



Supported Decision Making Assessment

Communication	Are you able to tell others what you want?	Yes, No, With Help
Communication	Are you able to explain how you make your choices?	Yes, No, With Help
Communication	Are you able to make sure people understand what you are saying?	Yes, No, With Help
Communication	Are you able to describe the reasons that you are unhappy with a situation, service, or product?	Yes, No, With Help
Personal Care and Staying Healthy	Do you feel comfortable choosing what you want to wear?	Yes, No, With Help
Personal Care and Staying Healthy	Do you feel confident in your ability to make healthy choices for meals and snacks?	Yes, No, With Help
Personal Care and Staying Healthy	Do you feel comfortable deciding when to eat?	Yes, No, With Help
Personal Care and Staying Healthy	Do you decide when to bathe?	Yes, No, With Help
Personal Care and Staying Healthy	Do you remember to brush your teeth every day?	Yes, No, With Help
Personal Care and Staying Healthy	Do you know what medication(s) to take every day, and when?	Yes, No, With Help
Personal Care and Staying Healthy	Do you remember to take your medication(s) every day?	Yes, No, With Help
Staying Safe	Are you able to understand and recognize when a caregiver is treating you poorly?	Yes, No, With Help
Staying Safe	Are you able to make good decisions about drugs and alcohol?	Yes, No, With Help
Staying Safe	Are you able to exercise discretion in who you spend your time with?	Yes, No, With Help
Staying Safe	Are you comfortable in recognizing an unsafe social group or situation?	Yes, No, With Help
Home and Friends	Do you feel comfortable deciding where you want to live?	Yes, No, With Help
Home and Friends	Are you able to choose with whom you live?	Yes, No, With Help
Home and Friends	Are you able to choose how to spend free time?	Yes, No, With Help
Home and Friends	Are you able to choose who to spend your free time with?	Yes, No, With Help
Home and Friends	Are you able to keep your own room or house clean?	Yes, No, With Help
Home and Friends	Are you comfortable making decisions about intimate relationships?	Yes, No, With Help
Healthcare Choices	Do you feel comfortable deciding whether or not you need to go to the doctor?	Yes, No, With Help



Healthcare Choices	Do you feel you are able to make medical choices in everyday situations, such as taking over-the-counter medications?	Yes, No, With Help
Healthcare Choices	Do you feel comfortable making medical choices in more serious situations, such as considering the risks or benefits of an operation?	Yes, No, With Help
Healthcare Choices	Do you feel comfortable making medical choices in an emergency, such as deciding whether to go to the Emergency Room or to call 911?	Yes, No, With Help
Healthcare Choices	Are you comfortable deciding which doctor you want to use?	Yes, No, With Help
Travel	Are you able to transport yourself to places you visit frequently?	Yes, No, With Help
Travel	If No, are you able to arrange transportation to places you visit frequently?	Yes, No, With Help
Travel	Are you able to transport yourself to places you visit occasionally, or new places?	Yes, No, With Help
Travel	If No, are you able to arrange transportation for yourself to places you visit occasionally, or new places?	Yes, No, With Help
Travel	Are you comfortable in choosing from the transportation options available to you?	Yes, No, With Help
Travel	If Yes or With Help, are you comfortable using public transportation, if available?	Yes, No, With Help
Jobs and Money	Are you able to decide if you want to work?	Yes, No, With Help
Jobs and Money	If Yes or With Help, are you comfortable in your understanding of employment options?	Yes, No, With Help
Jobs and Money	If Yes or With Help, are you able to choose the classes or training you want to take to get the job you want?	Yes, No, With Help
Jobs and Money	If Yes or With Help, are you able to decide and communicate your work availability?	Yes, No, With Help
Jobs and Money	Are you able to manage your money and pay your bills?	Yes, No, With Help
Jobs and Money	If Yes or With Help, are you able to pay rent and other bills on time?	Yes, No, With Help
Jobs and Money	If Yes or With Help, are you able to set a budget and stay within it?	Yes, No, With Help
Jobs and Money	If Yes or With Help, are you able to ensure nobody is taking your money to use for themselves?	Yes, No, With Help
Case Manager Observations	The participant demonstrates the ability to communicate unassisted about his/her preferences.	
Case Manager Observations	The participant demonstrates the ability to manage his/her personal care without assistance.	



Case Manager Observations	The participant demonstrates the ability to ensure their own safety without assistance.	
Case Manager Observations	The participant demonstrates the ability to make decisions about home and friends unassisted.	
Case Manager Observations	The participant demonstrates the ability to make health decisions unassisted.	
Case Manager Observations	The participant demonstrates the ability to make travel decisions unassisted.	
Case Manager Observations	The participant demonstrates the ability to make employment and money decisions unassisted.	
Personal Care and Staying Healthy	Are you able to make decisions about your hygiene?	Yes, No, With Help
Jobs and Money	Are you able to decide if you want to work?	
Jobs and Money	If Yes or With Help, are you comfortable in your understanding of employment options?	
Jobs and Money	If Yes or With Help, are you able to choose the classes or training you want to take to get the job you want?	
Jobs and Money	If Yes or With Help, are you able to decide and communicate your work availability?	
Jobs and Money	Are you able to manage your money and pay your bills?	
Jobs and Money	If Yes or With Help, are you able to pay rent and other bills on time?	
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Jobs and Money	If Yes or With Help, are you able to ensure nobody is taking your money to use for themselves?	
Case Manager Observations	Case Manager Notes:	