



To learn how to fill out this new QoL Sheet, we'll break it down into sections:

### THE ACTIVITY BOX: Left side

**Purpose:** The left side of the table on the front of the sheet asks for the WHEN, WHAT, WHY, and WHERE of the days' events.

#### Instructions:

- **TIME (When):** For each activity, enter the starting time in the "Time" box.
- **ACTIVITY (What):** briefly describe the activity.
- **GOAL # (Why):** Indicate the goal number from the back side of this form that pertains to the activity that you're doing. This is the "why" because we should be planning our days around the individual's goals and working to incorporate activities that involve the goals. We are authorized to provide service so that we can run the goals for an Individual. (Goals may come from the Individualized Support Plan or the Quality of Life Plan or elsewhere.)
- **LOCATION (Where):** Where did this activity occur? If it was in the individual's home, simply put an X in the "home" column. Otherwise, write out the location in "other".
- The first activity is already there for you: "Arrival to enhance Quality of Life"
- The last activity is already there for you: "Departure after enhancing Quality of Life"
- At the bottom of the page, total up the number of activities done, including the Arrival and Departure.
- If this was a Respite shift, check the box at the top to indicate this service was done in absence of the primary caregiver.
- If this is an overnight shift in which the individual was asleep for all (or virtually all) the time, check the "Overnight shift" box to indicate that no goals were run.

### Daily QoL Sheet for Smith, Fiona

Date: 12 / 7 / 09 RID# 123456789012

This sheet valid from  
5/1/2009 to 4/30/2010

**Instructions:** List the activities that you shared with the Individual. Indicate the time, and choose the goal that applies from the back side of this form. Indicate the location. In the Quality of Life section, we review the critical aspects of a high quality of life: meaningful activities, true engagement with others, and having a positive experience. In the Elements of Companionship section, reflect on your own interactions when serving this Individual, and two Elements: one where you believe you build companionship well, and one where you would like to improve your relationship-building skills. Lastly, at the bottom of this page, add up your responses, as indicated.

<input type="checkbox"/> <b>Respite services:</b> Check here if this service was done in absence of the primary caregiver(s). <input type="checkbox"/> <b>Overnight shifts:</b> Check here if this was an overnight shift, and goals were not addressed because the individual was asleep.		<b>GOAL #</b> (choose a number from back of form, if applicable)	<b>LOCATION</b> home   other (please specify)	
<b>TIME</b>	<b>ACTIVITY</b>		home	other (please specify)
8:00 AM	Arrival to enhance Quality of Life		X	
8:30 am	Sharing Breakfast	4	X	
9:00 am	Cleaning up home	6	X	
9:45 am	Basketball	1		Johnson Park
10:30 am	Snack	7		Johnson Park
11:30 am	Bowling	9		"Strike it Rich" bowling alley
1:00 pm	Lunch at Arby's	8		Arby's in Merrillville
2:00 pm	Practicing Sign Language	3	X	
2:30 pm	Television shows		X	
3:00 pm	Departure after enhancing Quality of Life		X	
TOTAL # OF ACTIVITIES: 10				

## THE ACTIVITY BOX: Right side

**Purpose:** The right side of the table on the front of the sheet goes into more detail about the activities listed to the left. Here, we focus on Quality of Life and the relationship you're building with the Individual. *Quality of Life is defined as "meaningful activities", "being engaged with others", and "having a positive experience". We explore this in this section.*

### Instructions:

Do the following for each activity:

