



Checklist – Getting to know the person and their goals

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Name of person: _____

Section A1: Information about the person			
1. Where do you live?			
2. Who do you live with?			
3. What is your phone number?			
4. What is your email address?			
5. Who are the people in your life?	a. Who is important to you:	b. Their relationship to you:	c. How are they part of your life:
6. Who is your key contact / support person?			

7. What type of disability do you have?		
8. How does your disability affect your day-to-day life? - What can you do? - What do you have difficulty doing? For example, do you need support to move around or do things like cooking or cleaning?		
Section B: Day-to-day activities / hobbies		
9. Do you work or do volunteer activities?	<input type="checkbox"/> Yes, work or volunteer. <input type="checkbox"/> No, but would like to work or volunteer. <input type="checkbox"/> No.	Provide details:
10. Day-to-day activities and hobbies a) Do you do activities or hobbies on Monday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your activities or hobbies on Monday:
b) Do you do activities or hobbies on Tuesday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your activities or hobbies on Tuesday:
c) Do you do activities or hobbies on Wednesday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your activities or hobbies on Wednesday:

d) Do you do activities or hobbies on Thursday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your activities or hobbies on Thursday:
e) Do you do activities or hobbies on Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your activities or hobbies on Friday:
f) Do you do activities or hobbies on the weekend?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your activities or hobbies on the weekend:
11. Do you do other activities or hobbies?	<input type="checkbox"/> No other activities or hobbies. <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Each month <input type="checkbox"/> Every now and then	Your other activities or hobbies:

Section C: Their goals

What are some things you want to work towards. For example, think about:

1. What things would you like to do or learn?	
2. What things would you like to do more independently?	

3. What activities or interests do you want to continue or try out?	
4. Where would you like to live? Who do you want to live with?	
5. What future health and wellbeing do you want to achieve?	
6. Do you have any other goals?	



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