This is about your ability to find your way around safely.

Do you need help finding your way around?  

No  [ ]  Go to page 16.

Yes  [ ]  Tick one of the boxes below, which is closest to your needs.

1. You are completely unaware of your surroundings and you need constant guidance both indoors and outdoors to find your way around safely.  

2. You have little perception of your surroundings and you need constant guidance to find your way around safely outdoors, even in a place which is familiar to you.

3. You need guidance from somebody else most of the time to find the way to an unfamiliar place, or a place you do not know very well.

4. You can get about outdoors but need help to find facilities such as the toilet or reception area in a building.

Use the box below to add anything about the problems you have with getting about.

For research purposes only
Part 3 Activity 10 - Taking medication and undergoing therapeutic procedures

This is about taking medicine that you have been prescribed and any therapy that you have to undertake. It includes being able to handle medicine and being able to understand which medicines, and what amounts, you have to take.

By therapeutic procedures we mean things like physiotherapy and speech therapy.

If you need somebody to tell you to take medicine you should answer as though you need help. If this is the case, please tick this box as well as one of the boxes below.

Do you need help with medication or therapy?  
No ☐ Go to page 17.
Yes ☐ Tick one of the boxes below, which is closest to your needs.

1. **Every day** you need help from somebody else with taking your medicine and with therapeutic procedure.

2. **Every day** you need help from somebody else with therapeutic procedures, but you are able to take your medicine without help from somebody else or you do not have any medicine prescribed.

3. **Every day** you need help from somebody else with taking your medicine and you have to take it **more than twice a day**, but not with therapeutic procedures.

4. **Every day** you need help from somebody else with taking your medicine and you have to take it **twice a day or less**, but not with therapeutic procedures.

5. You are able to take medicine by yourself and you do not need any help with therapeutic procedures.

Use the box below to add anything about the problems you have with medication or therapeutic procedures.

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For research purposes only
Part 3 Activity 11 - Reliance on machines and equipment

This is about relying on machines and equipment when you are not able to manage them on your own.

Do you need help with a machine or using equipment listed below?

No ☐ Go to page 18.

Yes ☐ Tick one of the boxes below.

1. You need help using a machine all the time in order to breath (mechanical ventilation)

2. You need help because you rely on a tube to allow you to breathe (tracheal suction).

3. You need help because you are totally reliant on intravenous feeding (Total Parenteral Nutrition).

4. You need help because you are reliant on continuous drug infusion.

5. You need help because you are reliant on a kidney dialysis machine (haemodialysis).

6. You need help because you are reliant on continuous ambulatory peritoneal dialysis (or similar procedure).

7. You are not reliant on any machine or special equipment.

Use the box below to add anything about the problems you have with the use of a machine or equipment.

For research purposes only
Part 3 Activity 12 - Communication

This is about difficulty communicating with other people because of a physical, sensory and intellectual or mental health problem. Please answer this section as if you are using your normal aids and appliances such as a hearing aid. 

Conversation means the content of the communication and not necessarily that it has to be through speaking and hearing.

Do you need help communicating?  

No □ Go to page 19.

Yes □ Tick one of the boxes below, which is closest to your needs.

1. You are not able to communicate with friends and family in any meaningful way and not at all with strangers.

2. You are able to communicate basic needs only to friends and family.

3. You are able to communicate basic needs to strangers as well as friends and family.

4. You are able to hold a conversation, but in order to do so you need help from somebody else.

5. You are able to communicate using hearing and speech but you need help or special assistance with written communication.

6. You do not have any problems with communication.

Use the box below to add anything about the problems you have with communicating. Please give details of any aids and appliances you use.

For research purposes only
Part 3 Activity 13 - Budgeting

This is about problems you may have with handling money because you have a mental health problem. It is not about having enough money.

Do you need help budgeting because of a mental health problem?

No  □  Go to page 20.

Yes □ Tick one of the boxes below, which is closest to your needs.

1. You do not have any idea of the value of money.

2. You are not able to budget for your daily needs.

3. You are not able to budget for your weekly bills.

4. You are not able to budget for your irregular bills.

5. You do not have any problems handling money and budgeting.

Use the box below to add anything about the problems you have with budgeting.
Part 3 Activity 14 - Hygiene

This is about how you attend to your hygiene because of a mental health problem. It includes the ability to wash, shave, comb and get your haircut and attend to menstrual hygiene on a regular basis.

Do you need help with hygiene because of mental problems?

No □ Go to page 21.

Yes □ Tick one of the boxes below, which is closest to your needs.

1. You do not attend to personal hygiene in any way and you need daily supervision to cope with this. □

2. Your personal hygiene is poor. You need supervision more than once a week. □

3. Your personal hygiene is poor. You need supervision on a weekly basis. □

4. You do not have any problems with your hygiene. □

Use the box below to add anything about the problems you have with hygiene.
Part 3 Activity 15 - Daily routine

This is about any difficulties you may have in managing your daily routine because of a mental health problem, learning disability or related disorder.

Do you need help with your daily routine because of a mental health problem?  

No  [ ] Go to page 22.

Yes  [ ] Tick one of the boxes below, which is closest to your needs.

1. You will not get out of bed unless somebody urges you to and your 24 hour cycle is constantly out of phase.

2. You need somebody to urge you get out of bed and to go to bed every day.

3. You need somebody to urge you get out of bed every day.

4. You sometimes need somebody to urge you get out of bed.

5. You do not have any problems with your daily routine.

Use the box below to add anything about the problems you have with your daily routine.

For research purposes only