My Choices   **4.4 MY ENVIRONMENT**   DATE:

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Look through the A-Z index to prompt your thoughts about how you want your environment at home to be, so that you are comfortable and safe. Think about lighting, temperature, your security needs, documenting how you like to sleep, and the objects you want within your reach etc. Complete the worksheet with your environmental preferences following the instructions and prompts on each worksheet which are written in italics.

Tick the degree of importance each environmental aspect holds for you:

1 = no importance at all   **2 =** not that important   **3 =** fairly important   **4 =** very important

Tick if you need some help with the getting your environment set up and record information about your preferences in the final column. You can add to this list or leave aspects blank. Prompts to guide your thinking are provided in italics for each section.

MY ENVIRONMENT *(Suggestions of things to record are provided but add anything important to you.)*	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES *(Record information that will help a person to effectively support you.)*
	1	**2**	**3**	**4**	**YES**	**NO**	
My room set up *(e.g. Furniture location? Equipment? Windows - fresh air? Fan? Air conditioner? Temperature? Curtains? TV? Religious items? etc.)*							
My bed set up *(e.g. Pillows? Sheets? Blankets/Doona? Alarm? Electric blanket settings? Continence pads? etc.)*							
My sleep *(e.g. Bed raised? Covers? Doors open/closed? Pets? Pillow number / arrangement? Preferred side to sleep on? etc.)*							
My objects within reach *(e.g. Book? Clock? Craft items? Electronic devices? Glasses? Water? Phone? Photos? Radio? Religious items? Remote/s? Rug? Tissues? Torch? Toilet needs? etc.)*							

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MY ENVIRONMENT *(Suggestions of things to record are provided but add anything important to you.)*	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES *(Record information that will help a person to effectively support you.)*
	1	2	3	4	YES	NO	
My lighting *(e.g. By day? By night? For reading/craft? Do you have low vision options? etc.)*							
My clothing care *(e.g. Washing frequency? Process used? Products? Ironing? Storage?)*							
My phone *(e.g. Privacy? Location? Phone index? Mobile? Assistive technology?)*							
My home security *(e.g. Any alarms? Settings? What to lock? Security screens? Instructions?)*							
My valuables *(e.g. What to lock away? Where? Storage & retrieval instructions?)*							
My rubbish *(e.g. Specific disposal of equipment? Sharps? Continence products? General refuse? Bin days? etc.)*							