

Assessment of Life Habits

(LIFE-H 3.0)

General Long Form



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SPECIMEN

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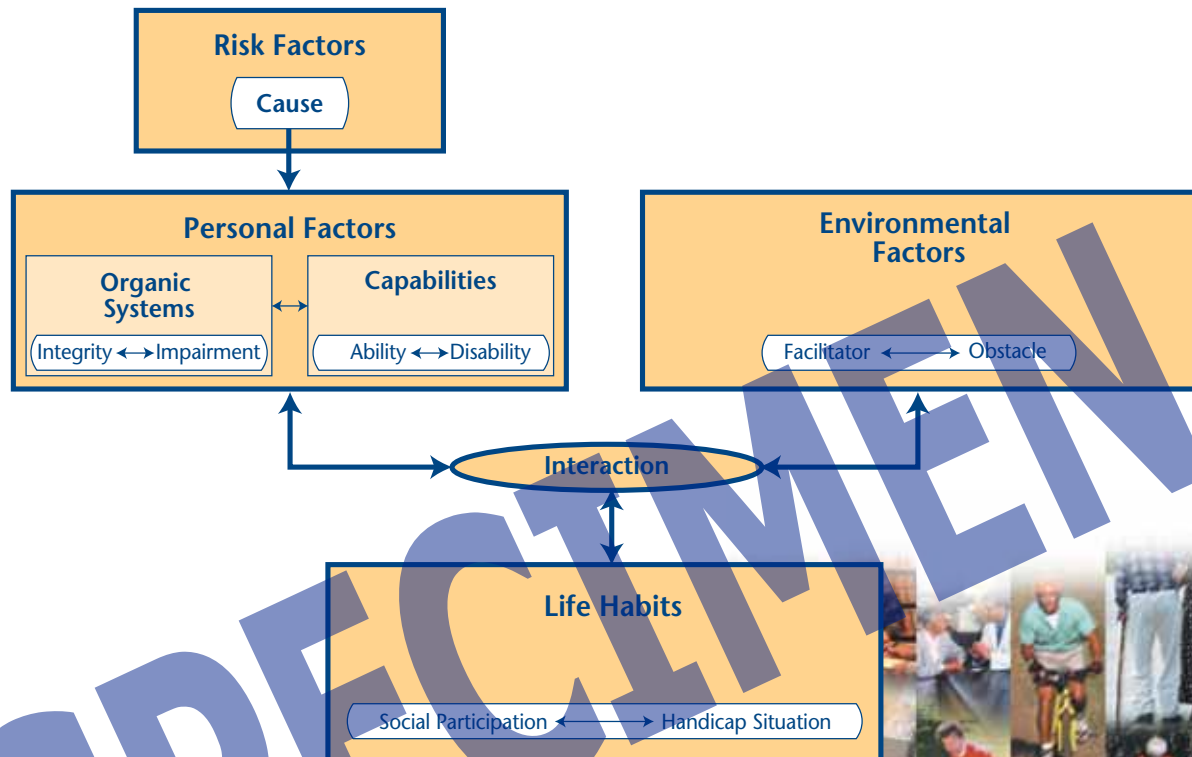
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The Disability Creation Process: The Reference Model



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 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		
Diet																
Planning food purchases (grocery list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1.1	<input type="checkbox"/>
Selecting appropriate food for your meals, according to your taste and diet (quantity and quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1.2	<input type="checkbox"/>
Meal Preparation																
Preparing simple meals (daily meals of meat and vegetables, sandwiches, 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"/>	1.2.1	<input type="checkbox"/>
Preparing complex meals (multiple courses, including following a recipe, 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"/>	1.2.2	<input type="checkbox"/>
Using a stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2.3	<input type="checkbox"/>
Using an oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2.4	<input type="checkbox"/>
Using a microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2.5	<input type="checkbox"/>
Using a refrigerator (including freezer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2.6	<input type="checkbox"/>
Operating other electric kitchen appliances (coffee machine, food processor, 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"/>	1.2.7	<input type="checkbox"/>
Setting and clearing the table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2.8	<input type="checkbox"/>
Serving food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2.9	<input type="checkbox"/>
Washing and drying dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2.10	<input type="checkbox"/>
Using a dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2.11	<input type="checkbox"/>
Eating Meals																
Conforming to table manners according to the context (eating tidily, using proper etiquette, 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"/>	1.3.1	<input type="checkbox"/>
Using a glass or cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3.2	<input type="checkbox"/>
Eating with utensils or hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3.3	<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				ID					
	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		
Cutting up 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"/>	<input type="radio"/>	1.3.4	<input type="checkbox"/>
Sleep																
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"/>	<input type="radio"/>	2.1.1	<input type="checkbox"/>
Changing positions in 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"/>	<input type="radio"/>	2.1.2	<input type="checkbox"/>
Going to sleep and sleeping properly (comfort, duration, 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"/>	2.1.3	<input type="checkbox"/>
Waking up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.1.4	<input type="checkbox"/>
Physical Fitness																
Participating in indoor physical activities to maintain or improve your physical health or fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.2.1	<input type="checkbox"/>
Participating in outdoor physical activities to maintain or improve your physical health or fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.2.2	<input type="checkbox"/>
Mental Well-being																
Carrying out relaxation activities (listening to music, reading, 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"/>	2.3.1	<input type="checkbox"/>
Carrying out activities to ensure your psychological or mental well-being (yoga, meditation, personal growth, 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"/>	2.3.2	<input type="checkbox"/>
Carrying out activities that require attention or concentration (checkers, memory tasks, crossword puzzles, 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"/>	2.3.3	<input type="checkbox"/>
Personal Care																
Taking a bath or shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.1.1	<input type="checkbox"/>
Washing and drying the lower half of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.1.2	<input type="checkbox"/>
Washing and drying the upper half of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.1.3	<input type="checkbox"/>
Washing your hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.1.4	<input type="checkbox"/>
Drying your hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.1.5	<input type="checkbox"/>
Combing and styling your hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.1.6	<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
Brushing your teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blowing your nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning and cutting your fingernails and toenails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 make-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 your orthoses, prostheses, and other aids (hearing aid, wheelchair, contact lenses, 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"/>
Elimination														
Undressing to use the toilet and re-dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 toilet in your home (including transfer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 toilet other than the one in 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 equipment for urinating (condom, catheter, 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 equipment for eliminating the contents of the bowel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 material required for urinating and bowel 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"/>	<input type="radio"/>
Using feminine hygiene products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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														
Dressing and undressing the upper half of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choosing appropriate clothing (according to the weather, type of activity, 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"/>
Changing clothes when they are soiled or dirty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 clothes out of dresser drawers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 clothes out of the closet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 jewelry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 and taking off orthoses and prostheses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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

Health Care

Recognizing health problems (infections, stress, anxiety, 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"/>	3.4.1	<input type="checkbox"/>
Looking after minor discomfort and light injuries (Band-Aids, over-the-counter medicine, 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"/>	3.4.2	<input type="checkbox"/>
Taking prescribed medicine (including following dosage and administration instructions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.3	<input type="checkbox"/>
Renewing prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.4	<input type="checkbox"/>
Following therapeutic instructions (diet, exercises to be done at home, 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"/>	3.4.5	<input type="checkbox"/>
Asking for help in an emergency situation (neighbor, police, ambulance, 911, health information line, 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"/>	3.4.6	<input type="checkbox"/>

Oral and Sign Communication

Expressing your needs at home or with close family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1.1	<input type="checkbox"/>
Expressing your needs outside the home or with people other than close family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1.2	<input type="checkbox"/>
Maintaining a conversation with a person at home or within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1.3	<input type="checkbox"/>
Maintaining a conversation with a group of people at home or within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1.4	<input type="checkbox"/>
Receiving and understanding oral information at home or within the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1.5	<input type="checkbox"/>