- Was the activity meaningful? To determine this, refer to the Individual's Quality of Life Plan, which should be in the QoL Green Book. The QoL Plan indicates what is meaningful to this individual, in regard to their needs. Also look for an activity list accompanying the Plan.
- Was the individual truly engaged with others? This does NOT mean just spending time together. Engagement means that there is a true relationship being built at that time: real communication, real participation together. You can be sitting right next to each other and have no engagement. We're looking for true engagement, which means 80% of the time. You can put a check mark under caregiver if you were engaged with the individual, and also write in anyone else who was.
- Was there a positive experience? For this question, first determine ONE Quality of Life Value for this activity. Again, refer to the QoL Plan to determine the appropriate Value, one which most closely matches why this activity has meaning for this individual. Indicate + or a positive experience, or - for a negative experience.
- PLEASE NOTE:** A negative experience does NOT mean that you're a bad caregiver. We all have good and bad days and good and bad moments. *If you indicate that individual is having a positive experience all the time, with full engagement, then why are we providing caregiving services?*
- In the Elements of Companionship section, you will be noting one positive and one negative. Use this time as an opportunity for self-reflection. We ask you to choose one positive and one negative, because we all have things that we do well (no matter how bad the activity went) and things that we do poorly (no matter how great the activity went!) Choose one you think you did well: for example, you might put a + for Language, because you felt that you did well using concrete words with the Individual. And you might put a - for Dialogue because you felt that you did too much talking and not enough active listening to the Individual.
- Again, total each of these columns at the bottom. This is very important, as funding sources are requiring more data tracking.

		QUALITY OF LIFE										Reflect on your interactions. Choose one <b>Element of Companionship</b> that indicates how you valued her (+) and one you want to improve (-)									
Was the activity meaningful, according to his QoL Plan?		Using the QoL Plan, choose one <b>Quality of Life Value</b> that best matches the activity. For this Value, answer this question: Was there a positive experience, in regard to this Value?																			
caregiver	community members other than caregiver (please specify)	Bodily Integrity	Feeling Safe	Feeling Self-Worth	Having a Life Structure	Sense of Belongingness	Social Participation	Meaningful Daily Activities	Inner Contentment	Interactions: COLD (-) or WARM (+)	Dialogue: TALKING (-) or LISTENING (+)	Protection: RESTRAINT (-) or WARM PROTECTION (+)	Rewards: EARNED (-) or UNCONDITIONAL (+)	Companionship: POOR (-) or GOOD (+)	Engagement: SELF (-) or TOGETHER (+)	Purpose: MODIFY BEHAVIOR (-) or BUILD RELATIONSHIP (+)	Focus: RIGID (-) or FLEXIBLE (+)	Memories: OLD (-) or NEW (+)	Language: ABSTRACT (-) or CONCRETE (+)		
YES	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
YES	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NO		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
# YES:	TOTAL # OF TIMES ENGAGED WITH C.G. OR OTHERS:			TOTAL POSITIVE AND		NEGATIVE FOR VALUES AND ELEMENTS															
7			1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	2			
# NO:	8	1		1	1	1	1	3	2			1	1		2	1					

## GOAL OUTCOMES AND GOAL STRATEGIES

**Purpose:** This chart replaces all the Goal Sheets. Instead of having one goal sheet per goal strategy, we have listed them out for you here on the back of the Daily QoL Sheet. (You may not appreciate why the front side of this new form is crowded — because we got rid of the entire back side, and moved a few things to the front.) We have also greatly simplified what we're asking you to track for each goal. For each goal, we're looking at Ability and Engagement — that's it!

### Definitions:

**ABILITY:** The individual's skill level. This is how well they were able to complete the task or activity.

**ENGAGEMENT:** Engagement encompasses the individual's participation in the task, interest in the subject, and the meaningful communication occurring with others. Engagement is a deep look at the individual's quality of life at that moment. A critical component is the relationship the individual is sharing with others during the activity.

### Instructions:

Do the following for each goal strategy:

- Indicate the teaching duration.
- Rate the individual's ability on a scale from None to Full by putting an X in the appropriate box.
- Rate the engagement on a scale from None to Full by putting an X in the appropriate box.

### Discussion:

- A high score in one category has nothing to do with getting a high score in the other. One can be very able, but not engaged at all. Likewise, one can be very engaged, but have a very low skill level.
- Do not be afraid to give low scores. Low scores do not mean that you're a bad caregiver. After all, these are the specific strategies that have been determined that the individual needs to work on. So, be honest — it's in the best interest of the individual!

