

## Physical Health & Wellbeing

### Scary Questions

By the time \_\_\_\_\_ is \_\_\_\_\_ I/he/she will:

1. Be making my/his/her own plans and actions to maintain a healthy and balanced lifestyle including:
  - Identifying factors that affect healthy lifestyles
  - Demonstrating and maintaining healthy lifestyle habits
  - Selecting and participating in sports and recreational activities on their own
2. Taking full responsibility for managing their own medical needs and medical information

### Functional Skills Checklist

Goal	Current Skill Level*	Priority	Plan to start by	Notes (including target dates)
<b>Balanced Lifestyle</b>	1 2 3 4 5 6			
<input type="checkbox"/> Identifies and maintains a regular sleep routine	1 2 3 4 5 6			
<input type="checkbox"/> Identifies and uses stress management strategies	1 2 3 4 5 6			
<b>Food, Diet and Nutrition</b> (Additional information is included in the Home Life Skills section)	1 2 3 4 5 6			
<input type="checkbox"/> Decides what to eat	1 2 3 4 5 6			
<input type="checkbox"/> Recognises, selects, prepares and eats foods that are nutritious	1 2 3 4 5 6			
<input type="checkbox"/> Understands the relationship between diet, physical activity and health	1 2 3 4 5 6			
<input type="checkbox"/> Identifies the food components of a balanced diet	1 2 3 4 5 6			
<input type="checkbox"/> Reads and understands food nutrition labels	1 2 3 4 5 6			

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Goal	Current Skill Level*	Priority	Plan to start by	Notes (including target dates)
<input type="checkbox"/> Develops weekly eating plans suitable for different occasions such as a regular week, a holiday, a time when you may be recovering from an illness	1 2 3 4 5 6			
<input type="checkbox"/> Stores food appropriately (food hygiene)	1 2 3 4 5 6			
<b>Physical Exercise and Sporting Activities</b>	1 2 3 4 5 6			
<input type="checkbox"/> Identifies activities that promote health and fitness	1 2 3 4 5 6			
<input type="checkbox"/> Participates in regular physical activity	1 2 3 4 5 6			
<input type="checkbox"/> Participates in fitness activities individually, with a partner or a group	1 2 3 4 5 6			
<input type="checkbox"/> Selects appropriate clothing and equipment for the activity	1 2 3 4 5 6			
<input type="checkbox"/> Demonstrates appropriate behaviour when participating in physical exercise and/or sporting activities	1 2 3 4 5 6			
<input type="checkbox"/> Applies sunscreen or sun protection for outside activities	1 2 3 4 5 6			
<b>Use of Gyms and Sports Facilities</b>	1 2 3 4 5 6			
<input type="checkbox"/> Signs in and out of a gym or similar facility	1 2 3 4 5 6			
<input type="checkbox"/> Changes clothes in an appropriate area	1 2 3 4 5 6			
<input type="checkbox"/> Uses locker for storage	1 2 3 4 5 6			
<input type="checkbox"/> Identifies who to approach to ask for assistance	1 2 3 4 5 6			

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<input type="checkbox"/> Waits patiently for assistance	1 2 3 4 5 6			
<input type="checkbox"/> Asks to borrow equipment	1 2 3 4 5 6			
<input type="checkbox"/> Uses exercise equipment	1 2 3 4 5 6			
<input type="checkbox"/> Interacts with other patrons	1 2 3 4 5 6			
<input type="checkbox"/> Understands and follows facility rules	1 2 3 4 5 6			
<b>Planning and Organising Activities</b>	1 2 3 4 5 6			
<input type="checkbox"/> Identifies and uses a range of methods to access information about physical exercise and sporting activities in the community. These may include:	1 2 3 4 5 6			
<input type="checkbox"/> Television	1 2 3 4 5 6			
<input type="checkbox"/> Radio	1 2 3 4 5 6			
<input type="checkbox"/> Newspapers	1 2 3 4 5 6			
<input type="checkbox"/> Internet	1 2 3 4 5 6			
<input type="checkbox"/> Community Organisations	1 2 3 4 5 6			

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<b>Personal Healthcare and associated healthcare information<sup>1</sup></b>	1 2 3 4 5 6			
<input type="checkbox"/> Manages personal healthcare and associated healthcare information	1 2 3 4 5 6			
<input type="checkbox"/> Monitors own health on an ongoing basis	1 2 3 4 5 6			
<input type="checkbox"/> Develops an emergency care action plan	1 2 3 4 5 6			
<input type="checkbox"/> Plans for and undergoes regular check-ups (doctors, dentists, healthcare professionals etc.)	1 2 3 4 5 6			
<input type="checkbox"/> Recognises the symptoms of infectious diseases and takes appropriate action to prevent them spreading	1 2 3 4 5 6			
<b>Medical Appointments</b>	1 2 3 4 5 6			
<input type="checkbox"/> Identifies circumstances when they may need to see a doctor or healthcare professional	1 2 3 4 5 6			
<input type="checkbox"/> Schedules an appointment to see a doctor, dentist, healthcare provider	1 2 3 4 5 6			
<input type="checkbox"/> Can get to and from medical appointments (transportation)	1 2 3 4 5 6			
<input type="checkbox"/> Can communicate that they are feeling ill	1 2 3 4 5 6			
<input type="checkbox"/> Describes their symptoms	1 2 3 4 5 6			

