

**EASY-TO-READ
MATERIAL**

This is how I manage!

**My assessment of
my need for help and support**



Aarne Rajalahti, Kalle Ristikartano, Maisa Kosola, Marika Ahlsten, Miia Koski

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This is how I manage!

My assessment of my need for help and support

Many people need help or support so that they can cope with their everyday lives. This form will help you think about what kind of help or support you need.

When you fill in the form, it will contain information about what you can do on your own and where you need help or support. This information is needed, for example, for writing your service plan.

A service plan shows what kind of help or support you need. A service plan also shows what kind of services you need.

The information collected in this form will help provide the right kind of help or support just for you. That's why this information is important, for example, for a social worker or a care manager.

You can fill in the form on your own, or together with a family member or carer, or with a professional who knows you well.

The form has four parts:

- 1. Who am I?**
- 2. Questions about my need for help and support**
- 3. Summary of all questions**
In this summary form, you can make a summary of your need for help and support.
- 4. Comments from family members or carers**

There are many questions in the form, so it will take a lot of time to fill in. If you fill in the form one part at a time, you will be able to think carefully about each question and answer.

Answer the questions
based on your situation just now.
Answer the questions truthfully.
Truthful answers
will make it possible
to get the right kind of help or support
just for you.

There are questions about
many different things in your life.
Some questions are about
how and where you live,
but there are also questions about
other things in your life.
This is because
a big part of your life happens outside of your home.

It is important
that you answer every question.
If a question is difficult
and you don't know what to answer,
please ask for advice
from a family member or carer.

This is how I manage! was made by
Aarne Rajalahti, Kalle Ristikartano, and Maisa Kosola
of the Finnish Service Foundation for People with an Intellectual Disability,
Miia Koski of the Eteva Federation of Municipalities and Marika Ahlsten of the
Finnish Association on Intellectual and Developmental Disabilities.
Laura Muikku made the pictures.
Ari Sainio and Tuula Puranen helped us to write the form in easy-to-read language.

Many other people also helped us make the form.
In making This is how I manage! we used many tools that are meant for
planning help and support. Näin minä pärjään! -lomakkeen tekemisessä on
hyödynnetty monia avun ja tuen kartoituksen työvälineitä.

They are:

- the My Plan folder (Finnish Service Foundation for People with an Intellectual Disability and Finnish Association on Intellectual and Developmental Disabilities)
- SIS (Supports Intensity Scale) – an assessment tool for evaluating practical support requirements (American Association on Intellectual and Developmental Disabilities, United States of America)
- Toimi – a tool for assessing functioning ability (Finnish Association on Intellectual and Developmental Disabilities)
- RAS – Resource Allocation System (In Control, the UK)



PART1
Who am I?

Who am I?

My name _____

My date of birth _____

My address _____

My telephone number _____

My e-mail address _____

My contact person (family member or carer, dedicated professional or social worker)

Name _____

Address _____

Telephone number _____

E-mail address _____

The following persons took part in filling this form

The dates the form was filled

1. My life now

Write or draw, for example,

- what you do during the day
- what you do in the evenings
- what kind of hobbies you have
- where you live
- who you live with.



2. My strengths and skills

People are different.
We all have
different skills and strengths.

What are you good at?



Strengths and skills are things that you are good at. Everyone has strengths and skills in many different areas in life. Somebody may be good at swimming, while somebody else can tell funny jokes.

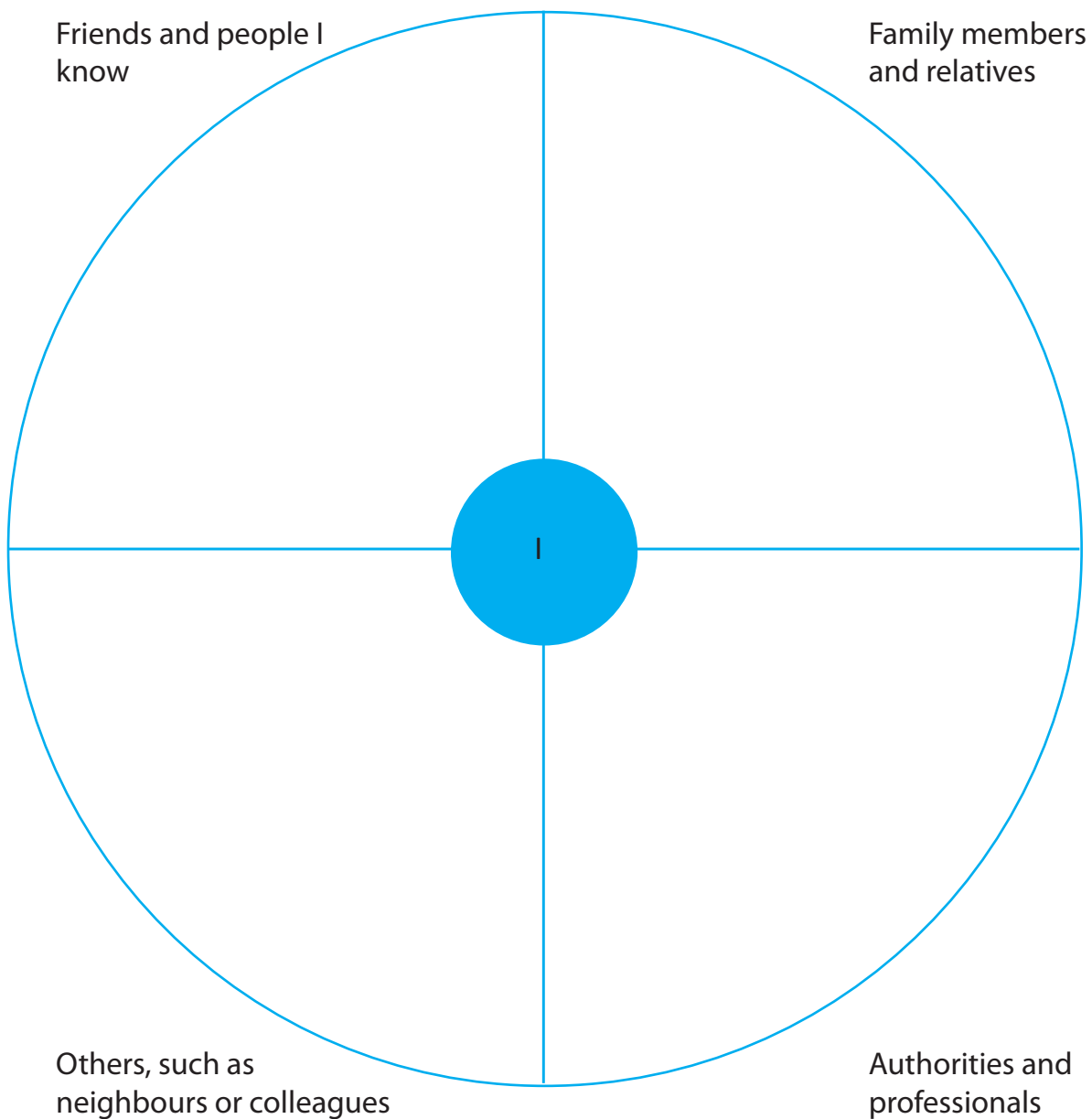
What are the things you can do well?
What are the things about you that you are proud of?
What are some of the nice things that others have said about you?