Goal Outcomes and Goal Strategies for <b>Smith, Fiona</b>		Reciprocation of our Teaching									
		Ability to complete activity/task					Engagement with others in the activity/task				
		None (0%)	Minimal (25%)	Moderate (50%)	Substantial (75%)	Full (100%)	None (0%)	Minimal (25%)	Moderate (50%)	Substantial (75%)	Full (100%)
<b>Teaching Duration (mins)</b>											
<b>I want to improve my physical fitness.</b>											
1 I want to continue to exercise.	30	X									X
<b>I want to become more independent with my self care.</b>											
2 I want to work on getting dressed without assistance.	5				X		X				
3 I would like to learn to increase my sign language skills.	15		X					X			
<b>I want to become more independent with household chores.</b>											
4 I want to work on putting the silverware in the container in the sink after meals.	5			X				X			
5 I want to work on rinsing out the food containers after meals.	5			X				X			
6 I want to work on putting my things away when I am done using them.	30			X		X					
<b>I want to get more involved in my community.</b>											
7 I want to go to the park when the weather is nice.	60				X						X
8 I want to go out to eat.	60				X						X
9 I want to go bowling.	75		X								X

## THE QUALITY OF LIFE ELEMENTS BOX

**Purpose:** Just like the box on the old QoL Sheet, this box is for noting progress on issues related to the QoL Elements.

**Instructions:** Write a sentence regarding progress or difficulties in the areas covered by the Quality of Life Elements. For ideas, refer back to the Quality of Life Elements Assessment, which can be found in the Individual's green QoL Book. Choose at least one to comment on. Then put a check mark in the box next to the Element -- or Elements -- that you discussed in the progress box.

### Example:

<b>Quality of Life Elements</b> <i>Instructions:</i> Please note any progress or difficulties regarding one or more of the QoL Elements by checking the QoL Element and making notes in this box below.	<input type="checkbox"/> Medical, Dental, Health <input type="checkbox"/> Communication <input checked="" type="checkbox"/> Personal Safety <input type="checkbox"/> Mobility and Transportation	<input type="checkbox"/> Human Awareness/Sexuality <input type="checkbox"/> Financial <input type="checkbox"/> Mentoring Support <input type="checkbox"/> Other Lifestyle Issues
<i>Fiona struggled to understand that she couldn't practice dribbling the basketball on the bike path. Caregiver had to consistently prompt her to practice elsewhere.</i>		

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## THE SIGNIFICANT ISSUES BOX

**Instructions:** Read the question in the box, and decide if any applicable events occurred during the shift. This would include reportable incidents.

During this shift, were there any occurrences of significant issue(s) requiring intervention by a medical professional, behavioral support professional, case manager, State staff, and/or any situations out of the ordinary for this Individual?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES above, please describe:	

# Daily QoL Summary

## DAILY QoL SUMMARY: FRONT SIDE

**Purpose:** In addition to the Daily QoL Sheet, you need to complete one additional sheet per individual per pay period. The purpose of this sheet is to add up your responses on your Daily QoL Sheets for this individual. We are adding this for numerous reasons. 1) Our funding sources are requiring more data that is tracked from each goal. 2) We want to know how things are going, and we can use this data to track trends.

You will be adding up your own data, and your mentor will create totals among caregivers' sheets. Then, over time, we can show graphically how the individual is progressing.

**Instructions:** Indicate the date range, which is the pay period dates. Then, using all of your Daily QoL Sheets for this individual, add each column. These columns are the same as the ones on the right side of the Daily QoL Sheet.

### Daily QoL Summary

Individual: **Smith, Fiona** RID# 123456789012

Date Range: 12/1/09 to 12/15/09

Crewmember Name: MARSHALL JONES

This sheet valid from  
5/1/2009 to 4/30/2010

**Instructions:** Using the total rows at the bottom of your Daily QoL Sheets for this Individual, find grand totals for each area for this range of dates.

