

How's your supported person Independent life?	Is it working?		Is it important?		Do I provide support?		
	 Yes	 Not	 Yes	 Not	 Lot	 Little	 Any
<b>Shared life</b>							
Shares spaces, tasks and responsibilities at home	<input type="checkbox"/>	<input type="checkbox"/>					
keeps the house rules that have been defined	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to act when there are conflicts between housemates	<input type="checkbox"/>	<input type="checkbox"/>					
Can manage emotions	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Food</b>							
Knows how to plan meals	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to do a grocery's list	<input type="checkbox"/>	<input type="checkbox"/>					
Arranges joint meals with colleagues and share costs	<input type="checkbox"/>	<input type="checkbox"/>					
Can follow a recipe to cook a meal	<input type="checkbox"/>	<input type="checkbox"/>					
Can prepare and cook meals	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Safety</b>							
Has an emergency contacts list	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to act in a case of a fire	<input type="checkbox"/>	<input type="checkbox"/>					
Knows what to do, to be safe when using gas	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to prevent accidents with electricity	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to ask help in a case of an accident at home	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to use a first aid kit	<input type="checkbox"/>	<input type="checkbox"/>					

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<b>Domestic activities</b>							
Knows how to do laundry, using the washing machine	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to iron clothes	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to clean the different spaces of my house	<input type="checkbox"/>	<input type="checkbox"/>					
Does recycling at home	<input type="checkbox"/>	<input type="checkbox"/>					
Can take care of complete personal hygiene (washing the hair, shave, cut nails,..)	<input type="checkbox"/>	<input type="checkbox"/>					
Choses clothes	<input type="checkbox"/>	<input type="checkbox"/>					
Knows to get dressed according to the season / time	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Health Care</b>							
Knows how to schedule a doctor's appointment, dentist, etc.	<input type="checkbox"/>	<input type="checkbox"/>					
Can go to the doctor, dentist, etc. and properly report problems	<input type="checkbox"/>	<input type="checkbox"/>					
Can do small bandages	<input type="checkbox"/>	<input type="checkbox"/>					
Knows who to call when I'm sick.	<input type="checkbox"/>	<input type="checkbox"/>					
Can arrange to take my medicines	<input type="checkbox"/>	<input type="checkbox"/>					
Takes the medicines at about the correct time	<input type="checkbox"/>	<input type="checkbox"/>					
Has a way to not forget the medicines	<input type="checkbox"/>	<input type="checkbox"/>					
To avoid forgetting: I do registration, asks someone to remember....	<input type="checkbox"/>	<input type="checkbox"/>					

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<b>Budget Management</b>							
Knows what receives in a month	<input type="checkbox"/>	<input type="checkbox"/>					
Controls monthly house expenses	<input type="checkbox"/>	<input type="checkbox"/>					
Pays home bills/invoices	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to use the bank services	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to use the ATM	<input type="checkbox"/>	<input type="checkbox"/>					
Uses money to go shopping	<input type="checkbox"/>	<input type="checkbox"/>					
Save some money	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Transport</b>							
Use public transport	<input type="checkbox"/>	<input type="checkbox"/>					
Travel on foot	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Leisure Time</b>							
Plans activities for the weekend.	<input type="checkbox"/>	<input type="checkbox"/>					
Participates in activities in the local community	<input type="checkbox"/>	<input type="checkbox"/>					
Choose with friends the activities they want to do	<input type="checkbox"/>	<input type="checkbox"/>					
Talks to friends and family by phone	<input type="checkbox"/>	<input type="checkbox"/>					
Chooses and goes to a restaurant	<input type="checkbox"/>	<input type="checkbox"/>					
Goes to the movies, theater, concerts and dance performances	<input type="checkbox"/>	<input type="checkbox"/>					
Walks to the park	<input type="checkbox"/>	<input type="checkbox"/>					

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Visit shopping centers	<input type="checkbox"/>	<input type="checkbox"/>					
Visit museums, exhibitions, etc.	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Healthy Living Habits</b>							
Exercises regularly (walking, running, gym, etc...)	<input type="checkbox"/>	<input type="checkbox"/>					
Choose foods that are healthy	<input type="checkbox"/>	<input type="checkbox"/>					
Sleeps at least 8 hours per night	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinks water throughout the day and between meals	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Affectivity and sexuality</b>							
Knows what's Sexuality is and its dimensions: Love, Pleasure	<input type="checkbox"/>	<input type="checkbox"/>					
Identifies different feelings	<input type="checkbox"/>	<input type="checkbox"/>					
Knows how to express my feelings	<input type="checkbox"/>	<input type="checkbox"/>					
Respect feelings and those of others	<input type="checkbox"/>	<input type="checkbox"/>					
Knows what sexually transmitted diseases are and how to protect himself/herself	<input type="checkbox"/>	<input type="checkbox"/>					
Can use contraceptives methods	<input type="checkbox"/>	<input type="checkbox"/>					
Knows where to ask for help ...	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Others...</b>							
	<input type="checkbox"/>	<input type="checkbox"/>					