These are things that I am good at!

3. People who are important in my life

Who are the people in your family?
Who are your friends?
Which other people are important in your life?

In this network map, you can write the names of your family members and other people who are important to you.



4. How I communicate

Write here
how you communicate.

Draw a circle around
good ways to communicate
or write them in the box
on the next page.

You can also add
the aids or tools
that you use
for communicating.

Communicating means
the way people talk
to one another.
Communicating
does not only mean speaking.
You can also express yourself
by using pictures or
by showing things
that are important to you.

By communicating
you can tell others
about what you think, what you feel, what you
know and what you need.
By communicating you can also tell about
what you choose and
what you decide.



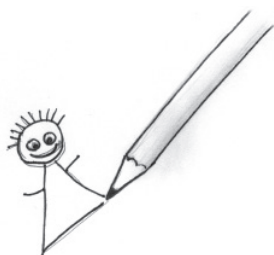
Speaking



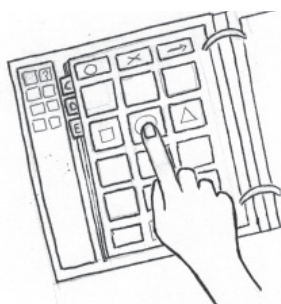
Signing



Writing



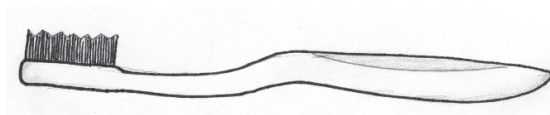
Drawing



**Pointing at pictures
or signs**



Photos or other pictures



Objects



Facial expressions and gestures

These are the ways I communicate

A large, empty rectangular box with a thin black border, intended for the user to write their communication methods.

5. What I like

Here you can tell about things you like.

You can think about, for example,

- what makes you happy
- what you like to do
- which foods you like
- what kind of music you like
- which films you like
- what you like to do at home
- what you like to do at work, in school or in the day activity centre
- where you like to go?



6. What I don't like

Here you can tell about things you don't like.

You can think about, for example,

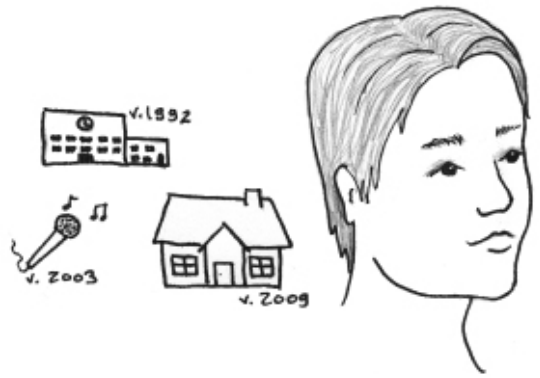
- what makes you sad
- what makes you angry
- foods you don't like
- music you don't like
- films you don't like
- things you don't want to do at home
- things you don't want to do at work, in school or in the day activity centre
- places where you don't like to go
- people you don't like to meet
- things you are afraid of.



7. My life history

Write here, for example,

- where you have lived before
- what you have studied
- where you have worked or participated in day activity
- which hobbies you have had in your life
- what important things have happened in your family or among your friends.



You can also attach pictures of your life history.

8. What I want to learn

Think about what you would like to learn.

Learning can mean many different things, for example:



- Do you want to learn new skills at home, such as cooking?
- Do you want to learn something new at work or in school?
- Do you want to start studying or get a new job?
- Do you want to learn new things in your leisure time and find new hobbies?

At home

At work or in school

In my leisure time

9. Situations that are challenging or dangerous for me

Think about situations that are challenging or dangerous for you.

Challenging or dangerous situations may be related to, for example

- being with others
- being alone
- understanding things
- situations that happen suddenly.

Think also about how you want others to support you if you are in a challenging or dangerous situation.



A situation that is challenging or dangerous for me

This is how you can help me

10. The support I get now

Write here what kind of support you are receiving now.

You can think about who supports you

- at home
- in school, at work, or in the day activity centre
- when you move around outside your home
- in your leisure time and hobbies.



**What kind of support am I getting now?
Who supports me?**

11. What is good in my life right now?

Here you can think about what is good in your life right now.

You can think about, for example

- your home
- your work
- your hobbies
- your leisure time
- your situation with money
- your health
- your friends.



These things are good in my life!

12. What would I like to change in my life?

Here you can think about what you are not happy with right now. What would you like to change about your life?

Think about, for example,

- your home
- your work
- your hobbies
- your leisure time
- your situation with money
- your health
- your friends.



These things in my life I would like to change!



PART 2
**Questions about
my need for
help and support**

This part has questions about your need for help and support. You can ask a professional, family member, or carer to help you answer the questions.

The questions are about three areas. The areas are

- life at home
- relationships with other people,
- work and leisure time
- health and safety.

To answer the questions, tick the box for the alternative that best describes your situation right now.

Tick only one box for each question.

For each activity, the first question is whether you need help and support. If you don't need help or support, tick the box for NO.

If you do need help or support in the activity that the question is about, tick the box for YES.

If you answer YES, answer also the next questions.

The next questions are about three things:

- 1. How often do you need help or support?**
- 2. What kind of support do you need?**
- 3. How much time do you need to do the activity?**

You may not need help and support every day or in all situations.

In that case, answer according to the day or situation when you need help or support.

Here you can read
what the different alternatives mean.

**1. I can manage if you help me
only when I need help.**

This means
that you only need
a little help or support.
You can do the activity on your own,
but sometimes
you need advice or instructions to do it.

**2. I can manage if you give me instructions
and stay close to me.**

This means
that you do the activity on your own.
However,
you need instructions and advice
and you need someone to be close to you so that you can do the activity.

3. I can manage if you do part of the activity with me.

This means
that you do at least part of the activity
on your own.
However,
you need verbal instructions
and physical help
to do the activity.
In other words,
you need someone
to help and support you
so that you can do the activity
on your own.

