



Annual Qualitative Review of Life Domains

Participant Name: _____

Date: _____

Health

1. How is your overall health? _____

2. Have you visited your primary doctor in the past year? Yes No

3. Are you getting all the supports you need? Yes No

Employment

1. Do you have a job? Yes No

2. How many hours do you work per week in a paid job or self-employment? _____

3. Do you like your job? Yes No

4. Would you like to work? _____

Community Participation

1. Do you live in a community you choose? Yes No

2. Do you know what opportunities are available in the community?

3. Do you belong to any organizations? Yes No

4. Do you participate in any online communities? Yes No

5. How much time do you spend in the community?

6. Who usually goes with you in the community?

7. Are you happy with how much time you spend in the Community? Yes No

8. Do you have all the supports you need to participate in the community?

Relationships

1. Do you have a best friend or someone you are close to? Yes No

2. If yes, who is your best friend or someone you are close to? _____

3. Do you have someone to talk to when you want to talk? Yes No

4. If yes, who do you talk to? _____

5. Do you get to see your family and friends whenever you want to? Yes No

6. How often do you see your family and friends?

Safety & Security

1. Do you feel safe in your home and in other places where you spend time? Yes No

2. Are there any places or is there anyone who makes you feel afraid?

3. Any reports of abuse or neglect?

Rights & Choices

1. Did you choose where you live?

2. Did you choose who you live with?

3. Did you choose where you work?

4. Do you choose how you spend your time? _____

Goals

1. Did you choose the goals in your ISP? Yes No

2. Describe how the goals in your ISP were developed.

3. Did you meet your goals for the last plan year? Yes No

4. If no, why not?

5. What do you want to do, or to learn, or to be different in your life?

Communication

1. How do you communicate?

2. Do other people understand you? Yes No

3. Describe how other people do not understand you.

4. Do you have access to technology to help you communicate? Yes No

5. Describe what technology you use to help you communicate and/or that you want to help you communicate.