

# QUALITY OF LIFE

## About this Domain (Quality of Life)

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

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

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

## Routines and Preferences

What is a typical day like for you?

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What are some things you enjoy doing?

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How do you want to spend your time?

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

- No

**Explain:** \_\_\_\_\_ *(Displays when this option is checked)*

- Yes
- Chose not to answer



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

**Would you prefer to live somewhere else?**

- No
- Yes

**Explain** \_\_\_\_\_ *(Displays when this option is checked)*

- Chose not to answer

**Notes/Comments:** \_\_\_\_\_

**Routines and Preferences has been assessed?** *(Displays for reassessment only)*

- Yes

## **Strengths and Accomplishments**

**What are some of the things you feel you are good at doing?**

\_\_\_\_\_

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

\_\_\_\_\_

**Notes/Comments:** \_\_\_\_\_

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

- Yes

## Relationships

### Family Life

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

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### Supports – Family, Friends and Others

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

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

Comments

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

**Name:**

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**Relationship:**

- Daughter/Son
- Daughter-in-law/Son-in-law
- Friend/Neighbor
- Guardian/Legal/Representative
- Parent
- Partner/Significant Other
- Sibling
- Spouse
- Other Relative
- Other Non-Relative



**Is this your primary caregiver?**

- No
- Yes

**Who are some people you enjoy spending time with?**

\_\_\_\_\_

**Keeping in Touch** *(Table only displayed if Age ≥ 18)*

One way people make and keep friends is by staying in touch and doing fun things with other people. Follow up for each: Do you need any help to do that? Could you do it more often if you had some help?

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

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

\_\_\_\_\_

**Notes/Comments:** \_\_\_\_\_

**Relationships has been assessed?** *(Displays for reassessment only)*

- Yes

## Traditions and Rituals

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

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

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

No

**Explain** \_\_\_\_\_ *(Displays when this option is checked)*

Yes

**Name of place of worship** \_\_\_\_\_ *(Displays when this option is checked)*

N/A – Do not want to attend religious services or participate in other spiritual practices

Chose not to answer

**Notes/Comments:** \_\_\_\_\_

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

Yes

## Future Plans

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

No

Yes

**Explain** \_\_\_\_\_ *(Displays when this option is checked)*

Chose not to answer

**What would you like for yourself in the future?**

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**Notes/Comments:**

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

Yes



## Referrals (Quality of Life)

What is important to the individual?

### Referrals Needed:

- Advocacy Services \_\_\_\_\_ *(Displays if checked)*
- Communication Access Assistance (DHH) \_\_\_\_\_ *(Displays if checked)*
- Community-Based Social/Recreational Activities \_\_\_\_\_ *(Displays if checked)*
- Counseling Services \_\_\_\_\_ *(Displays if checked)*
- Disability Linkage Line (1-866-333-2466) \_\_\_\_\_ *(Displays if checked)*
- Friendly Visitor/Senior Companion Program \_\_\_\_\_ *(Displays if checked)*
- Housing Services \_\_\_\_\_ *(Displays if checked)*
- More in-depth Person-Centered Planning (e.g., ELP, PATH, MAP, etc.) \_\_\_\_\_ *(Displays if checked)*

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- Ombudsman \_\_\_\_\_ *(Displays if checked)*
- Protective Services \_\_\_\_\_ *(Displays if checked)*
- Senior Linkage Line (1-800-333-2433) \_\_\_\_\_ *(Displays if checked)*
- Transportation Services \_\_\_\_\_ *(Displays if checked)*
- Other **Specify:** \_\_\_\_\_
- Other **Specify:** \_\_\_\_\_

### Assessed Needs and Support Plan Implications

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

Yes