4. I can manage if you help me all the time.

This means
that you need a lot of help
to do the activity.
However,
you can participate in doing it
if someone does it together with you.

**When you have answered all questions,
count the points.**

Each answer gives you
a different number of points.
If you have a large number of points,
it means that
you need a lot of help or support.
If you have a small number of points,
it means that
you don't need very much help or support.

If you cannot count the points yourself,
ask for help
from a family member or carer.
When you have counted the points,
write them down in the summary.
You can find the summary
on pages 76–79 of this form.

When you have written the points
in the summary,
it is easy to check
which activities
you need help or support with.

If it's difficult to answer the questions,
you can try keeping a Help Diary.
The Help Diary was published
by the Aspa Foundation.

The Help Diary can help you see
what activities you need help with
and how much time you need
to do these activities.

You can find the Help Diary
on the Internet
at **www.aspasaatio.fi**

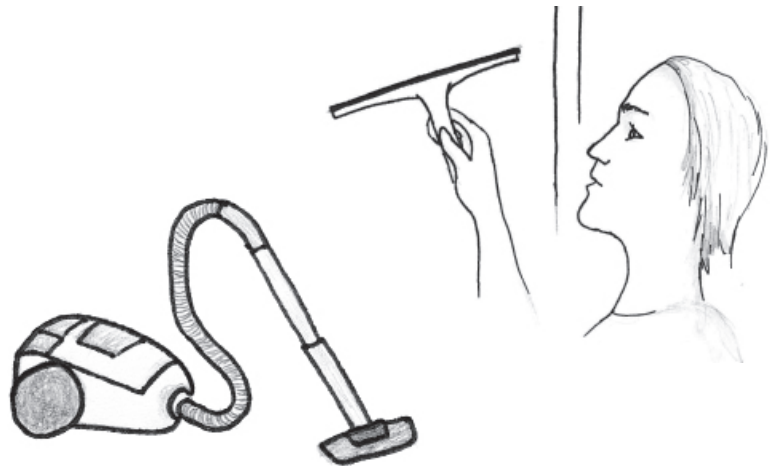
EXAMPLE

1. Household tasks and cleaning

Do you need help or support with household tasks and cleaning?

Household tasks and cleaning mean things like vacuuming, sweeping and mopping floors, cleaning windows, dusting

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to do my household tasks?

Write here, in your own words, the activities you need help or support with. Write also what kind of help or support you need.

I clean my home every week.

I don't always remember which tools I should use for cleaning and how the different cleaning tools are used.

For cleaning, I need someone to help me by telling me how I should clean. I need this kind of help every week.

In this way, I can keep my home clean and tidy.

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
<input checked="" type="checkbox"/>	Often (every week)
3	Every day

Tick the box for the alternative which best describes your situation.

2. Form of help or support

1	I can manage if you help me only when I need
<input checked="" type="checkbox"/>	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per week

1	A short time (less than 1 hour)
<input checked="" type="checkbox"/>	Some time (from 1 to 4 hours)
3	A lot of time (4 hours or more)

Count your points and write here the total number of points.

Part 1, 2 points
Part 2, 2 points
Part 3, 2 points
= 6 points in total.

My points from this page: 6

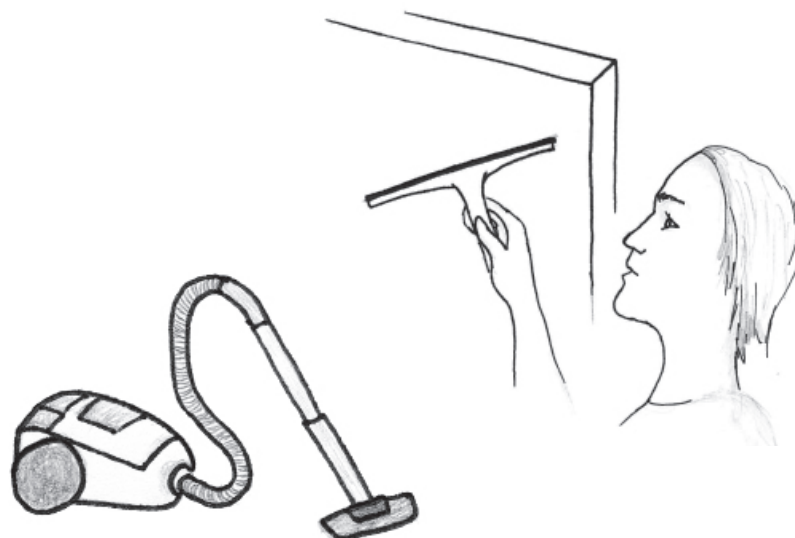
Is there anything else to keep in mind?

1. Household tasks and cleaning

Do you need help or support with household tasks and cleaning?

Household tasks and cleaning mean things like vacuuming, sweeping and mopping floors, cleaning windows,

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to do my household tasks?

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per week

1	A short time (less than 1 hour)
2	Some time (from 1 to 4 hours)
3	A lot of time (4 hours or more)

My points from this page: _____

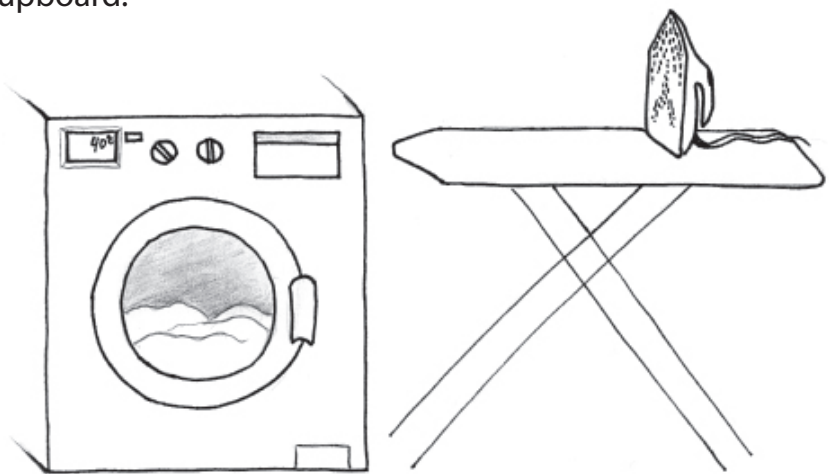
Is there anything else to keep in mind?

2. Taking care of my clothes

Do you need help or support to take care of your clothes?

Taking care of your clothes means things like washing your clothes, hanging them up to dry, ironing them, folding them, and putting them into the cupboard.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to take care of my clothes?

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per week

1	A short time (less than 1 hour)
2	Some time (from 1 to 4 hours)
3	A lot of time (4 hours or more)

My points from this page: _____

Is there anything else to keep in mind?

