistance must be necessary given **the person's disabilities or environmental obstacles.**

Note

The **Assistive device** box should only be checked if the accomplishment of the life habit by the person requires its use (e.g., a wheelchair for moving around, a hearing aid for communicating).

Examples of the Accomplishment of Some Life Habits

Preparing a meal

If the person easily accomplishes this life habit, check the **No difficulty** box.

If it is difficult for the person to prepare meals, check the **With difficulty** box.

If the person does not actively participate in the accomplishment of the life habit "Preparing a meal" because of disabilities that are too severe or obstacles that are too great, check the **Accomplished by a proxy** box.

If the person cannot prepare a meal because of disabilities that are too severe or obstacles that are too great, check the **Not accomplished** box.

If the person is not usually responsible for preparing meals by personal choice (and not because of disabilities or obstacles) this life habit is not part of their daily activities and the **Not applicable** box should be checked.

If the person generally accomplishes this life habit alone, check the **No assistance** box. The life habit may be accomplished without assistance, even if you checked **With difficulty** on the accomplishment scale.

If the person uses special devices (tongs, orthotics, lid-opener, etc.) to prepare a meal, check the **Assistive device** box.

If the person requires more time to accomplish this life habit, check the **Adaptation** box.

If the person is helped by someone else either because of their disability or because the kitchen is not adapted for preparing a meal, check the **Human assistance** box.

	No difficulty	With difficulty	Accomplished by a proxy	Not accomplished	Not applicable	No assistance	Assistive device	Adaptation	Human assistance	Very dissatisfied	Dissatisfied	More or less satisfied	Satisfied	Very satisfied
If the person easily accomplishes this life habit, check the No difficulty box.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If it is difficult for the person to prepare meals, check the With difficulty box.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the person does not actively participate in the accomplishment of the life habit "Preparing a meal" because of disabilities that are too severe or obstacles that are too great, check the Accomplished by a proxy box.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the person cannot prepare a meal because of disabilities that are too severe or obstacles that are too great, check the Not accomplished box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the person is not usually responsible for preparing meals by personal choice (and not because of disabilities or obstacles) this life habit is not part of their daily activities and the Not applicable box should be checked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the person generally accomplishes this life habit alone, check the No assistance box. The life habit may be accomplished without assistance, even if you checked With difficulty on the accomplishment scale.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the person uses special devices (tongs, orthotics, lid-opener, etc.) to prepare a meal, check the Assistive device box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the person requires more time to accomplish this life habit, check the Adaptation box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the person is helped by someone else either because of their disability or because the kitchen is not adapted for preparing a meal, check the Human assistance box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examples of the Accomplishment of Some Life Habits (continued)

Taking a bath or shower

If the person uses a shower seat to accomplish this life habit, check the **Assistive device** box. If the person requires help to accomplish this life habit, check the **Human Assistance** box as well. Similarly, if the person's bathroom is adapted, check the **Adaptation** box.

Entering and exiting your residence

Entering and moving around in recreation facilities in your neighborhood

If the person moves around in a wheelchair and wishes to gain access to a building but cannot (no access ramp or elevator), check the **Not accomplished** box. This signifies that the life habit is not accomplished due to large obstacles or a lack of assistance.

If the person uses an access ramp to accomplish these life habits, check the **Adaptation** box.

Using a telephone (at home or in a familiar place)

If the person uses a hearing aid to make the call, check the **Assistive device** box.

Using a computer

If the person uses a visual aid (telescopic system, copyholder, enlarged pointer, font enlargement software, etc.) check the **Assistive device** box. If the person requires more time to accomplish the task, check the **Adaptation** box. If the person needs verbal cues or encouragement to accomplish this life habit, which others of the same age perform alone, check the **Human assistance** box.

No difficulty	With difficulty	Accomplished by a proxy	Not accomplished	Not applicable	No assistance	Assistive device	Adaptation	Human assistance	Very dissatisfied	Dissatisfied	More or less satisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examples of the Accomplishment of Some Life Habits (continued)

Written communication (writing a letter, a message, etc.)

If the person takes more time to accomplish this life habit, check the **Adaptation** box.

No difficulty	With difficulty	Accomplished by a proxy	Not accomplished	Not applicable	No assistance	Assistive device	Adaptation	Human assistance	Very dissatisfied	Dissatisfied	More or less satisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For certain life habits, the **Accomplished by a proxy**, **Not accomplished**, and **Not applicable** boxes should not be checked (e.g., falling asleep and sleeping properly, waking) because these life habits are essential for survival.