Written Communication

Communicating through writing (letter, message, 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"/>	4.2.1	<input type="checkbox"/>
Receiving and understanding written information (written instructions, advertisements, road signs, 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"/>	4.2.2	<input type="checkbox"/>
Reading newspapers, magazines, books, letters, 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"/>	4.2.3	<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		
Telecommunication																
Using a telephone at home or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4.3.1	<input type="checkbox"/>
Using a public telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4.3.2	<input type="checkbox"/>
Watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4.3.3	<input type="checkbox"/>
Listening to the radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4.3.4	<input type="checkbox"/>
Using a computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4.3.5	<input type="checkbox"/>
Using a video or sound system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4.3.6	<input type="checkbox"/>
Home-Centered Activities																
Choosing a home that suits your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.1.1	<input type="checkbox"/>
Planning and making a move	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.1.2	<input type="checkbox"/>
Organizing your home according to your tastes and needs (including adapting your home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.1.3	<input type="checkbox"/>
Household Maintenance																
Sweeping and vacuuming inside your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.1	<input type="checkbox"/>
Cleaning furniture (dusting, washing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.2	<input type="checkbox"/>
Cleaning household appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.3	<input type="checkbox"/>
Doing the laundry (including following cleaning instructions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.4	<input type="checkbox"/>
Cleaning the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.5	<input type="checkbox"/>
Washing the floor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.6	<input type="checkbox"/>
Ironing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.7	<input type="checkbox"/>
Folding and putting away clean laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.8	<input type="checkbox"/>
Making a bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.9	<input type="checkbox"/>
Major household cleaning tasks (walls, windows, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.10	<input type="checkbox"/>
Emptying waste-baskets and taking out the garbage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.11	<input type="checkbox"/>
Mowing the lawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.12	<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
Shoveling snow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.13 <input type="checkbox"/>
Maintaining the grounds or the garden (flowers, potted plants, 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"/>	5.2.14 <input type="checkbox"/>
Taking care of pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.15 <input type="checkbox"/>
Taking care of indoor plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.2.16 <input type="checkbox"/>
Doing minor repairs (changing light bulbs, fuses, 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"/>	5.2.17 <input type="checkbox"/>
Using small tools (hammer, screwdriver, 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"/>	5.2.18 <input type="checkbox"/>
Using heavy hand-held tools (saw, drill, 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"/>	5.2.19 <input type="checkbox"/>
Furniture and Household Equipment														
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"/>	5.3.1 <input type="checkbox"/>
Moving from one room to another in 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"/>	5.3.2 <input type="checkbox"/>
Moving around in your bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.3.3 <input type="checkbox"/>
Moving around other rooms in 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"/>	5.3.4 <input type="checkbox"/>
Moving from one floor to another in 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"/>	5.3.5 <input type="checkbox"/>
Opening and closing doors in 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"/>	5.3.6 <input type="checkbox"/>
Opening and closing windows in 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"/>	5.3.7 <input type="checkbox"/>
Using various lights in 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"/>	5.3.8 <input type="checkbox"/>
Using storage space (cupboards, closets, 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"/>	5.3.9 <input type="checkbox"/>
Using safety systems and equipment (extinguisher, alarm, 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"/>	5.3.10 <input type="checkbox"/>
Controlling the temperature and humidity of your home (heating, air-conditioning, 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"/>	5.3.11 <input type="checkbox"/>
Using furniture (chair, sofa, table, desk, 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"/>	5.3.12 <input type="checkbox"/>
Using your balcony or patio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.3.13 <input type="checkbox"/>
Moving around within your building complex (convenience store, hairdresser, common rooms, 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"/>	5.3.14 <input type="checkbox"/>
Getting from the street to the entrance of 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"/>	5.3.15 <input type="checkbox"/>