3. Dressing and undressing

Do you need help or support to get dressed and undressed?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to get dressed and undressed?

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per day

1	A short time (less than 30 minutes)
2	Some time (between 30 minutes and 1 hour)
3	A lot of time (1 hour or more)

My points from this page: _____

Is there anything else to keep in mind?

--

4. Cooking and heating meals

Do you need help or support to cook or heat your meals?

For example, to make, cook, or heat your breakfast, lunch, dinner, supper, or snacks.



<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

What kind of help or support do I need to cook or heat my meals?

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per day

1	A short time (less than 30 minutes)
2	Some time (from 1 to 2 hours)
3	A lot of time (2 hours or more)

My points from this page: _____

Is there anything else to keep in mind?

--

5. Eating or drinking

Do you need help or support to eat or drink?

For example,
to make, cook, or heat
your breakfast, lunch, dinner,
supper, or snacks.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to cook or heat my meals?

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per day

1	A short time (less than 30 minutes)
2	Some time (from 1 to 2 hours)
3	A lot of time (2 hours or more)

My points from this page: _____

Is there anything else to keep in mind?

--

6. Taking care of my personal hygiene

Do you need help or support to take care of your personal hygiene?

For example

- to go to the toilet
- to wash yourself in the morning and in the evening
- to take a shower
- to use deodorant
- to take a bath in the sauna
- to shave
- to take care of your menstruation
- to brush your hair.



<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

What kind of help or support do I need to take care of my personal hygiene?

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per day

1	A short time (less than 30 minutes)
2	Some time (from 1 to 2 hours)
3	A lot of time (2 hours or more)

My points from this page: _____

Is there anything else to keep in mind?

--

7. Sleeping

Do you need help or support in matters related to sleeping?

For example

- being awake at night
- changing your position
- putting on or changing diapers
- night-time wandering
- taking care of your breathing mask.



<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

What kind of help or support do I need at night?

If I need help or support:

1. Form of help or support

1	I must be able to go to my assistant, family member, or carer, or call them.
2	Someone must come to me a couple of times every night (for example, to check on me, change my diapers, or take care of my breathing mask).
3	I need constant supervision at night (someone must be close to me all the time / I stay awake and wander around).

My points from this page: _____

Is there anything else to keep in mind?

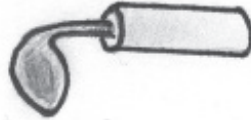
8. The assistive devices I use

Do you use assistive devices?

For example

- a wheelchair
- a walking aid
- a hearing aid
- a reading device
- a computer
- a mobile phone.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



Write here
which assistive device you use.

(tick the box)

<input type="checkbox"/>	I use it in special situations.
<input type="checkbox"/>	I use it every day.
<input type="checkbox"/>	I can use it on my own.
<input type="checkbox"/>	I need help using it.
<input type="checkbox"/>	I need a lot of help using it.

Write here
which assistive device you use.

(tick the box)

<input type="checkbox"/>	I use it in special situations.
<input type="checkbox"/>	I use it every day.
<input type="checkbox"/>	I can use it on my own.
<input type="checkbox"/>	I need help using it.
<input type="checkbox"/>	I need a lot of help using it.

Write here
which assistive device you use.

(tick the box)

<input type="checkbox"/>	I use it in special situations.
<input type="checkbox"/>	I use it every day.
<input type="checkbox"/>	I can use it on my own.
<input type="checkbox"/>	I need help using it.
<input type="checkbox"/>	I need a lot of help using it.

Write here
which assistive device you use.

(tick the box)

<input type="checkbox"/>	I use it in special situations.
<input type="checkbox"/>	I use it every day.
<input type="checkbox"/>	I can use it on my own.
<input type="checkbox"/>	I need help using it.
<input type="checkbox"/>	I need a lot of help using it.

Life at home

If I use assistive devices

1	I use assistive devices but I don't often need help in using them.
2	I need some help in using my assistive devices.
3	I need a lot of help in using my assistive devices.

My points from this page: _____

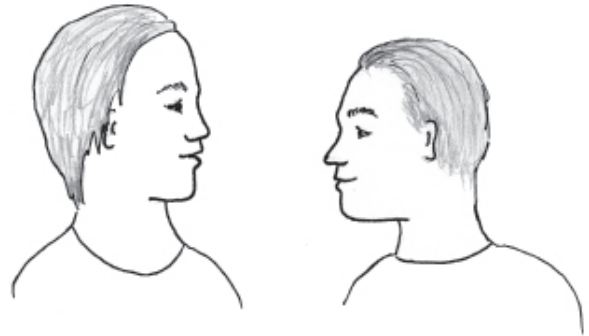
What kind of help or support do I need in using assistive devices?

9. Communication

**Do you need help or support
in telling others about things
or to understand others?**

Communication can happen, for example,
by speaking, signing,
using gestures, or using pictures.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



**What kind of help or support do I need
to communicate with others?**

Relationships with other people, work and leisure time

If I need help or support:

1. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you tell me about things clearly and stay close to me.
3	I can manage if I am assisted by a sign language interpreter or an interpreter for the speech impaired.
4	I can manage if I get a lot of continuous help to communicate.

My points from this page: _____

Is there anything else to keep in mind?

10. Reading, writing, and counting

Do you need help with reading?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



Do you need help with writing?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



Do you need help with counting?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

What kind of help or support do I need
to read, write or count?

Relationships with other people, work and leisure time

If I need help or support:

1. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

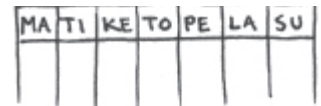
My points from this page: _____

Is there anything else to keep in mind?

11. Understanding and managing time

Do you need help or support in managing time?

Managing time means things like telling the time from a clock, using a calendar and understanding how time passes.



<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

What kind of help or support do I need to understand time?

Relationships with other people, work and leisure time

If I need help or support:

1. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

My points from this page: _____

Is there anything else to keep in mind?

12. Planning and decision making

Do you need help or support
to make plans, make choices,
or consider different alternatives?

For example

- to plan things concerning yourself
- to decide on
the small and big things in your life.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need
in planning and making decisions?

Relationships with other people, work and leisure time

If I need help or support:

1. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

My points from this page: _____

Is there anything else to keep in mind?

13. Looking after my money

**Do you need help or support
to look after your money?**

Looking after your money means things like
paying bills,
saving money,
and paying for your shopping.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



**What kind of help or support do I need
to look after my money?**

Relationships with other people, work and leisure time

If I need help or support:

1. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

My points from this page: _____

Is there anything else to keep in mind?

