



CHARTING THE LIFECOURSE | EXPLORING DECISION-MAKING SUPPORTS

This tool was designed to assist individuals and supporters with exploring decision making support needs for each life domain.

Name of Individual: _____

Name of person completing this form: _____

Relationship to individual (circle one): Self Family Friend Guardian Other: _____

How long have you known the individual? _____

For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.	 I can decide with no extra support	 I need support with my decision	 I need someone to decide for me
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------



Daily Life & Employment

Can I decide if or where I want to work?			
Can I look for and find a job? (read ads, apply, use personal contacts)			
Do I plan what my day will look like?			
Do I decide if I want to learn something new and how to best go about that?			
Can I make big decisions about money? (open bank account, make big purchases)			
Do I make everyday purchases? (food, personal items, recreation)			
Do I pay my bills on time? (rent, cell, electric, internet)			
Do I keep a budget so I know how much money I have to spend?			
Am I able to manage the eligibility benefits I receive?			
Do I make sure no one is taking my money or using it for themselves?			



Healthy Living

Do I choose when to go to the doctor or dentist?			
Do I decide/direct what doctors, medical/health clinics, hospitals, specialists or other health care providers I use?			
Can I make health/medical choices for my day-to-day well-being? (check-ups, routine screening, working out, vitamins)			
Can I make medical choices in serious situations? (surgery, big injury)			
Can I make medical choices in an emergency?			
Can I take medications as directed or follow a prescribed diet?			
Do I know the reasons why I take my medication?			
Do I understand the consequences if I refuse medical treatment?			
Can I alert others and seek medical help for serious health problems?			
Do I make choices about birth control or pregnancy?			
Do I make choices about drugs or alcohol?			
Do I understand health consequences associated with choosing high risk behaviors? (substance abuse, overeating, high-risk sexual activities, etc.)			
Do I decide where, when, and what to eat?			
Do I understand the need for personal hygiene and dental care?			

Continue on back »





For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.



I can decide with no extra support



I need support with my decision



I need someone to decide for me



Social & Spirituality

Do I choose where and when (and if) I want to practice my faith?			
Do I make choices about what to do and who to spend time with?			
Do I decide if I want to date, and choose who I want to date?			
Can I make decisions about marriage? (If I want to marry, and who)			
Can I make choices about sex, and do I understand consent and permission in regard to sexual relationships?			



Safety & Security

Do I make choices that help me avoid common environmental dangers? (traffic, sharp objects, hot stove, poisonous products, etc.)			
Do I make plans in case of emergencies?			
Do I know and understand my rights?			
Do I recognize and get help if I am being treated badly? (physically, emotionally or sexually abused, or neglected)			
Do I know who to contact if I feel like I'm in danger, being exploited, or being treated unfairly? (police, attorney, trusted friend)			



Community Living

Do I decide where I live and who I live with?			
Do I make safe choices around my home? (turning off stove, having fire alarms, locking doors)			
Do I decide about how I keep my home or room clean and livable?			
Do I make choices about going places I travel to often? (work, bank, stores, church, friends' home)			
Do I make choices about going places I don't travel to often? (doctor appointments, special events)			
Do I decide how to get to the places I want or need to go? (walk, ask a friend for a ride, bus, cab, car service)			
Do I decide and direct what kinds of support I need or want and choose who provides those supports?			



Advocacy & Engagement

Do I decide who I want to represent my interests and support me?			
Do I choose whether to vote and who I vote for?			
Do I understand consequences of making decisions that will result in me committing a crime?			
Do I tell people what I want and don't want? (verbally, by sign, device), and tell people how I make choices?			
Do I agree to and sign contracts and other formal agreements, such as powers of attorney?			
Do I decide who I want information shared with? (family, friends etc.)			

