How's my Independent life?	Is it working?		Is it important?		Do I Need Support?		
	Yes	Not	Yes	Not	Lot	Little	Any
Shared life							
I Share spaces, tasks and responsibilities at home	☐	☐	☐	☐	☐	☐	☐
I keep the house rules that have been defined	☐	☐	☐	☐	☐	☐	☐
I know how to act when there are conflicts between housemates	☐	☐	☐	☐	☐	☐	☐
I can manage my emotions	☐	☐	☐	☐	☐	☐	☐
Food							
I know how to plan meals	☐	☐	☐	☐	☐	☐	☐
I know how to do a grocery's list	☐	☐	☐	☐	☐	☐	☐
I arrange joint meals with colleagues and share costs	☐	☐	☐	☐	☐	☐	☐
I can follow a recipe to cook a meal	☐	☐	☐	☐	☐	☐	☐
I can prepare and cook meals	☐	☐	☐	☐	☐	☐	☐
Safety							
I have an emergency contacts list	☐	☐	☐	☐	☐	☐	☐
I Know how to act in a case of a fire	☐	☐	☐	☐	☐	☐	☐
I know what I do, to be safe when using gas	☐	☐	☐	☐	☐	☐	☐
I know how to prevent accidents with electricity	☐	☐	☐	☐	☐	☐	☐
I know how to ask help in a case of an accident at home	☐	☐	☐	☐	☐	☐	☐
I know how to use a first aid kit	☐	☐	☐	☐	☐	☐	☐

DETA 1_It's My Life! – Online Session 1
Activity 1 - Self Assessment on Independent Living

How's my Independent life?	Is it working?		Is it important?		Do I Need Support?		
	Yes	Not	Yes	Not	Lot	Little	Any
Domestic activities							
I know how to do my laundry, using the washing machine	☐	☐	☐	☐	☐	☐	☐
I know how to iron my clothes	☐	☐	☐	☐	☐	☐	☐
I know how to clean the different spaces of my house	☐	☐	☐	☐	☐	☐	☐
I do recycling at home	☐	☐	☐	☐	☐	☐	☐
I can take care of my complete personal hygiene (washing your hair, shave, cut nails)	☐	☐	☐	☐	☐	☐	☐
I choose my clothes	☐	☐	☐	☐	☐	☐	☐
I know get dressed according to the season / time	☐	☐	☐	☐	☐	☐	☐
Health Care							
I know how to schedule a doctor's appointment, dentist, etc.	☐	☐	☐	☐	☐	☐	☐
I can go to the doctor, dentist, etc. and properly report problems	☐	☐	☐	☐	☐	☐	☐
I can do small bandages	☐	☐	☐	☐	☐	☐	☐
I know who to call when I'm sick.	☐	☐	☐	☐	☐	☐	☐
I can arrange to take my medicines	☐	☐	☐	☐	☐	☐	☐
I take the medicines at about the correct time	☐	☐	☐	☐	☐	☐	☐
I have a way to not forget the medicines	☐	☐	☐	☐	☐	☐	☐
To avoid forgetting: I do registration, I ask someone to remember me	☐	☐	☐	☐	☐	☐	☐

How's my Independent life?	Is it working?		Is it important?		Do I Need Support?		
	Yes	Not	Yes	Not	Lot	Little	Any
Budget Management							
I know what I receive in a month	☐	☐	☐	☐	☐	☐	☐
I control my monthly house expenses	☐	☐	☐	☐	☐	☐	☐
I pay my home bills/invoices	☐	☐	☐	☐	☐	☐	☐
I know how to use the bank services	☐	☐	☐	☐	☐	☐	☐
I know how to use the ATM	☐	☐	☐	☐	☐	☐	☐
I use money to go shopping	☐	☐	☐	☐	☐	☐	☐
I save some money	☐	☐	☐	☐	☐	☐	☐
Transport							
I use public transport	☐	☐	☐	☐	☐	☐	☐
I travel on foot	☐	☐	☐	☐	☐	☐	☐
Leisure Time							
I plan activities for my weekend.	☐	☐	☐	☐	☐	☐	☐
Participate in activities in the local community	☐	☐	☐	☐	☐	☐	☐
I choose with my friends the activities we want to do	☐	☐	☐	☐	☐	☐	☐
I talk to my friends and family by phone	☐	☐	☐	☐	☐	☐	☐
I choose and go to a restaurant	☐	☐	☐	☐	☐	☐	☐
I go to the movies, theater, concerts and dance performances	☐	☐	☐	☐	☐	☐	☐
I walk to the park	☐	☐	☐	☐	☐	☐	☐

How's my Independent life?	Is it working?		Is it important?		Do I Need Support?		
	Yes	Não	Yes	Não	Lot	Little	Any
Visit shopping centers	☐	☐	☐	☐	☐	☐	☐
Visit museums, exhibitions, etc.	☐	☐	☐	☐	☐	☐	☐
Healthy Living Habits							
I exercise regularly (walking, running, gym, etc ..)	☐	☐	☐	☐	☐	☐	☐
Choose foods that are healthy	☐	☐	☐	☐	☐	☐	☐
Sleep at least 8 hours per night	☐	☐	☐	☐	☐	☐	☐
Drink water throughout the day and between meals	☐	☐	☐	☐	☐	☐	☐
Affectivity and sexuality							
I know what's Sexuality and its dimensions: Love, Pleasure	☐	☐	☐	☐	☐	☐	☐
Identifying different feelings	☐	☐	☐	☐	☐	☐	☐
I know how to express my feelings	☐	☐	☐	☐	☐	☐	☐
I respect my feelings and those of others	☐	☐	☐	☐	☐	☐	☐
I know what you are sexually transmitted diseases and how to protect myself	☐	☐	☐	☐	☐	☐	☐
I can use contraceptives methods	☐	☐	☐	☐	☐	☐	☐
I know where to ask for help	☐	☐	☐	☐	☐	☐	☐
Others…							
	☐	☐	☐	☐	☐	☐	☐