14. Interacting with other people

**Do you need help or support
to interact with other people?**

Interacting with other people
means things like

- acting with strangers
- acting with friends and family members
- acting with people with whom you live
- making friends
- building an intimate relationship
- expressing your sexuality.



<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

**What kind of help or support do I need
to interact with other people?**

Relationships with other people, work and leisure time

If I need help or support:

1. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

My points from this page: _____

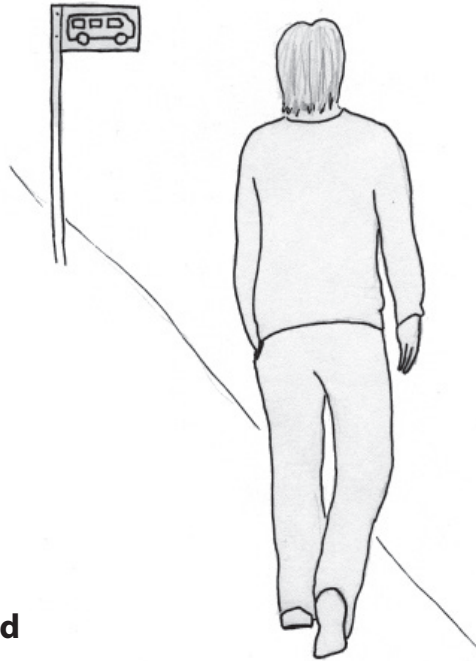
Is there anything else to keep in mind?

15. Getting around outside my home

**Do you need help or support
to get around outside your home?**

Getting around outside your home
means things like

- travelling by bus
- travelling by taxi
- moving around in the community.



<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

**What kind of help or support do I need
to get around outside my home?**

Relationships with other people, work and leisure time

If I need help or support:

1. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

My points from this page: _____

Is there anything else to keep in mind?

16. Working or studying

**Do you need support
to do your work or study?**

Do you need help from other people
in order to study in school?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Do you need help from other people
to work in a workplace
or in a day activity centre?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



**What kind of help or support do I need
to do my work or study?**

Relationships with other people, work and leisure time

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per day

1	A short time (from 1 to 3 hours)
2	Some time (from 3 to 6 hours)
3	A lot of time (6 hours or more)

My points from this page: _____

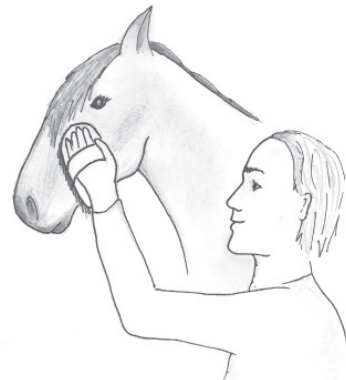
Is there anything else to keep in mind?

17. Hobbies and leisure time

Do you need help or support to pursue a hobby or spend your leisure time?

For example

- use a computer
- play games
- take part in a music club or sports club
- take care of plants
- read
- watch TV
- smoke
- drink alcohol
- take part in events.



	YES
	NO

What kind of help or support do I need to pursue hobbies?

If I need help or support:

1. How often

1	Sometimes (every month)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per week

1	A short time (from 1 to 3 hours)
2	Some time (from 3 to 6 hours)
3	A lot of time (6 hours or more)

My points from this page: _____

Is there anything else to keep in mind?

18. Medical treatment and taking care of my health

Do you need help or support to carry out medical treatment or take your medication?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to take my medication or to take care of my health?

If I need help or support:

1. How often

1	Sometimes (every month)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per day

1	A short time (from 1 to 3 hours)
2	Some time (from 3 to 6 hours)
3	A lot of time (6 hours or more)

My points from this page: _____

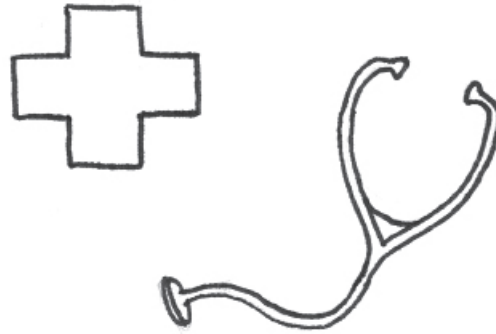
Is there anything else to keep in mind?

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19. Visiting a doctor

Do you need help or support to visit a doctor?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to visit a doctor regularly?

If I need help or support:

1. Form of support

1	I can manage if you remind me to visit a doctor regularly
2	I can manage if you help me book an appointment with a doctor or travel to the doctor
3	I need help and support from a family member or a professional when visiting a doctor

My points from this page: _____

Is there anything else to keep in mind?

20. Keeping fit

Do you need help or support to keep fit or to maintain a healthy diet?

For example

- go for a walk
- go to the gym or go swimming
- cook healthy food.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to keep fit or maintain a healthy diet?

If I need help or support:

1. How often

1	Sometimes (every month)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you do part of the activity with me.
4	I can manage if you help me all the time.

3. Time per week

1	A short time (from 1 to 3 hours)
2	Some time (from 3 to 6 hours)
3	A lot of time (6 hours or more)

My points from this page: _____

Is there anything else to keep in mind?

--

21. Calling for help

Do you need help or support to call for help in an emergency?

Do you need help, for example, to call the emergency number (112) or to alarm the staff

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to call for help?

If I need help or support:

1. Form of help or support

1	I can manage with the help of technical aids or alarm devices
2	I need other people to help me with this

My points from this page: _____

Is there anything else to keep in mind?

22. Identifying dangerous situations

Do you need help or support to identify dangerous situations or get out of unpleasant situations?

This means situations like when you are crossing a street where there's a lot of traffic or when someone touches you without permission.

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to identify dangerous situations?

If I need help or support:

1. Form of help or support

1	I can manage if you are ready to help me in new situations or in strange environments
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you help me all the time.

My points from this page: _____

Is there anything else to keep in mind?

23. Locating pain in my body

Do you need help or support to feel where the pain is or to tell other people about it?

Can you, for example, feel if your stomach or head hurts?
Can you tell others about it?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to recognise pain or tell others where it hurts?

If I need help or support:

1. How often

1	I sometimes need support to be able to do this
2	I always need support to be able to do this

My points from this page: _____

Is there anything else to keep in mind?

24. Analysing my own feelings

Do you need help or support to analyse your feelings or tell others about your feelings?

Can you, for example, recognise and tell others

- if you are angry
- if you are nervous
- if you are lonely
- if you are depressed
- if you are frightened?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to analyse my feelings?

If I need help or support:

1. How often

1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you help me a lot.

My points from this page: _____

Is there anything else to keep in mind?

25. Controlling my behaviour

Do you need help or support to control your behaviour?

Do you need support, for example,

- to deal with strong feelings
- not to hurt other people or break things when you are upset
- not to hurt yourself when you are upset?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO



What kind of help or support do I need to control my behaviour?

If I need help or support:

1. How often

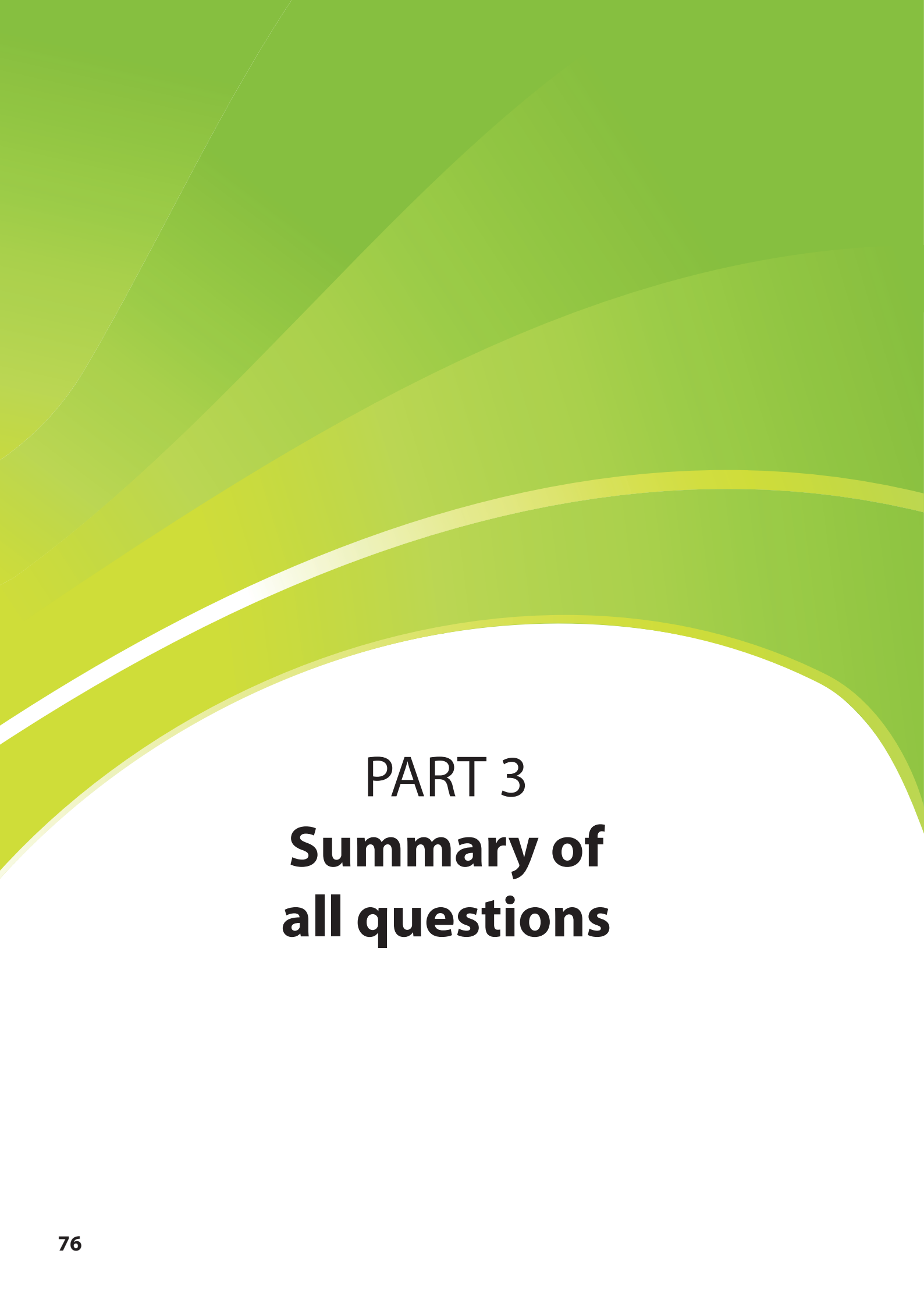
1	Sometimes (every month or occasionally)
2	Often (every week)
3	Every day

2. Form of help or support

1	I can manage if you help me only when I need help.
2	I can manage if you give me instructions and stay close to me.
3	I can manage if you help me a lot.

My points from this page: _____

Is there anything else to keep in mind?



PART 3
**Summary of
all questions**

Summary of all questions

You have answered a lot of questions about your life.

If you want to have a summary of your answers to all the questions, fill in the summary form.

You can fill in the summary form together with your assistant or someone else.

The summary shows what you can manage on your own and where you need help or support.

On the summary form, you can add up the points you got when you answered questions about your need for help and support.

Fill in the summary form as follows:

for each question,

tick the same number of boxes as the number of points you received.

For example,

if you got 5 points for Cooking and heating food, tick the boxes numbered 1–5, in other words, altogether 5 boxes in the summary form on the line titled Cooking and heating food.

The number of points on each row shows how much help or support you need in each activity.

In the summary form, the amount of needed support is divided into four categories.

They are

1. I don't need support
2. I need a little support
3. I need some support
4. I need a lot of support.

These categories will help you, your family and carers, and the social worker to consider what kind of support you need to manage in your everyday life and to be able to live the kind of life you like.

Life at home	I don't need support	I need a little support			I need some support			I need a lot of support			
		1	2	3	4	5	6	7	8	9	10
1. Household tasks and cleaning		1	2	3	4	5	6	7	8	9	10
2. Taking care of my clothes		1	2	3	4	5	6	7	8	9	10
3. Dressing and undressing		1	2	3	4	5	6	7	8	9	10
4. Cooking and heating meals		1	2	3	4	5	6	7	8	9	10
5. Eating or drinking		1	2	3	4	5	6	7	8	9	10
6. Taking care of my personal hygiene		1	2	3	4	5	6	7	8	9	10
7. Sleeping		1			2			3			
8. The assistive devices I use		1			2			3			

Relationships with other people, work and leisure time	I don't need support	I need a little support			I need some support			I need a lot of support			
		1	2	3	4	5	6	7	8	9	10
9. Communication		1			2	3		4			
10. Reading, writing, counting		1			2	3		4			
11. Understanding and managing time		1			2	3		4			
12. Planning and decision making		1			2	3		4			
13. Looking after my money		1			2	3		4			
14. Interacting with other people		1			2	3		4			
15. Getting around outside my home		1			2	3		4			
16. Working or studying		1	2	3	4	5	6	7	8	9	10
17. Hobbies and leisure time		1	2	3	4	5	6	7	8	9	10

