

NDIS LIFESTYLE ASSESSMENT

Participants Full Name: _____ Date of Birth: ____/____/____

INTRODUCTION:

We are committed to providing the optimal level possible of care and services to you. We believe each of our participants are unique and valuable. By filling out the following assessment it will help us to see you as an individual who belongs to a family, friendship groups and community. If you are unable to complete this document then we would ask that you choose a close family member or friend to assist. If a family member or friend is completing this on your behalf we ask that they share as much information as possible and concentrate on what you have done or are interested in through the majority of your life not just what you are interested in or do now. You will note that some of the questions are personal in nature. Therefore we ask that you only answer those questions with which you feel comfortable and are able to do so.

Why do we complete this assessment?

- To enable the service staff to provide holistic and individual care based on your individual needs and preferences;
- To assist staff in identifying and rekindling past pleasurable activities which might still be within your capabilities;
- To get to know and understand you better.

PERSONAL DETAILS:**ABOUT YOU:**

Preferred name: _____ Place of Birth: _____

Where did you grow up? _____

Is there a particular cultural group that you belong to? _____

Is English your first language? Yes No Can you read and write English? Yes No

If no, what language did you speak in childhood? _____

Do you speak any other languages? _____

Where did you go to school? _____

What level of education did you reach? Primary Secondary Tertiary

What did you do for work? _____

What area or city would you call home? _____

Did you play or were you involved in any sports? _____

Are there any awards or achievements that you are particularly proud of? _____

Did you serve in any of the Armed Services? Yes No

Are you comfortable talking about your Service? Yes No

Do you wish to celebrate Anzac Day? Yes No

Travel experiences: _____

How did you spend retirement? _____

Has there been anything in your life that has caused you upset and that you are sensitive about?

(Wars, death of loved one, estrangement of family, etc.)

How does this affect you?

Are you on the electoral roll? Yes No

Do you wish to be removed? Yes No

Do you wish to be connected to our guest Wi-Fi if using our centres? Yes No

Do you use a computer/tablet? Yes No

Do you use an eReader or Kindle? Yes No

Do you use a mobile phone? Yes No

Do you need assistance for your phone/devices? Yes No

Do you belong to any community service clubs e.g. Rotary, Zonta or Lions? _____

Do you belong to any volunteer organisations such as CES, Rural Fire Brigade, CWA or St Johns?

Do you wish to continue community involvement? _____

ANIMALS:

Do you have a favourite animal? _____

Names of past animals: _____

Do you still have a pet? _____

Can we assist with visiting animals? _____

Do you enjoy patting animals (e.g. cat, dog)? _____

ABOUT YOUR PARTNER:

Spouse/partner: _____

How long have you been or were you together?:

Where do they live? _____

Can we assist you with visiting? _____

If they have passed away can we assist you with commemorating their life?

Do you wish to visit their resting place? _____

FAMILY AND PERSONAL CONTACTS:**PARENTS AND SIBLINGS:**

Father's name: _____ Mother's name: _____

Sibling's name/s: _____

Were/are you close? _____

Are you still in contact? _____

CHILDREN

NAMES _____

Where do they live? _____

Are you close? _____

Are you in regular contact? _____

GRANDCHILDREN/GREAT GRANDCHILDREN:

Names : _____

Are you close? _____

Are you in regular contact? _____

CLOSE NEIGHBOURS AND FRIENDS:

Names of any special friends/neighbours: _____

Are you close and/or still in contact with them? : _____

How can we assist you to maintain any of these relationships? _____

Do you enjoy any of the following activities?

Music: I do not like music at all

What kind of music do you like? _____

What are your favourite songs? _____

Who are your favourite singers/bands? _____

Do you like singing? Yes NoHave you ever been in a choir? Yes NoHave you had any experience of playing any instrument/instruments? Yes No

If yes, what instruments did you/do you play? _____

Do you have any other musical experience? _____

Reading: Small Print Large Print Talking Books Nil Other: _____

Watching T.V.: Favourite Channel _____ Documentary New serial Sports

(Any special programs): _____

Listening to the radio (Any particular station) _____

Writing: Details: _____

The following is a list of some of the choices that may be available or we can assist you to participate in.

Please tick the areas that interest you. You do not have had to have done them before.

<input type="checkbox"/> Bus trips	<input type="checkbox"/> Picnics	<input type="checkbox"/> Shopping	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Coffee & cake	<input type="checkbox"/> Cricket
<input type="checkbox"/> Men's sheds	<input type="checkbox"/> Gardening	<input type="checkbox"/> BBQ's	<input type="checkbox"/> Horseracing	<input type="checkbox"/> Football	<input type="checkbox"/> Soccer
<input type="checkbox"/> Clubs/Pubs	<input type="checkbox"/> Galleries	<input type="checkbox"/> Boats	<input type="checkbox"/> Sailing	<input type="checkbox"/> Golf	<input type="checkbox"/> Knitting
<input type="checkbox"/> Crafts	<input type="checkbox"/> Concerts	<input type="checkbox"/> Drawing	<input type="checkbox"/> Mechanics	<input type="checkbox"/> Painting	<input type="checkbox"/> Gym
<input type="checkbox"/> Cooking	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Games	<input type="checkbox"/> Cards	<input type="checkbox"/> Swimming	<input type="checkbox"/> Yoga/Tai chi
<input type="checkbox"/> Fishing	<input type="checkbox"/> Dancing	<input type="checkbox"/> Tennis	<input type="checkbox"/> Sewing	<input type="checkbox"/> Golf	<input type="checkbox"/> Cars

Please tell us of anything that interests you _____

Do you go to any special club or location to pursue these? _____

BEAUTY CARE:

Do you enjoy visiting the hairdresser/barber? _____

How often do you go? _____

CULTURAL AND SPIRITUAL ACTIVITIES:

Religion: _____ Is religion important to you: _____

Do you like going to church: Yes No Taking communion: Yes No

Name of usual minister/priest? _____

Do you wish to maintain contact with this minister/priest? _____

What can we do to assist you? _____

Do you have any religious icons? (Rosary beads, statues, medals etc.) Provide details:

List any specific religious practices that you observe.

Are there certain activities that allow you to express your spirituality or sense of inner peace and well being (e.g. meditation, stroll in the garden etc.)? _____

Do you like to celebrate any special occasions?

- Your birthday Easter Christmas
 Mother's Day Father's Day Anzac Day
 Australia Day Religious Festivals Other: _____

Are there any special foods or drinks associated with your religion or culture? _____

HABITS/PERSONAL PREFERENCES:

What are your favourite foods? _____

What is your favourite drink? _____

Do you enjoy an alcoholic drink? Yes No If you do what is your preference?

Favourite colour/s: _____ Favourite aromas: _____

Is there ONE thing that makes you sad? _____

Is there ONE thing that makes you happy? _____

Likes: _____

Dislikes: _____

Do you enjoy the company of others? _____

Do you prefer your own company? _____

Do you like groups and your own company? _____
