

<p><b>1. Daily routines</b></p>	<p><b>2. Ability to relax</b></p>	<p><b>3. Conversation between two persons</b></p>	<p><b>4. Conversation in a group</b></p>
<p>How well are you able to carry out daily routines?</p> <p><i>For instance dressing, personal hygiene, cooking, cleaning.</i></p>	<p>Do you have ways of relaxing that work for you?</p>	<p>How well are you able to hold a conversation with a friend?</p>	<p>Is it easy for you to converse in a group?</p> <p><i>For instance expressing your own opinion, speaking when it is your turn, listening to others.</i></p>
<p><b>5. Methods that support speech</b></p>	<p><b>6. Understanding speech</b></p>	<p><b>7. Speaking</b></p>	<p><b>8. Reading</b></p>
<p>How well are you able to use methods that support speech?</p>	<p>Is it easy for you to understand speech?</p>	<p>How well are you able to speak?</p> <p>Is it easy for you to express yourself in speech?</p>	<p>How well are you able to read?</p>
<p><b>9. Writing</b></p>	<p><b>10. Assistive devices for communication</b></p>	<p><b>11. Running errands</b></p>	<p><b>12. Moving</b></p>
<p>How well are you able to write?</p>	<p>Do you use assistive devices for communication?</p> <p>How well do you manage to use them?</p>	<p>How well do you manage to run your own errands?</p>	<p>How well are you able to move around independently at home or outside the home?</p>
<p><b>13. Modes of transport</b></p>	<p><b>14. Caring for one's health</b></p>	<p><b>15. Leisure and hobbies</b></p>	<p><b>16. Friends</b></p>
<p>How well are you able to move around outside the home?</p> <p>Are you able to go to the places you want to go?</p>	<p>Do you take care of your health by following healthy habits?</p>	<p>Do you have hobbies that you like?</p> <p>Are you satisfied with the amount of hobbies?</p>	<p>Do you have friends that you see and with whom you can spend your spare time?</p>
<p><b>17. Intimate relationships</b></p>	<p><b>18. Eating</b></p>	<p><b>19. Ability to concentrate</b></p>	<p><b>20. Regulating emotions</b></p>
<p>Are you satisfied with your intimate relationship?</p>	<p>Do you eat varied meals?</p> <p>Do you eat regularly?</p>	<p>Is it easy for you to concentrate?</p>	<p>How well are you able to regulate your emotions?</p> <p>Do you have effective ways of calming yourself down?</p>

**4**

**3**

**2**

**1**

**8**

**7**

**6**

**5**

**12**

**11**

**10**

**9**

**16**

**15**

**14**

**13**

**20**

**19**

**18**

**17**

**21. State of mind**

**22. Physical exercise and habits**

**23. Balance**

**24. Pain**

What is your current state of mind?

Do you care for your health  
by exercising regularly?

Are you able to move around  
and move your body safely without falling?

Do you experience physical pain?  
Please indicate where.

24

23

22

21