TOTAL # OF ACTIVITIES ON ALL YOUR  
DAILY QoL SHEETS FOR THIS INDIVIDUAL: 45

QUALITY OF LIFE																			
Was the activity meaningful, according to his QoL Plan?	Was she truly engaged with others (at least 80% of the time)? If so, mark "caregiver" and/or list community members.	Using the QoL Plan, choose one <b>Quality of Life Value</b> that best matches the activity. For this question: Was there a <u>positive experience</u> , in regard to this Value?							Reflect on your interactions. Choose one <b>Element of Companionship</b> that indicates how you valued her (+) and <u>one</u> you want to improve (-)										
		caregiver	community members other than caregiver (please specify)	Bodily Integrity	Feeling Safe	Feeling Self-Worth	Having a Life Structure	Sense of Belongingness	Social Participation	Meaningful Daily Activities	Inner Contentment	Interactions: COLD (-) or WARM (+)	Dialogue: TALKING (-) or LISTENING (+)	Protection: RESTRAINT (-) or WARM PROTECTION (+)	Rewards: EARNED (-) or UNCONDITIONAL (+)	Companionship: POOR (-) or GOOD (+)	Engagement: SELF (-) or TOGETHER (+)	Purpose: MODIFY BEHAVIOR (-) or BUILD RELATIONSHIP (+)	Focus: RIGID (-) or FLEXIBLE (+)
# YES:	TOTAL # OF TIMES ENGAGED WITH C.G. OR OTHERS:	TOTAL # POSITIVE							TOTAL # POSITIVE										
30		0	2	6	2	3	3	4	4	7	4	2	4	3	5	6	5	4	5
# NO:		TOTAL # NEGATIVE							TOTAL # NEGATIVE										
15	28	4	1	4	5	1	1	1	3	2	7	5	9	2	1	5	9	1	4

## DAILY QoL SUMMARY: BACK SIDE

**Instructions:** Do the same on the back side. First, indicate the number of times each goal was run (which will probably not be the same for each goal). Indicate the approximate average teaching duration. Then, count up the scores you gave for each rating for each goal, and indicate the number in the box.

Goal Summary for Fiona Smith	Total # of Times Goal was run	Average Teaching Duration (mins)	Reciprocation of our Teaching										
			Ability to complete activity/task					Engagement with others in the activity/task					
			None (0%)	Minimal (25%)	Moderate (50%)	Substantial (75%)	Full (100%)	None (0%)	Minimal (25%)	Moderate (50%)	Substantial (75%)	Full (100%)	
<b>TOTAL EACH RESPONSE</b>													
<b>1 I want to improve my physical fitness.</b>													
1 I want to continue to exercise.	4	30			2	2					1	2	1
<b>2 I want to become more independent with my self care.</b>													
<b>TOTAL EACH RESPONSE</b>													
2 I want to work on getting dressed without assistance.	5	5						5		1	4		
3 I would like to learn to increase my sign language skills.	5	20			2	2	1				3	1	1
<b>3 I want to become more independent with household chores.</b>													
<b>TOTAL EACH RESPONSE</b>													
4 I want to work on putting the silverware in the container in the sink after meals.	5	5					5				1	4	
5 I want to work on rinsing out the food containers after meals.	5	5					3	2			3		2
6 I want to work on putting my things away when I am done using them.	3	15				1	2		3				
<b>4 I want to get more involved in my community.</b>													
<b>TOTAL EACH RESPONSE</b>													
7 I want to go to the park when the weather is nice.	4	45						4					4
8 I want to go out to eat.	1	60						1					1
9 I want to go bowling.	2	90				1	1						2

This sheet valid from  
5/1/2009 to 4/30/2010

MARSHALL JONES  
CAREGIVER NAME (PLEASE PRINT)

Marshall Jones  
CAREGIVER SIGNATURE

12/15/09  
DATE