

INSTRUCTIONS

TO COMPLETE 4.5

Look through the A-Z index to prompt your thoughts and complete the worksheet with information about your preferences for personal care – you don't have to provide information on each activity if you have no specific requirements, or you may add activities to the list. There are suggestions in italics for each section of the worksheet to guide you.

Record the importance of each personal care activity. Note if you need some help in any area and record preferences. You can add activities to this list or leave aspects blank.

Tick the degree of importance of each personal care activity to you using this scale:

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

MY PERSONAL CARE <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information about activity and how you like it performed include frequency, preferred times, products, equipment, persons involved and further instructions.)</i>
	1	2	3	4	YES	NO	
My personal hygiene <i>(e.g. Shower, bath, sponge? When? Water temperature? Equipment? Products?)</i>							
My oral hygiene <i>(e.g. How often? When? Product preferences? Flossing? Denture care?)</i>							
My hair <i>(e.g. Washing frequency? Time? Style? Hairdresser? Products? Brush/comb? Colour? Wig care?)</i>							
My body/facial hair care <i>(e.g. Facial hair? Body hair? Specific areas? e.g. eyebrows, legs, nose...)</i>							

MY PERSONAL CARE <i>(Suggestions of things to record are provided but add anything important to you.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information about activity and how you like it performed include frequency, preferred times, products, equipment, persons involved and further instructions.)</i>
	1	2	3	4	YES	NO	
My nails <i>(e.g. Frequency? Equipment for hands & toe nails? Nail polish?)</i>							
My skin <i>(e.g. Skin care routine for face? Hands? Body? Sunscreen? Pressure area care?)</i>							
My toileting <i>(e.g. Frequency? Cleanup? Walk/commode? Assistance required?)</i>							
My continence care <i>(e.g. Devices & products used? Storage? Disposal? Supplier? Subsidy? Bladder & bowel regime? Professionals?)</i>							
My clothes <i>(e.g. Help dressing? Clothing: Colours? Fabrics? Styles? Underwear? Special wear? Feel heat/cold?)</i>							