Health and safety	I don't need support	I need a little support			I need some support			I need a lot of support				
		1	2	3	4	5	6	7	8	9	10	
18. Medical treatment and taking care of my health		1	2	3	4	5	6	7	8	9	10	
19. Visiting a doctor		1			2			3				
20. Keeping fit		1	2	3	4	5	6	7	8	9	10	
21. Calling for help		1			2							
22. Identifying dangerous situations		1			2			3				
23. Locating pain in my body		1			2							
24. Analysing my own feelings		1	2		3		4		5		6	
25. Controlling my behaviour		1		2		3		4		5		6



PART 4
Comments from
family members
and carers
about my need for help and
support

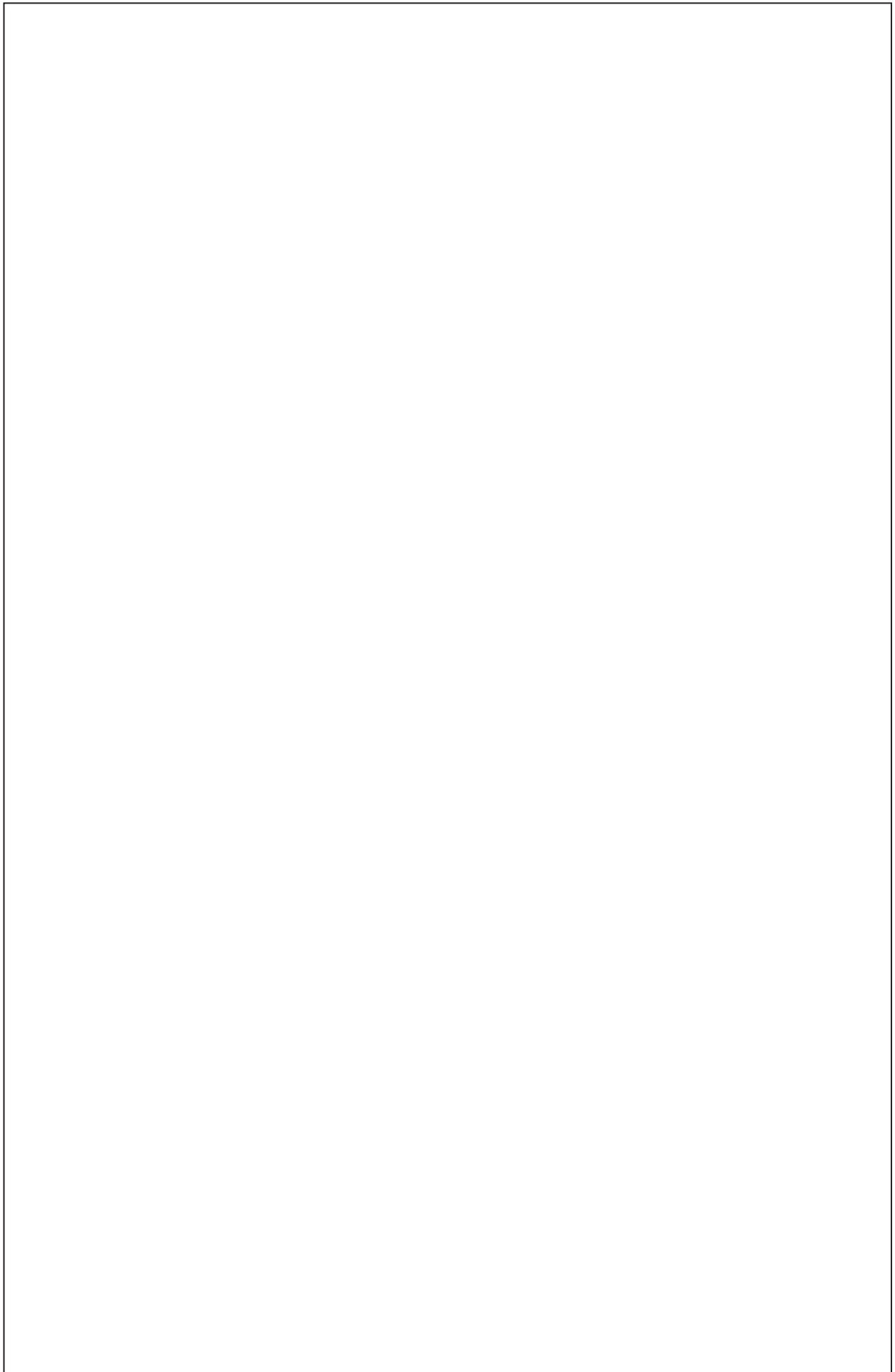
Comments from family members and carers about my need for help and support

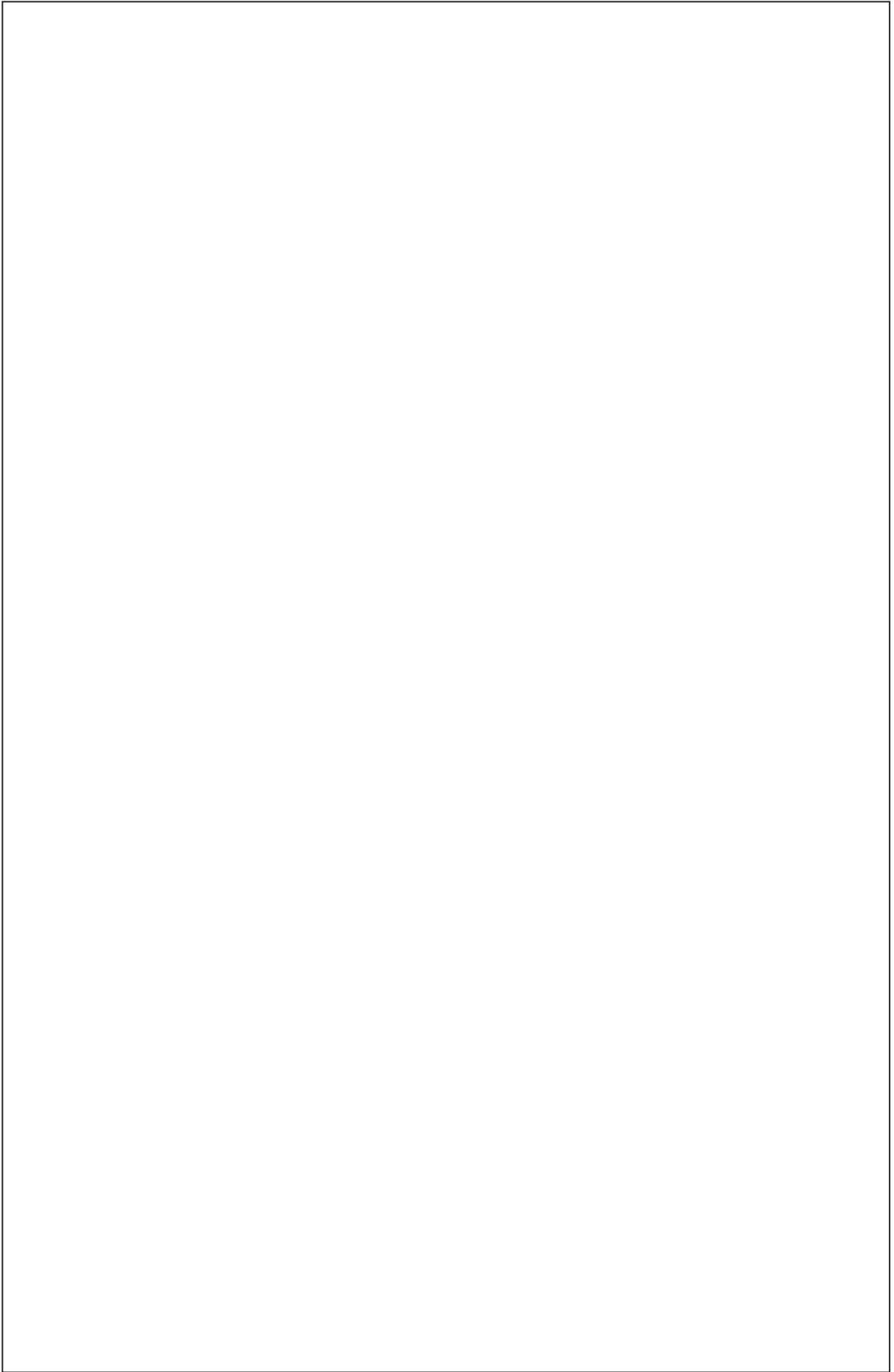
Sometimes it is useful to ask someone who is close to you and who knows you well to comment on your need for help or support.

