

Assessment of Life Habits

(LIFE-H 3.1)

General Short Form Information Record Form

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

Results
Accomplishment Level of Each Life Habits Category

Life Habits Categories	Number of Applicable Life Habits	Raw Score (Σ of scores)	Weighted Score (see formula)
Nutrition			
Fitness			
Personal Care			
Communication			
Housing			
Mobility			
Responsibilities			
Interpersonal Relationships			
Community Life			
Education			
Employment			
Recreation			
Total			/10

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	

Accomplishment Level Calculation (Weighted Score)

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

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="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"/>	5.2.1 <input type="checkbox"/>
Maintaining the grounds of your home (lawn, garden, snow removal, 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"/>	5.2.2 <input type="checkbox"/>
Doing major household tasks (spring cleaning, painting, major repairs, 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"/>	5.2.3 <input type="checkbox"/>
Entering and exiting your home	<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"/>	5.3.1 <input type="checkbox"/>
Moving around within your home	<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"/>	5.3.2 <input type="checkbox"/>
Using the furniture and home-furnishing equipment in your home (desk, thermostat, radiator system, 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"/>	5.3.3 <input type="checkbox"/>
Moving around outside your home (yard, grounds, 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"/>	5.3.4 <input type="checkbox"/>
Mobility														
Getting around on streets or sidewalks (including crossing streets)	<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"/>	6.1.1 <input type="checkbox"/>
Getting around on slippery or uneven surfaces (snow, ice, grass, gravel, 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"/>	6.1.2 <input type="checkbox"/>
Driving a vehicle	<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"/>	6.2.1 <input type="checkbox"/>
Riding a bicycle (for transportation, recreation, 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"/>	6.2.2 <input type="checkbox"/>
Being a passenger in a vehicle (car, bus, taxi, 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"/>	6.2.3 <input type="checkbox"/>
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="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"/>	7.1.1 <input type="checkbox"/>
Using bank cards and automatic teller machines (ATMs)	<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"/>	7.1.2 <input type="checkbox"/>
Making purchases (choosing merchandise, mode of payment, purchases by telephone, 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"/>	7.1.3 <input type="checkbox"/>
Planning your budget and meeting your financial obligations (spending, saving, paying bills, 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"/>	7.1.4 <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		
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"/>

**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
Entering and moving around in 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"/>	9.1.5 <input type="checkbox"/>
Using your neighborhood businesses (supermarkets, shopping malls, dry cleaners, 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"/>	9.1.6 <input type="checkbox"/>
Participating in social or community groups (social clubs, charity or religious groups, 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"/>	9.2.1 <input type="checkbox"/>
Participating in spiritual or religious practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.2.2 <input type="checkbox"/>
Education														
Participating in educational activities or vocational training at the high school level (courses, homework, extracurricular activities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10.1 <input type="checkbox"/>
Undertaking vocational training (trade school, university, community college)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10.2 <input type="checkbox"/>
Employment														
Choosing a career or profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11.1 <input type="checkbox"/>
Seeking employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11.2 <input type="checkbox"/>
Holding a paid job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11.3.2 <input type="checkbox"/>
Getting to your principal place of occupation (work, school, volunteer center, 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"/>	11.4.1 <input type="checkbox"/>
Entering and moving around in your principal place of occupation (work, school, volunteer center, 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"/>	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11.4.3 <input type="checkbox"/>
Carrying out family or home-making tasks as your main occupation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11.4.4 <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
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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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