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Note

For certain life habits listed in the questionnaire, specific examples have been put in parentheses for information purposes only but do not include all the activities related to these life habits. Moreover, certain life habits may not correspond to the lifestyle or characteristics of the person. In such cases, check the **Not applicable** box since there is no obligation to accomplish all life habits, only those that are relevant to the person.

Level of Satisfaction

Question 2

For each of the following life habits, indicate the level of satisfaction with the way it is accomplished.

This second question relates to the evaluation of the level of accomplishment of the person's life habits. Please answer freely based on your daily reality and life experience. The evaluation refers to the appraisal of the respondent identified on the following page (question #7). Where the respondent is the person himself/herself, this question concerns his/her personal appraisal of the accomplishment of the life habit.

The "More or less satisfied" level of satisfaction means that in certain situations or on certain days you are satisfied and on others you are dissatisfied with the level of accomplishment.

Each life habits satisfaction level is only an indicator; mainly, to decide the relevance of an intervention on the modification of a life habit.

Presently, this tool does not include an integration modality to implement the satisfaction level into the normalised results of the accomplishment of life habits.

Identification of the Person

1 Name

2 Date of birth DD MM YYYY
 / /

3 Gender Female Male

4 Date of evaluation DD MM YYYY
 / /

5 How the questionnaire was completed

- Self-administered
- Interview

6 The respondent is

- The person
- A significant other
- A professional (name and discipline)

7 The level of satisfaction is that of

- The person
- The significant other
- The professional

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Questionnaire

**Answer the following two questions.
(Check the appropriate boxes.)**

1 For each of the following life habits, indicate
A. How the person generally accomplishes it,
and
B. The type of assistance required to
accomplish it.

2 For each of the following life habits, indicate
the level of satisfaction with the way it is
accomplished.

Note: Keep in mind that answers should reflect the person's usual way of carrying out life habits.

	Question 1							Question 2						
	A Level of Accomplishment (Check only 1)				B Type of Assistance (Check 1 or more, as required)			Level of Satisfaction (Check only 1)						
	No difficulty	With difficulty	Accomplished by a proxy	Not accomplished	Not applicable	No assistance	Assistive device	Adaptation	Human assistance	Very dissatisfied	Dissatisfied	More or less satisfied	Satisfied	Very satisfied
Nutrition														
Selecting appropriate food for your meals, according to your taste and particular needs (quantity, type of food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1.1 <input type="checkbox"/>
Preparing your meals (including using electric kitchen appliances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1.2 <input type="checkbox"/>
Eating meals (including the use of dishes, utensils and standard table manners)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1.3.1 <input type="checkbox"/>
Eating in restaurants (table service and fast-food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1.3.2 <input type="checkbox"/>
Fitness														
Getting in and out of bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.1 <input type="checkbox"/>
Sleep (comfort, duration, continuity, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.2 <input type="checkbox"/>
Participating in physical activities to maintain or improve your physical fitness or health (walking, individual or group exercise)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.3 <input type="checkbox"/>
Participating in relaxation, unwinding, or mental focus activities to ensure your psychological or mental well-being (yoga, meditation, personal growth, chess, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.4 <input type="checkbox"/>
Personal Care														
Attending to your personal hygiene (washing yourself, doing your hair, taking a bath or shower, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.1 <input type="checkbox"/>
Using the bathroom and toilet in your home (and other devices for elimination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.2.1 <input type="checkbox"/>
Using a bathroom and toilet other than those in your home (and other devices for elimination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.2.2 <input type="checkbox"/>

**Answer the following two questions.
(Check the appropriate boxes.)**

- 1** For each of the following life habits, indicate
A. How the person generally accomplishes it,
and
B. The type of assistance required to
accomplish it.
- 2** For each of the following life habits, indicate
the level of satisfaction with the way it is
accomplished.

Note: Keep in mind that answers should reflect the person's usual way of carrying out life habits.

	Question 1							Question 2						
	A Level of Accomplishment (Check only 1)				B Type of Assistance (Check 1 or more, as required)			Level of Satisfaction (Check only 1)						
	No difficulty	With difficulty	Accomplished by a proxy	Not accomplished	Not applicable	No assistance	Assistive device	Adaptation	Human assistance	Very dissatisfied	Dissatisfied	More or less satisfied	Satisfied	Very satisfied
Dressing and undressing the upper half of your body (clothing, accessories, including the choice of clothes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing and undressing the lower half of your body (clothing, accessories, including the choice of clothes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Putting on, removing, and maintaining your assistive devices (orthotics, prosthetics, contact lenses, glasses, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking care of your health (first aid, medication, following treatment instructions, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using services provided by a medical clinic, hospital or rehabilitation center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication														
Communicating with another person at home or in the community (expressing needs, holding a conversation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating with a group of people at home or in the community (expressing needs, holding a conversation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written communication (writing a letter, message, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading and understanding written information (newspapers, books, letters, signs, etc.) Note: If you use glasses to read, check Assistive devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a phone at home or at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a public or cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a radio, television or sound system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing														
Choosing a home that suits your needs (house, apartment, group home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Answer the following two questions.
(Check the appropriate boxes.)**

- 1** For each of the following life habits, indicate
A. How the person generally accomplishes it, and
B. The type of assistance required to accomplish it.
- 2** For each of the following life habits, indicate the level of satisfaction with the way it is accomplished.