<sup>1</sup> This section includes information adapted from Gillman, D and Schlicht B (2005) **Transition to Adult Health Care: A Training Guide in Two Parts**, University of Wisconsin-Madison, University Centre for Excellence in Developmental Disabilities, accessed 19/11/2007, [www.waisman.wisc.edu/hrtw/Publications.html](http://www.waisman.wisc.edu/hrtw/Publications.html) or [www.waisman.wisc.edu/hrtw/Adult\\_Teen.pdf](http://www.waisman.wisc.edu/hrtw/Adult_Teen.pdf)

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<input type="checkbox"/> Describes their healthcare needs	1 2 3 4 5 6			
<input type="checkbox"/> Prepares questions for doctors/healthcare professionals	1 2 3 4 5 6			
<input type="checkbox"/> Responds to questions from doctors/healthcare professionals	1 2 3 4 5 6			
<input type="checkbox"/> Asks for clarification if they don't understand the information given by doctors/healthcare professionals	1 2 3 4 5 6			
<b>Health History Summary <sup>2</sup></b>	1 2 3 4 5 6			
<input type="checkbox"/> Prepares and maintains a Health History Summary	1 2 3 4 5 6			
<input type="checkbox"/> Completes standard medical forms and paperwork including being able to answer the Yes/No section asking about common conditions	1 2 3 4 5 6			
<input type="checkbox"/> Provides appropriate information to healthcare providers, including:	1 2 3 4 5 6			
<input type="checkbox"/> Names and contact details of their doctors and/or health care professionals (family doctor, therapists etc.)	1 2 3 4 5 6			
<input type="checkbox"/> Current medications	1 2 3 4 5 6			
<input type="checkbox"/> Negative reactions to medications	1 2 3 4 5 6			

<sup>2</sup> The following resource includes templates that may be helpful when developing a Health History Summary:

Washington State Department of Health/Children with Special Health Care Needs Program (Revised June 2006) **Working Together for Successful Transition: Washington State Adolescent Transition Resource Notebook**, accessed 19/11/07, <http://depts.washington.edu/healthtr/notebook/default.html>, page 268-285.

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This Life Domain Worksheet is part of the resource **Negotiating the Maze: Transitioning from school to adult life**. [www.disabilitycoordinationoffice.com.au/maze](http://www.disabilitycoordinationoffice.com.au/maze)

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<input type="checkbox"/> Allergies (food and drug)	1 2 3 4 5 6			
<input type="checkbox"/> Past medical history (any serious illnesses, injuries, hospitalisations etc.)	1 2 3 4 5 6			
<input type="checkbox"/> Medical tests	1 2 3 4 5 6			
<input type="checkbox"/> Medical equipment	1 2 3 4 5 6			
<input type="checkbox"/> Family health history	1 2 3 4 5 6			
<input type="checkbox"/> Emergency Contacts	1 2 3 4 5 6			
<input type="checkbox"/> Health Insurance Information, if applicable	1 2 3 4 5 6			
<b>Health Advocacy</b>	1 2 3 4 5 6			
<input type="checkbox"/> Understands implications of their disability and personal medical conditions on daily life	1 2 3 4 5 6			
<input type="checkbox"/> Identifies when it is appropriate (and when it is not appropriate) to disclose disability and personal confidential health information (including who it is appropriate to disclose to)	1 2 3 4 5 6			
<input type="checkbox"/> Explains their disability and/or personal medical conditions, in appropriate circumstances, to others	1 2 3 4 5 6			
<input type="checkbox"/> Identifies and is able to access both formal and informal advocacy services and supports to assist them to maintain their health and wellbeing	1 2 3 4 5 6			
<input type="checkbox"/> Accesses healthcare information and advice	1 2 3 4 5 6			

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<input type="checkbox"/> Identifies and accesses community health facilities including:	1 2 3 4 5 6			
<input type="checkbox"/> Hospitals	1 2 3 4 5 6			
<input type="checkbox"/> Medical Suites	1 2 3 4 5 6			
<input type="checkbox"/> Family Planning Clinics	1 2 3 4 5 6			
<input type="checkbox"/> Chemists	1 2 3 4 5 6			
<input type="checkbox"/> Pathology Clinics	1 2 3 4 5 6			
<input type="checkbox"/> Therapists	1 2 3 4 5 6			
<b>Medication</b>	1 2 3 4 5 6			
<input type="checkbox"/> Manages own medication	1 2 3 4 5 6			
<input type="checkbox"/> Takes the prescription to the chemist for filling	1 2 3 4 5 6			
<input type="checkbox"/> Seeks advice from a chemist, if required	1 2 3 4 5 6			
<input type="checkbox"/> Picks up and pays for the prescription from chemist	1 2 3 4 5 6			
<input type="checkbox"/> Identifies if the prescription is a repeat prescription	1 2 3 4 5 6			
<input type="checkbox"/> Identifies how many repeat prescriptions are remaining	1 2 3 4 5 6			
<input type="checkbox"/> Organises a new prescription including making an appointment with the doctor	1 2 3 4 5 6			

