

## A5 Activities and participation

Date (DD / MM / YYYY):

Planning facilitator

Worker name

Contact details

Claim number

The worker (or nominated representative), family member (or informal support person) and the planning facilitator are involved in rating.

### i. Communication

**How often do you need support to communicate when talking to people? Understand other people? Make people understand you?** (in your preferred language)

	Always	Frequently	Sometimes	Periodically	Need no support
<b>Worker</b>					
<b>Family member</b>					
<b>Planning Facilitator</b>					

Would more aids or equipment help?    **Yes**    **No**

**Additional questions** Do you have any problems with your voice or speech (e.g. finding the word you want to say)?

Do you need support to use the telephone? Or other communication like email?

**Comments on communication:**

### ii. Moving around

**How often do you need support to change positions and keep your body in a position, like sitting on a stool without a back support? Change your position to be more comfortable?**

	Always	Frequently	Sometimes	Periodically	Need no support
<b>Worker</b>					
<b>Family member</b>					
<b>Planning Facilitator</b>					

Would more aids or equipment help?    **Yes**    **No**

### How often do you need support to stand for a while?

Always      Frequently      Sometimes      Periodically      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

### How often do you need support to transfer? (if relevant)

Always      Frequently      Sometimes      Periodically      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments:

### How often do you need support to handle/hold objects with your hands, carry them and move around with them?

Always      Frequently      Sometimes      Periodically      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments:

## How often do you need support to move around your home?

Always      Frequently      Sometimes      Periodically      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments: Do you get dizzy when you move around?

## How often do you need support to move around in the community, e.g. using stairs, in a car or on public transport?

Always      Frequently      Sometimes      Periodically      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments: Do you get dizzy or lose your balance? When does this happen?

### iii. Self-care activities

How often do you need support to have a shower/bath and wash yourself? Dry yourself? Wash your hair or clean your teeth?

Always                      Frequently                      Sometimes                      Periodically                      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments:

How often do you need support to go to the toilet?

Always                      Frequently                      Sometimes                      Periodically                      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments:

How often do you need support to choose your clothes and get dressed?

Always                      Frequently                      Sometimes                      Periodically                      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments:

## How often do you need support to eat and drink?

Always      Frequently      Sometimes      Periodically      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments:

## How often do you need support to manage your diet? Take your medication? Know when you need to seek help, like visiting the doctor?

Always      Frequently      Sometimes      Periodically      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments:

### iv. Relationships

**How often do you need support to get along with people?** e.g. making and keeping friends, having intimate relationships, behaving within accepted limits, coping with feelings and emotions

Always      Frequently      Sometimes      Periodically      Need no support

Worker

Family member

Planning Facilitator

Would more aids or equipment help?    Yes    No

Comments: Do you know and understand why, if someone gets upset with what you have done?

## v. How you learn, and knowing your day to day routine

**How often do you need support to learn something new or a new skill, and then doing it?** e.g use a new appliance

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

**Would more aids or equipment help?**      Yes      No

**Additional questions:** How is your memory? Are you able to store information and remember it when you need to? (e.g. example that requires recall after two or more hours).

Can you focus on a task for the time you need to?

**Comments:**

**How often do you need support to plan what you need to do for the day, or week? Make decisions? Solve problems?**

(provide an example appropriate to the worker)

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

**Would more aids or equipment help?**      Yes      No

**Additional questions:** Do you know when something is too risky?

How do you go and manage to work out what you should do, planning it and then organising how you should do it?

Do you find that you work out how much time it will take to do something, and then you leave yourself the right amount of time to do things you need to do?

**Comments:**

**How often do you need support to carry out different tasks at the same time? Manage your routine?  
Work out your priorities?**

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

**Would more aids or equipment help?    Yes    No**

**Additional questions:** Can you shift your focus between two or more things at the same time?

If something doesn't work out as you planned or expected, do you usually manage to work out a solution?

**Comments:**

## vi. Responsibilities at home

**How often do you need support to prepare meals for yourself or others?** (discuss simple and complex meals)

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

**Would more aids or equipment help?    Yes    No**

**Comments:**

**How often do you need support to do jobs around the house?** (e.g. washing and drying clothes, cleaning, home maintenance, gardening)

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

Would more aids or equipment help?      Yes      No

Comments:

**How often do you need support to do your shopping?** (e.g. groceries, personal items)

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

Would more aids or equipment help?      Yes      No

Comments:

## vii. Major areas of your life

Note: only add ratings and comments for the following as relevant to the worker.

**How often do you need support with education (e.g. school, TAFE, University)?**

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

Would more aids or equipment help?      Yes      No

Comments:



**How often do you need support with work and employment (including voluntary work)?**

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

Would more aids or equipment help?    Yes    No

Comments:

**How often do you need support with recreational activities and hobbies? Spiritual life e.g church/religious activities? Other activities?**

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

Would more aids or equipment help?    Yes    No

**How often do you need support with doing things for yourself that you need to do, and moving towards what you want to do? (energy and drive)**

Always                      Frequently                      Sometimes                      Periodically                      Need no support

**Worker**

**Family member**

**Planning Facilitator**

Would more aids or equipment help?    Yes    No

**Additional questions:** Do you think you get tired easily?

How is your sleeping?

Comments: