

INSTRUCTIONS

TO COMPLETE 4.6

Look through the A-Z index to prompt your thoughts and complete the worksheet with information about your home support activities - you don't have to provide information on each activity and you can add activities to the list.

Record the importance of each home support activity. Note if you need some help in any area and record preferences about your support. Include preferred supplier/provider and instructions. You can add activities to this list or leave aspects blank. NB personal care is covered in My Choices 4.5 and meals are covered in My Choices 4.7.

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

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

ACTIVITY <i>(Record any activity of daily living with which you need help.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information/instructions about activity and how you like it performed include frequency preferred times, products, equipment, persons and details, etc.)</i>
	1	2	3	4	YES	NO	
Bed - making							
Bed - changing linen							
Correspondence - personal admin							
Companionship - games, activities							
Companionship - social visits & outings							
Errands							
Finances - bill paying							
Gardening - lawns							
Gardening - plants							

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	1	2	3	4	YES	NO	
Gardening - pruning							
Gardening - clean up							
Gardening - weeding							
Housework - tidying up, organising							
Housework - cleaning							
Housework - window cleaning							
Housework - spring clean, decluttering							
Laundry - sorting and doing wash							
Laundry - hanging out & bringing in							
Laundry - folding and putting it away							
Laundry - ironing							

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	1	2	3	4	YES	NO	
Maintenance - minor repairs, rubbish bins							
Maintenance - home modifications							
Maintenance - larger tasks, e.g. painting							
Medication - administer & monitor							
Medication - pick up scripts from pharmacy							
Medication - pick up scripts from pharmacy							
Medication - filling pill dispenser							
Pet care - feeding							
Pet care - vet, groom							
Pet care - walking							
Pet care - clean up							

ACTIVITY <i>(Record any activity of daily living with which you need help.)</i>	IMPORTANCE TO ME				I NEED HELP		MY PREFERENCES <i>(Record information/instructions about activity and how you like it performed include frequency preferred times, products, equipment, persons and details, etc.)</i>
	1	2	3	4	YES	NO	
Religious - pastoral care, counsel							
Respite							
Shopping - grocery							
Shopping - clothes, gifts, occasions etc.							
Technology set up - assist & maintenance							
Transport - appointments							
Transport - social, recreation, church							
Transport - shops, bill paying etc.							