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

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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
Getting mail from your mailbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.16 <input type="checkbox"/>
Moving around the grounds of your home during the summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.17 <input type="checkbox"/>
Moving around the grounds of your home during the winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.18 <input type="checkbox"/>
Short-Distance Movement														
Getting around on slippery surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 the sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Getting around on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1.3 <input type="checkbox"/>
Crossing an intersection with a traffic light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1.4 <input type="checkbox"/>
Crossing an intersection without a traffic light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1.5 <input type="checkbox"/>
Getting around on uneven surfaces (grass, gravel, sand, snow, 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"/>	6.1.6 <input type="checkbox"/>
Using Transportation														
Walking as a means of transportation (the wheelchair is considered a technical aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Driving an automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Using public transportation (adapted transportation is considered an Adaptation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.4 <input type="checkbox"/>
Using school transportation (adapted school transportation is considered an Adaptation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.5 <input type="checkbox"/>
Taking a taxi (adapted taxis are considered an Adaptation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.6 <input type="checkbox"/>
Riding a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.7 <input type="checkbox"/>
Riding a motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.8 <input type="checkbox"/>
Taking a train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.9 <input type="checkbox"/>
Taking a plane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.10 <input type="checkbox"/>
Taking a boat (ferry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.11 <input type="checkbox"/>
Using long-distance bus services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2.12 <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
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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

Financial Responsibilities

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"/>
Recognizing the value of 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"/>	7.1.2	<input type="checkbox"/>
Using credit cards, 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"/>	7.1.3	<input type="checkbox"/>
Planning your budget (identifying expenses and savings, 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"/>
Following a budget (paying bills and rent, saving money, 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"/>	7.1.5	<input type="checkbox"/>
Carrying out long-term financial transactions (loans, mortgages, pension funds, investments, 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"/>	7.1.6	<input type="checkbox"/>
Taking out insurance (life, house, car, 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"/>	7.1.7	<input type="checkbox"/>

Civic Responsibilities

Respecting other people's rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.2.1	<input type="checkbox"/>
Respecting other people's property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.2.2	<input type="checkbox"/>
Assuming your responsibilities towards society as a citizen (voting, obeying laws, 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"/>	7.2.3	<input type="checkbox"/>
Assuming responsibility for yourself (your own well-being and safety, 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"/>	7.2.4	<input type="checkbox"/>
Assuming your civic responsibilities towards other family members (spouse, parents, 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"/>	7.2.5	<input type="checkbox"/>
Ensuring that your rights are respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.2.6	<input type="checkbox"/>

Family Responsibilities

Providing health or hygiene care to your partner (minor care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.3.1	<input type="checkbox"/>
Providing psychological support to your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.3.2	<input type="checkbox"/>
Accepting your partner's assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.3.3	<input type="checkbox"/>
Ensuring the education of your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.3.4	<input type="checkbox"/>
Providing care for your children (health care, feeding, dressing, 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"/>	7.3.5	<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		
Providing psychological support to 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"/>	7.3.6	<input type="checkbox"/>
Accepting assistance from 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"/>	7.3.7	<input type="checkbox"/>
Providing care for 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"/>	7.3.8	<input type="checkbox"/>
Providing psychological support to 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"/>	7.3.9	<input type="checkbox"/>
Accepting assistance from 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"/>	7.3.10	<input type="checkbox"/>
Providing care for other members of your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7.3.11	<input type="checkbox"/>
Providing psychological support to other members of your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7.3.12	<input type="checkbox"/>
Interpersonal Sexual Relationships																
Having a sexual relationship with another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.1.1	<input type="checkbox"/>
Interpersonal Affective Relationships																
Maintaining an emotional 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"/>	8.2.1	<input type="checkbox"/>
Maintaining emotional 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"/>	8.2.2	<input type="checkbox"/>
Maintaining emotional 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"/>	8.2.3	<input type="checkbox"/>
Maintaining emotional relationships with your siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 emotional relationships with other members of your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>
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"/>	8.2.6	<input type="checkbox"/>
Social Relationships																
Taking part in social activities 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"/>	8.3.1	<input type="checkbox"/>
Taking part in social activities 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"/>	8.3.2	<input type="checkbox"/>
Taking part in social activities 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"/>	8.3.3	<input type="checkbox"/>
Maintaining social relationships with other members of your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.3.4	<input type="checkbox"/>
Maintaining social relationships with neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.3.5	<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				ID				
	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 social relationships with other people (work, school, leisure, 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"/>	8.3.6	<input type="checkbox"/>
Having hierarchical relationships at work or at school (employer-employee, professor-student, 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"/>	8.3.7	<input type="checkbox"/>
Consuming Goods and Services																
Carrying out banking transactions at your financial institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.1.1	<input type="checkbox"/>
Carrying out banking transactions at an automatic teller machine (ATM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 various 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"/>	9.1.3	<input type="checkbox"/>
Using the services offered by community social service organizations (homecare, psychological, and social 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"/>	<input type="radio"/>	9.1.4	<input type="checkbox"/>
Going to, entering, and moving around service establishments in your neighborhood (health, government, church, 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"/>	9.1.5	<input type="checkbox"/>
Using government services (legal aid, grant programs, social assistance, compensation, 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"/>	9.1.6	<input type="checkbox"/>
Making purchases (choosing merchandise, method of payment, phone orders, 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"/>	9.1.7	<input type="checkbox"/>
Using local businesses (supermarket, shopping mall, 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"/>	<input type="radio"/>	9.1.8	<input type="checkbox"/>
Using a vending machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.1.9	<input type="checkbox"/>
Eating at a restaurant (table service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.1.10	<input type="checkbox"/>
Eating at a fast-food restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.1.11	<input type="checkbox"/>
Using postal services (stamps, sending and receiving packages, 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"/>	9.1.12	<input type="checkbox"/>
Going to, entering, and moving around in local businesses (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"/>	9.1.13	<input type="checkbox"/>