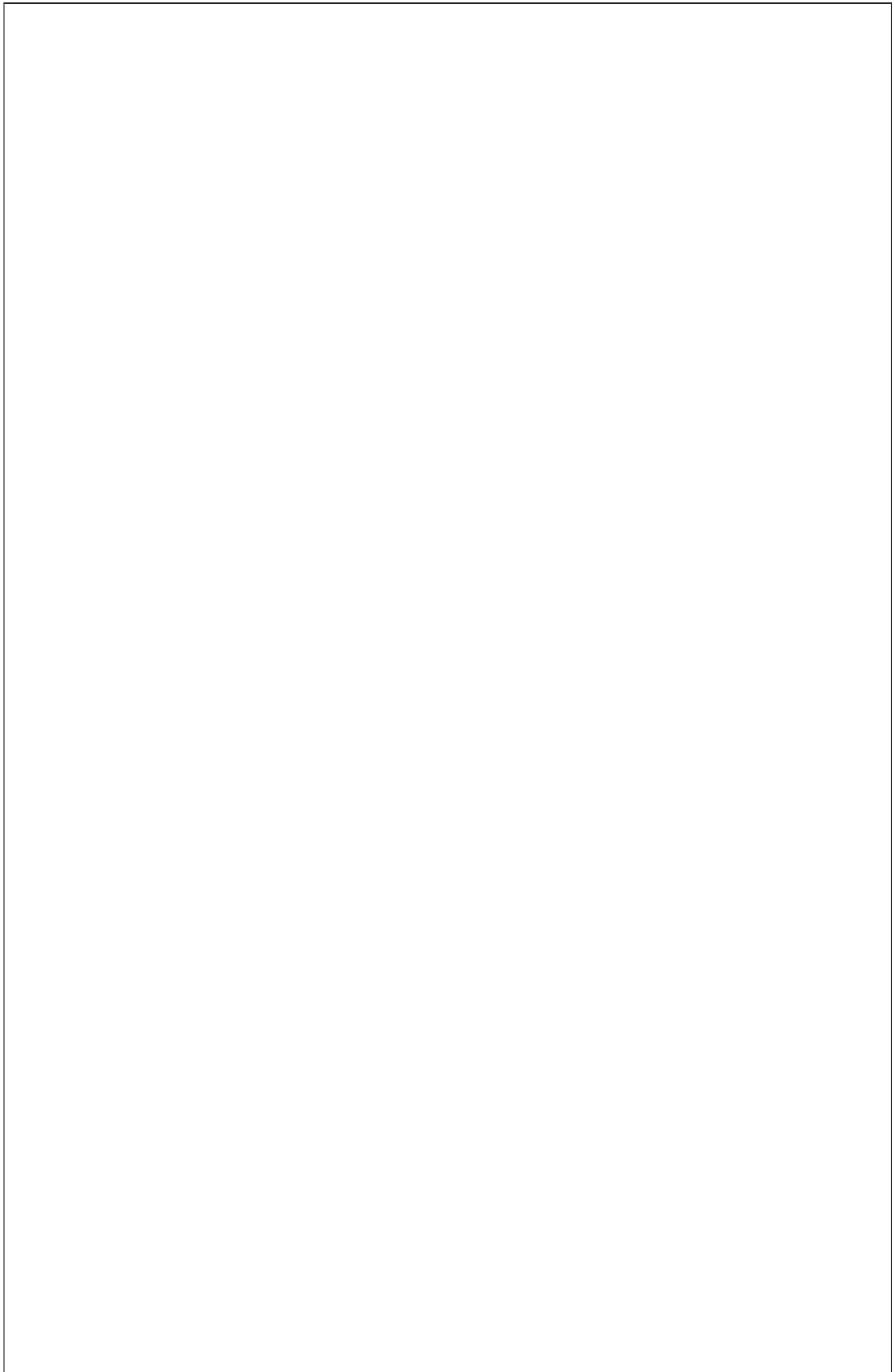
They may remember things about you that you perhaps did not remember or think about when you thought about your life.

They may think differently about some things in this form. In that case, you should discuss it with them.

Ask them to write their comments in the space below. They can continue writing on the following pages.







This is how I manage!

My assessment of my need for help and support

This form will help you consider your need for help and support.

You can consider your need for help and support, for example, when a service plan is being made for you. This form will help you determine what you can do on your own and where you need help and support.

This is how I manage! was made by Aarne Rajalahti, Kalle Ristikartano, and Maisa Kosola of the Finnish Service Foundation for People with an Intellectual Disability, Miia Koski of the Eteva Federation of Municipalities, and Marika Ahlsten of the Finnish Association on Intellectual and Developmental Disabilities. Laura Muikku created the pictures, and Virpi Sirpelä of Mac&Me did the layout.



ETEVA

