

This interactive form contains fields that you can select or fill in. Follow these tips to enter and save your information.

Mobile Devices and Tablets

You can edit and save this interactive form using the free Dropbox and Adobe apps. To edit the form using Dropbox and the Adobe Acrobat app:

1. Open a PDF file with the Dropbox app on your mobile device.
2. Tap the edit icon (a piece of paper and a pen). You'll be prompted to install the Adobe Acrobat app, and then will be taken to the app store.
3. Once Adobe Acrobat is installed, go back to your Dropbox app and either tap Next on the screen indicating that installation is complete or, if you don't see that screen, tap the edit icon again.
4. You'll be taken to the Adobe Acrobat app, and prompted to authorize that the Adobe Acrobat app can access your Dropbox.
5. Your file will open in the Adobe Acrobat app, where you can view or edit the PDF.
6. When you finish editing, tap the back arrow to save. You'll be taken to your Dropbox where the updated file will be saved.

Computers



Interactive fillable form

A. Purple message bar indicates presence of fillable fields. **B.** When clicked, shows where fillable fields exist.

Moving within the Forms — Use your mouse or pointing device to select icons, buttons, checkboxes, menu items and to select a space to enter information. Use the scroll bar to view more of the form you have selected.

(Optional) To make form fields easier to identify, click the Highlight Existing Fields button on the document message bar. Form fields appear with a colored background (light blue by default), and all required form fields are outlined in another color (red by default).

Entering your Information — Placing your mouse or pointing device over an entry area may display text about what to enter. You may also use the tab key to navigate through the form. To move backward to a previous area, hold down shift and then push the tab key.

Manual Entry Fields — Select an area to enter information and a blue box will surround it, with a blinking vertical line to indicate where you are entering your information.

Save forms -To save the completed form, choose File > Save As and rename the file.

CONSIDER THIS

1. What will your family member's quality of life be when you are no longer playing a role in managing his or her care? Start by making a list of those things that really matter.

2. What type of care and supervision does your family member need?

3. Who will help with or make necessary decisions?

4. What type of home and neighborhood will your family member live in?

5. What type of employment, daily activities, and leisure activities are appropriate for your family member?

6. How does the individual define quality of life?

7. How will his or her needs be provided for financially?

8. What steps are you taking to build the person's independence?

Now that you have worked through Chapter 2, go to the Personal Information Summary and complete Section A. Person's Information, Section I. A Day In The Life Of... and Section J. Key Family and Friends. These sections ask for detailed personal information for your family member and his or her family and friends. This information is often needed to access services and is useful in identifying a person's circle of supports.

Also, remember to update the Personal Information Summary when any life-changing event occurs.

Section I. A Day In The Life Of...

A DAY IN THE LIFE OF (Name) _____

Arises at _____ (AM) _____

List morning medications _____

Needs assistance with: Hygiene Dressing Grooming

Prefers (Shower/ Bath) Taken _____ (PM) _____ (AM)

Aids or appliances used to get around include (circle all that apply):

Braces Special Shoes Walker Wheelchair Crutches Positioning Aids

Other _____

Uses: Eyeglasses Contact Lens Hearing Aids

 Telecommunication Devices (TDD) Communication Board

Other Communication Devices _____

Able to eat without help (Yes / No) If No, needs help with _____

 Special Plate Special Utensils Special Cup Straw

Has problems with choking (Yes / No)

Dietary Restrictions:

Is able to drink: Thin Liquids _____

 Thickened Liquids _____

Usually ready to start the day at _____ (AM) By going to _____

Transported by _____

Bedtime Preparation

List bedtime medications _____

List any routine activities performed at bedtime _____

Usual bedtime _____ (PM) Is there a quiet time/meditation (Yes / No) If Yes, describe

Help needed getting to sleep (Yes / No) Describe sleep pattern (how well, how long usually sleeps)

Use of CPAP or BPAP? _____

Safety Precautions

Can the person be left unsupervised? (Yes / No)

For how long? _____ (Minutes) _____ (Hours) _____ (Days)

Recognizes danger of (circle all that apply): Heat Sources Poisonous Materials

Electricity Open Windows Sharp Objects Water Traffic Strangers

Can evacuate building on hearing alarm? (Yes / No)

Needs physical/verbal prompt to evacuate building? (Yes / No)

Likes and Dislikes

Favorite People to live with:

Name Address Phone Number

Favorite People to spend time with:

Name Address Phone Number

Favorite Pets:

Name Type

Favorite Color _____

Favorite clothing or possessions:

Clothing Possessions

A DAY IN THE LIFE OF (Name) _____ (cont.)

Favorite foods, drinks, restaurants:

Foods	Drinks	Restaurants
_____	_____	_____
_____	_____	_____

Recipe for favorite food may be found _____

Favorite recreation

TV Shows	Movies	Music	Sports	Hobbies
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others

When is the person most happy? _____

Dislikes living with _____

Dislikes spending time with _____

Disliked pets	Name	Type
_____	_____	_____
_____	_____	_____

Disliked clothing/possessions	Clothing	Possessions
_____	_____	_____
_____	_____	_____

Disliked recreation

TV Shows	Movies	Music	Sports	Hobbies
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others

A DAY IN THE LIFE OF (Name) _____ (cont.)

Do violent or sexually suggestive TV, movies, music, sports activities lead to behavior problems? (Yes / No)

When has the person been most unhappy?

Fears and Phobias

Afraid of	Strange People	Enclosed Spaces	Buses	Animals
	Open Spaces	Loud Noises	Heights	The Dark
	Cars	Other _____		

Comments

Special Occasions

Special dates usually observed _____

Holidays observed _____

Recognizes the special dates of others:

Name	Occasions	Date
_____	_____	_____
_____	_____	_____

Usually buys cards (Yes / No)

Attends Party (Yes / No)

Usually buys gifts (Yes / No)

Price Range \$ _____ - \$ _____

Social and Recreational Activities

Activities enjoyed:	Arts&Crafts	Fishing	Visiting Neighbors
Senior Center Activities	Community Outings	A Hobby	Sporting Activities
Movies/Concerts	Going to Recreation Parks	Specialized Camps	Shopping

Other _____

Describe current social and recreational activities: _____

Vacations and Travel

Travel Enjoyed (circle all that apply): Specialized Camps Group Day Trips
 Going on Vacation Visiting Family/Friends
 Other _____

Travel Enjoyed by (circle all that apply): Car Bus Train
 Plane Boat/Ship

Usual travel companion is _____

Favorite vacation destinations _____

Frequency of trips _____ Planned by _____

Unpleasant vacation experiences in the past _____

Has spending money for vacation? (Yes / No) Amt. range \$ _____ - \$ _____