Note: Keep in mind that answers should reflect the person's usual way of carrying out life habits.

	Question 1							Question 2						
	A Level of Accomplishment (Check only 1)				B Type of Assistance (Check 1 or more, as required)			Level of Satisfaction (Check only 1)						
	No difficulty	With difficulty	Accomplished by a proxy	Not accomplished	Not applicable	No assistance	Assistive device	Adaptation	Human assistance	Very dissatisfied	Dissatisfied	More or less satisfied	Satisfied	Very satisfied
Maintaining your home (cleaning, laundry, minor repairs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining the grounds of your home (lawn, garden, snow removal, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing major household tasks (spring cleaning, painting, major repairs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entering and exiting your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving around within your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the furniture and home-furnishing equipment in your home (desk, thermostat, radiator system, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving around outside your home (yard, grounds, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility														
Getting around on streets or sidewalks (including crossing streets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting around on slippery or uneven surfaces (snow, ice, grass, gravel, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving a vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Riding a bicycle (for transportation, recreation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a passenger in a vehicle (car, bus, taxi, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Note: Adapted transport is an adaptation .														
Responsibilities														
Recognizing the value of money and correctly using the different denominations of paper and coin money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using bank cards and automatic teller machines (ATMs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making purchases (choosing merchandise, mode of payment, purchases by telephone, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning your budget and meeting your financial obligations (spending, saving, paying bills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Answer the following two questions.
(Check the appropriate boxes.)**

1 For each of the following life habits, indicate
A. How the person generally accomplishes it,
and
B. The type of assistance required to
accomplish it.

2 For each of the following life habits, indicate
the level of satisfaction with the way it is
accomplished.

Note: Keep in mind that answers should reflect the person's usual way of carrying out life habits.

	Question 1							Question 2								
	A Level of Accomplishment (Check only 1)				B Type of Assistance (Check 1 or more, as required)			Level of Satisfaction (Check only 1)								
	No difficulty	With difficulty	Accomplished by a proxy	Not accomplished	Not applicable	No assistance	Assistive device	Adaptation	Human assistance	Very dissatisfied	Dissatisfied	More or less satisfied	Satisfied	Very satisfied		
Assuming your responsibilities towards others and society (respecting the rights and property of others, voting, obeying laws and by-laws, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7.2	<input type="checkbox"/>
Assuming your personal or familial responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7.3.1	<input type="checkbox"/>
Ensuring the education of your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7.3.2	<input type="checkbox"/>
Taking care of your children (health, feeding, clothing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7.3.3	<input type="checkbox"/>
Interpersonal Relationships																
Maintaining a close relationship with your partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.1	<input type="checkbox"/>
Maintaining close relationships with your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.2.1	<input type="checkbox"/>
Maintaining close relationships with your parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.2.2	<input type="checkbox"/>
Maintaining close relationships with other members of your family (brothers, sisters, uncles, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.2.3	<input type="checkbox"/>
Maintaining friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.2.4	<input type="checkbox"/>
Maintaining social relationships with those around you (neighbors, co-workers, fellow students, in leisure activities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.2.5	<input type="checkbox"/>
Having a sexual relationship (healthy, appropriate, safe sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.3	<input type="checkbox"/>
Community Life																
Getting to public buildings in your community (governmental, financial, judicial, postal, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.1	<input type="checkbox"/>
Entering and getting around in public buildings in your community (governmental, financial, judicial, postal, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.1.2	<input type="checkbox"/>
Using the public services in your community (governmental, financial, judicial, postal, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.1.3	<input type="checkbox"/>
Getting to commercial establishments in your community (supermarket, shopping mall, convenience store, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.1.4	<input type="checkbox"/>

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(Check the appropriate boxes.)**

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and
B. The type of assistance required to
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the level of satisfaction with the way it is
accomplished.

Note: Keep in mind that answers should reflect the person's
usual way of carrying out life habits.

