

Assessment of Life Habits

96 items

(LIFE-H 4.0)

TEENAGERS, ADULTS AND SENIORS

Information Record Form

1 Name : _____ DD MM YYYY
2 Date of birth : / /

3 Gender: Female Male 4 Check the current grade level of the person:

Secondary Not applicable
Post-secondary

5 Check the current employment status of the person:

Regular full-time Regular part-time Unemployed
Temporary full-time Temporary part-time Not applicable

6 Date of evaluation: DD MM YYYY
/ /

7 The respondent is:

- the person answering it independently
- the person with the assistance of a parent, a significant other or a professional
(father mother or other _____)
- a parent or a significant other
(father mother or other _____)
- a parent or a significant other with the assistance of a professional
(father mother or other _____)
- a professional (name and discipline) _____

If the person is not present, please explain why:

8 The level of satisfaction of the person is:

- the person's satisfaction
- the person's satisfaction perceived by a parent, a significant other or a professional

9 Other pertinent information:



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LIFE HABIT ACCOMPLISHMENT SCALE

	Human assistance					
	No assistance	Light	Significant	Complete	Assistive device	Adaptation
Without or with a little difficulty	0	2	4	7	3	5
With some difficulty	2	3	6	9	3	5
With a lot of difficulty	5	6	7	10	3	5
Not accomplished	20					

This table is provided for information purposes only. The LIFE-H scores are to be calculated with the help of a calculator available from the INDCP.

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SPECIMEN

Questionnaire

Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2						Step 3								
	This life habit is:			A Types of assistance used (Check 1 or more, as required)						B Level of difficulty			Level of satisfaction					
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Assistive device**	Adaptation**	No assistance	Light	Human assistance* (Check only 1)	Significant	Complete	Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied ☺ ☺	Satisfied ☺	Dissatisfied ☹	Very dissatisfied ☹ ☹	
Communication																		1
Communicating with another person at home or within the community (making your needs known, expressing your ideas...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Communicating with a group of people at home or within the community (making your needs known, expressing your ideas...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Maintaining a conversation at home or within the community (giving your opinion, discussing, arguing...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Communicating through writing (letter, message, greeting card...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4
Communicating by internet (Email, CHAT, Webcam...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.5
Read and understanding written information (newspapers, books, letters, road signs, instructions...) Note: If you read with glasses, check the Assistive device 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6
Using a telephone at home or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7
Using a public telephone or a cellphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.8
Using a radio, a television, a computer, internet, a DVD system or a sound system...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.9

* **Human assistance** represents any additional human assistance (physical assistance, supervision, reminder of instructions, encouragement, etc.) provided for the accomplishment of the person's life habits, because of "his/her disabilities" or "obstacles existing in his/her environment". The **No assistance** box should be checked if the person does not need human assistance.

Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2							Step 3						
	This life habit is:			A Types of assistance used (Check 1 or more, as required)				B Level of difficulty			Level of satisfaction						
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Assistive device**	Adaptation**	No assistance	Light	Significant	Complete	Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied ☺ ☺	Satisfied ☺	Dissatisfied ☹	Very dissatisfied ☹ ☹	
Mobility																	2
Entering and exiting your home	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.1
Moving around in your home	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.2
Moving around the grounds of your home (yard, driveway...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3
Getting around on the street and on the sidewalk	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.4
Crossing the street at an intersection	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
Getting around on a slippery or uneven surface (snow, ice, grass, gravel...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.6
Going to your main place of occupation (work, school, day centre, volunteering...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.7
Entering and moving around in your main place of occupation (work, school, day center volunteering...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.8
Moving around in recreation sites in the community	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.9
Entering and moving around in shops and service providers premises (restaurant, grocery, medical clinics...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.10
Moving around with a bicycle (as a means of transportation, for leisure...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.11
Using a motorized vehicle as driver (car, motorcycle, moped...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.12
Using means of transportation as a passenger (car, public transportation, taxi...) Note: adapted transportation is considered an adaptation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.13

** **Assistive device** and **Adaptation** boxes should only be checked when the accomplishment of the life habit by the person requires it. Mobility and communication related assistive devices should only be considered for the *Mobility* and *Communication* sections of the questionnaire.

Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2				Step 3						
	This life habit is:			A Types of assistance used (Check 1 or more, as required)				B Level of difficulty			Level of satisfaction			
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Assistive device**	Adaptation**	Human assistance* (Check only 1)		Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied ☺ ☺	Satisfied ☺	Dissatisfied ☹ ☹	Very dissatisfied ☹ ☹
Nutrition (from this section and on, you should not consider mobility and communication related assistive devices when answering the following questions)														
Planning food purchases (making the 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"/>	3.1
Selecting food for your meals, according to your taste and your personal needs (quantity, freshness, type of food, personal diet, grocery shopping...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2
Preparing simple meals (sandwich, salad, snack...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3
Preparing full meals such as an entree, a main course or a dessert (including making a recipe and using electric kitchen appliances...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Eating a meal (including the use of dishes and utensils, respecting polite table manners according to the context...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5
Eating at a restaurant (table service, ordering, paying the bill...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.6
Using a vending machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.7

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Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2							Step 3						
	This life habit is:			A Types of assistance used (Check 1 or more, as required)				B Level of difficulty			Level of satisfaction						
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Assistive device**	Adaptation**	No assistance	Light	Significant	Complete	Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied ☺ ☺	Satisfied ☺	Dissatisfied ☹	Very dissatisfied ☹ ☹	
Physical Fitness and psychological well-being																	4
Getting in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Falling to sleep, sleeping and waking up (comfort, duration, continuity, quality of sleep...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Participating in physical activities to maintain or improve your physical fitness (going for a walk, individual or group physical exercises...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3
Carrying out activities to ensure your psychological well-being (yoga, meditation, listening to music...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.4
Carrying out activities that require attention or concentration (checkers, memory games, crossword puzzles...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.5

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Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2						Step 3				
	This life habit is:			A Types of assistance used (Check 1 or more, as required)				B Level of difficulty		Level of satisfaction				
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Assistive device**	Adaptation**	No assistance	Human assistance* (Check only 1)	Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied ☺	Satisfied ☺	Dissatisfied ☹	Very dissatisfied ☹
Personal care and health														
Taking care of your personal hygiene (washing hands, brushing teeth, taking a bath or shower...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1
Using sanitary facilities in your home (including sink, toilet and any other material required for elimination...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2
Using sanitary facilities other than those in your home (including sink, toilet and any other material required for elimination...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Dressing and undressing (choosing and putting clothes on including buttons, zippers, shoelaces, jewelry...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4
Changing clothes when they are soiled or dirty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5
Putting on, taking off and maintaining your orthoses, prostheses, contact lenses, eyeglasses, hearing 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"/>	5.6
Taking care of your health (applying a Band-Aids, taking your medicine, renewing your prescriptions, following therapeutic instructions, asking for help...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.7
Using health care services (a medical clinic, a hospital or a rehabilitation centre, a dental clinic...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8

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Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2						Step 3							
	This life habit is:			A			B			Level of satisfaction							
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Types of assistance used (Check 1 or more, as required)						Level of difficulty			Level of satisfaction				
			Assistive device**	Adaptation**	No assistance	Human assistance* (Check only 1)				Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	
Housing																	
Choosing a home that suits your needs (house, apartment, residence...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Organizing your home according to your tastes and needs (including adapting your home, decoration, choice of furniture...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Maintaining the inside of your home where you live (housework, cleaning, doing minor repairs...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3
Maintaining the outside of your home (grass, snow, leaves, garden...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.4
Emptying waste-baskets and taking out the garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5
Major household cleaning tasks (windows, walls...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.6
Washing, ironing, folding and putting away clean laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.7
Using the furniture and equipment in your home (desk, storage, heating...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.8

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	This life habit is:			A Types of assistance used (Check 1 or more, as required)				B Level of difficulty			Level of satisfaction					
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N.B. : Keep in mind that answers should reflect the person's usual way of carrying out life habits.																

Responsibilities

Making purchases (choosing goods, paying, making purchases by phone or internet, or within shops...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Using debit and credit cards or automatic teller machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Plan your budget and meet your financial obligations (balance your expenses and savings, paying bills...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Respecting other people's rights and property, voting, following laws and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.4
Ensuring that your rights are respected (taking one's place, advocating, expressing your opinion...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5
Providing care and supporting members of your family including your spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.6
Accepting assistance from members of your family, a significant other or your spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.7
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.8
Take care of pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.9

* **Human assistance** represents any additional human assistance (physical assistance, supervision, reminder of instructions, encouragement, etc.) provided for the accomplishment of the person's life habits, because of "his/her disabilities" or "obstacles existing in his/her environment". The **No assistance** box should be checked if the person does not need human assistance.

Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2							Step 3					
	This life habit is:			A Types of assistance used (Check 1 or more, as required)				B Level of difficulty			Level of satisfaction					
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Assistive device**	Adaptation**	No assistance	Human assistance* (Check only 1) Light	Significant	Complete	Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied (☺)	Satisfied (😊)	Dissatisfied (☹)	Very dissatisfied (😞)
Interpersonal Relationships																
Maintaining an emotional relationship with your partner (intimacy, encouragement, moral support...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.1
Maintaining an emotional relationship with your family other than your spouse (intimacy, encouragement, moral support...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.2
Maintaining friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.3
Maintaining social ties with those around you (neighbors, work, school, leisure...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.4
Managing conflicts with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.5
Having a sexual relationship with another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.6
Using one or more prevention methods (contraception, protection against sexually transmitted diseases...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.7

** **Assistive device** and **Adaptation** boxes should only be checked when the accomplishment of the life habit by the person requires it. Mobility and communication related assistive devices should only be considered for the *Mobility* and *Communication* sections of the questionnaire.

Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2							Step 3						
	This life habit is:			A Types of assistance used (Check 1 or more, as required)				B Level of difficulty			Level of satisfaction						
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Assistive device**	Adaptation**	No assistance	Human assistance* (Check only 1) Light	Significant	Complete	Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied ☺ ☺	Satisfied ☺	Dissatisfied ☹	Very dissatisfied ☹ ☹	
Community and spiritual life																	9
Participating as a member of student associations (school council, class council, extra-curricular committee...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.1
Participating as a member of sporting or recreation associations (hockey club...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
Participating as a member of artistic or cultural associations or groups (theater, dance, cinema...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.3
Participating in the activities of an organization that promotes rights (human rights, ecology, unions...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.4
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.5
Participating in social group activities (Lion's club, seniors club...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.6
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.7
Participating in religious or spiritual activities (at home, at church or other places of worship, rituals...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.8

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Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2						Step 3								
	This life habit is:			A			B			Level of satisfaction								
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Types of assistance used (Check 1 or more, as required)						Level of difficulty			Level of satisfaction					
Assistive device**				Adaptation**	Human assistance* (Check only 1)				Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied		Satisfied		Dissatisfied		Very dissatisfied
	No assistance	Light	Significant		Complete	☺	☺	☹				☹	☺	☺	☹	☹		
Education																	10	
(If you are not studying, check here <input type="checkbox"/> and go the "Work" life habits category)																		
Participating in school learning or professional training activities (courses, schoolwork, 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.1
Taking specialized courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.2
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.3
Using school services and infrastructures (cafeteria, premises, gymnasium, tutoring 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.4
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.5
Participating in activities organized by the school (extra-curricular, special days...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.6

** **Assistive device** and **Adaptation** boxes should only be checked when the accomplishment of the life habit by the person requires it. Mobility and communication related assistive devices should only be considered for the *Mobility* and *Communication* sections of the questionnaire.

<p>Follow the next three steps (Check the appropriate boxes)</p> <p>N.B. : Keep in mind that answers should reflect the person's usual way of carrying out life habits.</p>	Step 1			Step 2							Step 3						
	This life habit is:			A				B			Level of satisfaction						
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Types of assistance used (Check 1 or more, as required)							Level of difficulty			Level of satisfaction			
				Assistive device**	Adaptation**	Human assistance* (Check only 1)				Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied		Satisfied		Dissatisfied
No assistance	Light	Significant	Complete			☺	☺	☹	☹				☺	☺	☹	☹	
Work														11			
Choosing a trade or profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.1		
Seeking a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.2		
Performing paid work activities Note : If you do not actually work but would like to, check Not accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.3		
Attending a day-center as a principal occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.4		
Performing unpaid internship activities in a work setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.5		
Carrying out volunteer activities as a secondary occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.6		
Carrying out family or domestic tasks as your main occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.7		
Using services offered in your principal place of occupation (cafeteria, personnel services, staff room...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.8		

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Follow the next three steps (Check the appropriate boxes)	Step 1			Step 2							Step 3						
	This life habit is:			A Types of assistance used (Check 1 or more, as required)				B Level of difficulty			Level of satisfaction						
	Accomplished (by the person or someone else)	Not accomplished (Skip to step 3)	Not applicable (Skip to the next life habit)	Assistive device**	Adaptation**	No assistance	Light	Significant	Complete	Without or with a little difficulty	With some difficulty	With a lot of difficulty	Very satisfied ☺ ☺	Satisfied ☺	Dissatisfied ☹	Very dissatisfied ☹ ☹	
Recreation																	12
Choosing your physical and recreational sporting activities	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	12.1
Practicing sporting and recreational activities or (going for a walk, going for a walk, sports and games...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	12.2
Practicing artistic, cultural or craft activities (music, dance, hobby...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	12.3
Attending a sporting event (hockey, soccer, football...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	12.4
Attending artistic or cultural events (show, cinema, theater...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	12.5
Sightseeing (trips, visiting natural and historical sites...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	12.6
Practicing outdoor recreational activities (hiking, camping...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	12.7
Using recreational facilities in your neighborhood (library, municipal leisure center...)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	12.8

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Comments

Use the following lines to write your general comments on:

- a)** the types of assistance used,
- b)** the level of difficulty,
- c)** the level of satisfaction,
- d)** or for general comments pertaining to any other aspect of this questionnaire.

SPECIMEN