Supported Decision Making:

When Do I Want or Need Support?

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review each item in the table below. For each item, check one box to say:

* I can do this myself
* I can do this with support
* I need someone else to do this for me

You do not have to check a box for every item.

| **Item** | **I can do this myself.** | **I can do this with support.**  **C:\Users\buck28\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\YPDNUPN2\2137729430_11b29f9164[1].jpg** | **I need someone to do this for me.** |
| --- | --- | --- | --- |
| Telling people what I want and do not want |  |  |  |
| Telling people how I make choices |  |  |  |
| Making sure people understand what I am saying |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **I can do this myself.** | **I can do this with support.**  **C:\Users\buck28\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\YPDNUPN2\2137729430_11b29f9164[1].jpg** | **I need someone to do this for me.** |
| Choosing when to go to the doctor or the dentist |  |  |  |
| Making common medical choices  (for example: schedule check-up, buy medicine from the drug store) |  |  |  |
| Making medical choices in serious situations  (for example: surgery, big injury) |  |  |  |
| Making medical choices in an emergency |  |  |  |
| Remembering to take medicine |  |  |  |
| Other: |  |  |  |