	Question 1							Question 2						
	A Level of Accomplishment (Check only 1)				B Type of Assistance (Check 1 or more, as required)			Level of Satisfaction (Check only 1)						
	No difficulty	With difficulty	Accomplished by a proxy	Not accomplished	Not applicable	No assistance	Assistive device	Adaptation	Human assistance	Very dissatisfied	Dissatisfied	More or less satisfied	Satisfied	Very satisfied
Entering and moving around in commercial establishments in your community (supermarket, shopping mall, convenience store, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.1.5 <input type="checkbox"/>
Using your neighborhood businesses (supermarkets, shopping malls, dry cleaners, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.1.6 <input type="checkbox"/>
Participating in social or community groups (social clubs, charity or religious groups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.2.1 <input type="checkbox"/>
Participating in spiritual or religious practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.2.2 <input type="checkbox"/>
Education														
Participating in educational activities or vocational training at the high school level (courses, homework, extracurricular activities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.1 <input type="checkbox"/>
Undertaking vocational training (trade school, university, community college)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.2 <input type="checkbox"/>
Employment														
Choosing a career or profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.1 <input type="checkbox"/>
Seeking employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.2 <input type="checkbox"/>
Holding a paid job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.3.1 <input type="checkbox"/>
Note: If you are not currently working but you would like to work, check the Not accomplished box														
Taking part in unpaid activities (volunteering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.3.2 <input type="checkbox"/>
Getting to your principal place of occupation (work, school, volunteer center, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.4.1 <input type="checkbox"/>
Entering and moving around in your principal place of occupation (work, school, volunteer center, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.4.2 <input type="checkbox"/>
Using the services at your principal place of occupation (work, school), including cafeteria, personnel/student services, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.4.3 <input type="checkbox"/>
Carrying out family or home-making tasks as your main occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.4.4 <input type="checkbox"/>

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Question 1		Question 2
A Level of Accomplishment (Check only 1)	B Type of Assistance (Check 1 or more, as required)	Level of Satisfaction (Check only 1)
No difficulty	No assistance	Very dissatisfied
With difficulty	Assistive device	Dissatisfied
Accomplished by a proxy	Adaptation	More or less satisfied
Not accomplished	Human assistance	Satisfied
Not applicable		Very satisfied

Recreation

Participating in sporting or recreational activities (walking, sports, games, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.1	<input type="checkbox"/>
Participating in artistic, cultural or craft activities (music, dance, woodworking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.2.1	<input type="checkbox"/>
Going to sporting events (hockey, baseball, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.2.2	<input type="checkbox"/>
Going to artistic or cultural events (concerts, movies, theater, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.2.3	<input type="checkbox"/>
Participating in tourist activities (traveling, visiting natural or historic sites, camping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.2.4	<input type="checkbox"/>
Taking part in outdoor activities (hiking, camping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.2.5	<input type="checkbox"/>
Using your neighborhood recreational services (library, municipal recreation center, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.2.6	<input type="checkbox"/>

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Comments

Use the following lines for general comments or remarks related specifically to one or more of the categories in terms of

- a) The level of accomplishment
- b) The type of assistance required
- c) The level of satisfaction

or for general comments pertaining to any other aspect of this questionnaire.

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Summary of Results

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Life Habits Accomplishment Scale

Score	Difficulty Level	Assistance Type
9	No difficulty	No assistance
8	No difficulty	Assistive device (or adaptation)
7	With difficulty	No assistance
6	With difficulty	Assistive device (or adaptation)
5	No difficulty	Human assistance
4	No difficulty	Assistive device (or adaptation) and human assistance
3	With difficulty	Human assistance
2	With difficulty	Assistive device (or adaptation) and human assistance
1	Accomplished by a proxy	
0	Not accomplished	
N/A	Not applicable	

Formula: Calculation of the Accomplishment Level (Weighted Score)

$$\left(\sum \text{Scores} \times 10 \right) \div \left(\text{Number of Applicable Life Habits} \times 9 \right)$$

Example: Calculation of the Accomplishment Level (LIFE-H General Short Form 3.1)

Score Calculation			Example		
Categories	Number of Applicable Life Habits	Score (range)	Number of Applicable Life Habits	Raw Score	Weighted Score (0-10)
Nutrition	4	0-36	4	26	7,2
Fitness	4	0-36	4	15	4,2
Personal Care	8	0-72	8	36	5
Communication	8	0-72	8	60	8,3
Housing	8	0-72	8	48	6,7
Mobility	5	0-45	4	24	6,7
Responsibilities	8	0-72	7	28	4,4
Interpersonal Relationships	7	0-63	7	50	7,9
Community Life	8	0-72	8	42	5,8
Education	2	0-18	2	16	8,9
Employment	8	0-72	8	55	7,6
Recreation	7	0-63	7	43	6,8
Total	77	0-693	75	443	6,6/10

Life Habits Category Accomplishment Level

