

# My Choices for Life

1-2	3-4	5-6	7-8	9-10
<b>Not Important</b> to my quality of life. I could live without this.	<b>Somewhat Important</b> to my quality of life.	<b>Very Important</b> to my quality of life.	<b>Extremely Important</b> to my quality of life	<b>Of Utmost Importance</b> to my quality of life. I could not live without this.

Life value or goal, i.e., my ability to.....	Importance to me in my life from 1-10
1. Take care of myself (e.g., bathing, dressing, etc.) rather than rely on help with my daily needs.	
2. Walk or move around by myself.	
3. Live at home.	
4. Think clearly about things.	
5. Avoid being a burden to others.	
6. Practice my religion or spiritual life (faith, prayer, other)	
7. Have relationships with family and friends.	
8. Make my own life decisions (health care decisions, living arrangements, financial decisions, travel, other)	
9. Have my privacy.	
10. Have emotional or sexual intimacy in my life.	
11. Consider the needs and interests of my family.	
12. Live without significant pain or discomfort.	
13. Eat normally and enjoy meals.	
14. Control my bodily functions such as urination.	
15. Engage in productive work or other activities -in a job, at home, or in the community.	
16. Do specific activities or hobbies that I have enjoyed doing during my life.	

---

NAME

---

DATE