



## Annual Qualitative Review of Life Domains

### Health

How is your overall health?		
Have you visited your primary doctor in the past year?	Yes	No
Are you getting all the supports you need?	Yes	No

### Employment

Do you have a job?	Yes	No
How many hours do you work per week in a paid job or self-employment?		
Do you like your job?	Yes	No
Would you like to work?		

### Community Participation

Do you live in a community you choose?	Yes	No
Do you know what opportunities are available in the community?		
Do you belong to any organizations?	Yes	No
Do you participate in any online communities?	Yes	No
How much time do you spend in the community?		
Who usually goes with you in the community?		
Are you happy with how much time you spend in the Community?	Yes	No
Do you have all the supports you need to participate in the community?		

### Relationships

Do you have a best friend or someone you are really close to?	Yes	No
If yes, who is your best friend or someone you are close to?		
Do you have someone to talk to when you want to talk?	Yes	No

If yes, who do you talk to?		
Do you get to see your family and friends whenever you want to?	Yes	No
How often do you see your family and friends?		

## Safety & Security

Do you feel safe in your home and in other places where you spend time?	Yes	No
Are there any places or is there anyone who makes you feel afraid?		
Any reports of abuse or neglect?		

## Rights & Choices

Did you choose where you live?		
Did you choose who you live with?		
Did you choose where you work?		
Do you choose how you spend your time?		

## Goals

Did you choose the goals in your ISP?	Yes	No
Describe how the goals in your ISP were developed.		
Did you meet your goals for the last plan year?	Yes	No
If no, why not?		
What do you want to do...or to learn...or to be different in your life?		

## Communication

How do you communicate?		
Do other people understand you?	Yes	No
Describe how other people do or do not understand you.		
Do you have access to technology to help you communicate?	Yes	No
Describe what technology you use to help you communicate and/or that you want to help you communicate.		