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

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A. How the person generally accomplishes it,
and
B. The type of assistance required to
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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

Volunteer Associations

Participating in the activities of an organization that promotes rights (human rights, ecology, unions, 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"/>	9.2.1	<input type="checkbox"/>
Participating in the activities of a political party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Participating in social group activities (Lion's club, scouts, 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"/>	9.2.3	<input type="checkbox"/>
Participating in self-help group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.2.4	<input type="checkbox"/>
Participating in religious group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.2.5	<input type="checkbox"/>

Education
(If you are not studying, check here and go to the section "Seeking employment".)

Taking a course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.0.1	<input type="checkbox"/>
Doing course work at school (labs, sciences, computers, 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"/>	10.0.2	<input type="checkbox"/>
Taking notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.0.3	<input type="checkbox"/>
Writing exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.0.4	<input type="checkbox"/>
Doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.0.5	<input type="checkbox"/>
Working on team projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.0.6	<input type="checkbox"/>
Participating in activities organized by the school (extra-curricular, special days, 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"/>	10.0.7	<input type="checkbox"/>
Using school infrastructures (cafeteria, library, playground, school daycare 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"/>	10.0.8	<input type="checkbox"/>
Getting to, entering, and moving around your place of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.0.9	<input type="checkbox"/>
Using student services (guidance, tutoring 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"/>	10.0.10	<input type="checkbox"/>
Participating in daycare or kindergarten activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.0.11	<input type="checkbox"/>
Taking courses at home (correspondence courses, modular, tele-university, 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"/>	10.0.12	<input type="checkbox"/>
Taking specialized courses (physical education, music, computers, 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"/>	10.0.13	<input type="checkbox"/>

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

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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

If you are a student, check your current educational level

- Pre-school 10.1
 Elementary 10.2.1
 JR and SR high School 10.2.2
 Vocational 10.3.1
 College 10.3.2
 University 10.3.3
 Other 10.4

Seeking Employment
(If you are not seeking employment, check here and go to the next section.)

Choosing a trade 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"/>	11.2.1	<input type="checkbox"/>
Seeking a regular job (preparing a resume, contacting an employer, interview, 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"/>	11.2.2	<input type="checkbox"/>
Seeking temporary employment (seasonal, student employment, 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"/>	11.2.3	<input type="checkbox"/>
Using placement and guidance services (other than those in the school environment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11.2.4	<input type="checkbox"/>

Paid Employment

Holding a paid job (If you are not currently working, check Not accomplished .)*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>
Interacting with colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	
Using the infrastructures of your place of employment (cafeteria, staff room, personnel 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"/>	11.3.3	<input type="checkbox"/>	

Volunteer Employment

Doing volunteer work 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"/>	11.4.1	<input type="checkbox"/>
Carrying out family or domestic 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"/>	11.4.2	<input type="checkbox"/>
Carrying out volunteer activities as a secondary 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"/>	11.4.3	<input type="checkbox"/>
Attending a day-center as a principal 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"/>
Getting to, entering, and moving around within your place of occupation, paid or not (work, study, volunteer, day-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"/>	11.4.5	<input type="checkbox"/>

* If you checked **Not accomplished**, all other items in this sections should be checked as **Not applicable**.

**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

Check the square corresponding to your current employment status

- Regular full-time Regular part-time
 Temporary full-time Temporary part-time Unemployed

Sports and Games

Choosing your sporting activities and games														12.1.1	<input type="checkbox"/>
Planning your sporting activities and games														12.1.2	<input type="checkbox"/>
Practicing individual indoor sporting activities (swimming, gymnastics, etc.)														12.1.3	<input type="checkbox"/>
Practicing individual outdoor sporting activities (swimming, jogging, etc.)														12.1.4	<input type="checkbox"/>
Playing individual indoor games (toys, puzzles, crosswords, etc.)														12.1.5	<input type="checkbox"/>
Playing individual outdoor games (toys, sandbox, etc.)														12.1.6	<input type="checkbox"/>
Playing group indoor sports (basketball, volleyball, etc.)														12.1.7	<input type="checkbox"/>
Playing group outdoor sports (soccer, football, baseball, etc.)														12.1.8	<input type="checkbox"/>
Playing group indoor games (toys, games, etc.)														12.1.9	<input type="checkbox"/>
Playing group outdoor games (ball, croquet, etc.)														12.1.10	<input type="checkbox"/>
Taking part in outdoor recreational activities (camping, hiking, bird observation, etc.)														12.1.11	<input type="checkbox"/>
Attending a sporting event														12.1.12	<input type="checkbox"/>
Using sports facilities in your neighborhood														12.1.13	<input type="checkbox"/>
Playing board games and cards (chess, monopoly, bingo, etc.)														12.1.14	<input type="checkbox"/>
Practicing games of skill (archery, video games, etc.)														12.1.15	<input type="checkbox"/>
Using pleasure boats (rowboat, canoe, sailboat, yacht, etc.)														12.1.16	<input type="checkbox"/>
Driving motorized recreational vehicles														12.1.17	<input type="checkbox"/>