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<input type="checkbox"/> Takes medication as directed (how much, how often, before or after meals etc.)	1 2 3 4 5 6			
<input type="checkbox"/> Stores medication appropriately (at appropriate temperature, out of harms way)	1 2 3 4 5 6			
<input type="checkbox"/> Identifies the used by date of medication	1 2 3 4 5 6			
<input type="checkbox"/> Disposes of medication appropriately (expired or unused)	1 2 3 4 5 6			
<input type="checkbox"/> Takes non-prescription medication appropriately (for a headache, cold etc.)	1 2 3 4 5 6			
<input type="checkbox"/> Understands the dangers of taking someone else's prescription medication	1 2 3 4 5 6			
<input type="checkbox"/> Demonstrates understanding of appropriate and inappropriate use of drugs and medication	1 2 3 4 5 6			
<input type="checkbox"/> Identifies the difference between legal and illegal drugs	1 2 3 4 5 6			
<b>Periods</b>	1 2 3 4 5 6			
<input type="checkbox"/> Manages own menstrual needs	1 2 3 4 5 6			
<input type="checkbox"/> Selects, purchases and restocks tampons/pads	1 2 3 4 5 6			
<input type="checkbox"/> Understands and demonstrates appropriate personal hygiene routine for use and disposal of tampons/pads	1 2 3 4 5 6			
<input type="checkbox"/> Maintains a record of periods	1 2 3 4 5 6			

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<input type="checkbox"/> Understands and identifies pre-menstrual symptoms	1 2 3 4 5 6			
<input type="checkbox"/> Keeps a pre-menstrual symptoms diary, if required	1 2 3 4 5 6			
<input type="checkbox"/> Develops a plan to relieve for relieving menstrual cramps, if appropriate	1 2 3 4 5 6			
<b>Alcohol, Cigarettes and Illegal Drugs</b>	1 2 3 4 5 6			
<input type="checkbox"/> Understands the health problems associated with smoking	1 2 3 4 5 6			
<input type="checkbox"/> Understands the dangers of taking illegal drugs	1 2 3 4 5 6			
<input type="checkbox"/> Understands the health problems associated with drinking excessive quantities of alcohol	1 2 3 4 5 6			
<input type="checkbox"/> Understands what a standard alcoholic drink is	1 2 3 4 5 6			
<input type="checkbox"/> Understands the effects of alcohol on your system	1 2 3 4 5 6			
<input type="checkbox"/> Understands and demonstrates strategies to avoid having your drink spiked	1 2 3 4 5 6			
<input type="checkbox"/> Demonstrates refusal skills when offered alcohol, cigarettes and/or drugs	1 2 3 4 5 6			
<b>Sexual Health</b>	1 2 3 4 5 6			
<input type="checkbox"/> Sex Education	1 2 3 4 5 6			
<input type="checkbox"/> Identifies habits and lifestyle practices that may lead to the transmission or prevention of sexually transmitted diseases	1 2 3 4 5 6			

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<b>Medicare</b>	1 2 3 4 5 6			
<input type="checkbox"/> Possesses and understands how to use a Medicare card	1 2 3 4 5 6			
<b>Other</b>	1 2 3 4 5 6			
<input type="checkbox"/>	1 2 3 4 5 6			
<input type="checkbox"/>	1 2 3 4 5 6			
<input type="checkbox"/>	1 2 3 4 5 6			
<input type="checkbox"/>	1 2 3 4 5 6			

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## Physical Health & Wellbeing

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### Some common questions for your doctor

- What is wrong?
- What should I do?
- Do I need any medical tests?
- How long will this last?
- When should I start to feel better?
- Can I go back to work/school/community activities?
- Are there things I can't or shouldn't do?
- Do I need medicine?
- How much?
- How often?
- Are there side effects?
- What should I do if I don't start feeling better or if I feel worse?
- Do I need to make another appointment? <sup>3</sup>

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<sup>3</sup> **Transition to Adult Health Care: A Training Guide in Two Parts** (January 2005) Gillman, D and Schlicht B. [Online] [www.waisman.wisc.edu/hrtw/Publications.html](http://www.waisman.wisc.edu/hrtw/Publications.html) or [www.waisman.wisc.edu/hrtw/Adult\\_Teen.pdf](http://www.waisman.wisc.edu/hrtw/Adult_Teen.pdf) Waisman Center, University of Wisconsin-Madison, University Centre for Excellence in Developmental Disabilities.

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