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

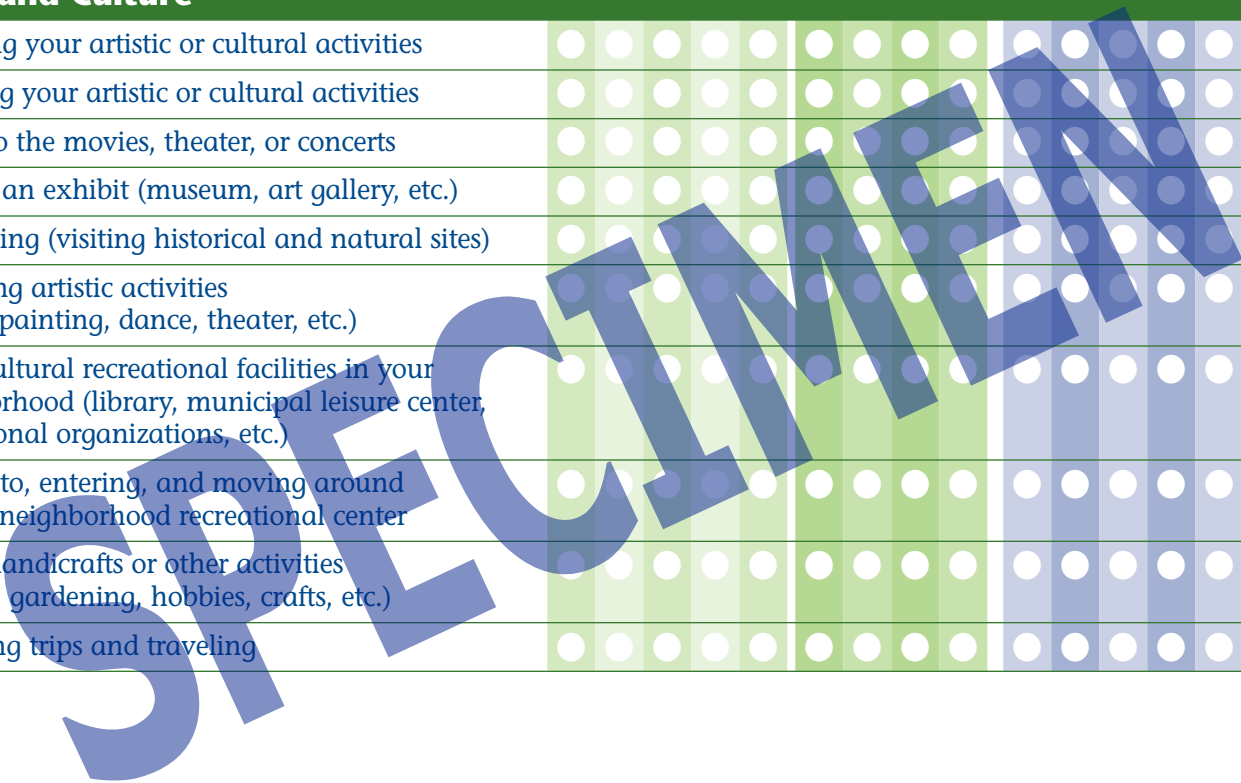
- 1** For each of the following life habits, indicate
A. How the person generally accomplishes it, and
B. The type of assistance required to accomplish it.
- 2** For each of the following life habits, indicate the level of satisfaction with the way it is accomplished.

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

Arts and Culture

Choosing your artistic or cultural activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12.2.1	<input type="checkbox"/>
Planning your artistic or cultural activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12.2.2	<input type="checkbox"/>
Going to the movies, theater, or concerts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12.2.3	<input type="checkbox"/>
Visiting an exhibit (museum, art gallery, 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"/>	12.2.4	<input type="checkbox"/>
Sightseeing (visiting historical and natural sites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12.2.5	<input type="checkbox"/>
Practicing artistic activities (music, painting, dance, theater, 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"/>	12.2.6	<input type="checkbox"/>
Using cultural recreational facilities in your neighborhood (library, municipal leisure center, recreational organizations, 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"/>	12.2.7	<input type="checkbox"/>
Getting to, entering, and moving around in your neighborhood recreational 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"/>	12.2.8	<input type="checkbox"/>
Doing handicrafts or other activities (sewing, gardening, hobbies, crafts, 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"/>	12.2.9	<input type="checkbox"/>
Preparing trips and traveling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12.2.10	<input type="checkbox"/>



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.

SPECIMEN

Summary of Results

SPECIMEN

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 Long Form 3.0)

Score Calculation			Example		
Categories	Number of Applicable Life Habits	Score (range)	Number of Applicable Life Habits	Raw Score	Weighted Score (0-10)
Nutrition	17	0-153	17	38	2,5
Fitness	9	0-81	9	6	0,7
Personal Care	33	0-297	31	54	1,9
Communication	14	0-126	11	2	0,2
Housing	40	0-360	14	54	4,3
Mobility	18	0-162	9	20	2,5
Responsibilities	25	0-225	14	0	0
Interpersonal Relationships	14	0-126	5	8	1,8
Community Life	18	0-162	15	7	0,5
Education	13	0-117	11	5	0,5
Employment	12	0-108	10	11	1,2
Recreation	27	0-243	21	37	2
Total	240	0-2160	167	242	1,6/10

Life Habits Category Accomplishment Level

