

# What Are *Your* Outcomes?

The 12 outcome areas provide a guide for you and your Family Care/Partnership team to discuss what is important to you in your daily life. Take time to think about these outcome areas before you meet with your team because it can take a while to figure out what's most important to you.

This worksheet is designed to help you think about the 12 outcome areas and identify your personal outcomes.

## **Remember:**

- **Think about these outcome areas before you meet with your team.** It may take some time to figure out what means the most to you. You do not have to decide on all of your outcomes right away. Focus on the ones that are most important to you.
- **Outcomes are about your point of view.** Your preferred outcomes may be different from those of your nurse, social worker, or friends and family. Put your outcomes in your own words.
- **Outcome areas are not the same as outcomes.** You have to discuss the outcome areas to arrive at your personal outcomes. Consider your goals: what are you trying to accomplish?
- **Outcomes are not services.** A service or support is a way to achieve an outcome. Identify your outcomes first, and then you can discuss the different ways of achieving a particular outcome. If you're stuck on a particular service, think about why that service is so important to you.
- **Identify any difficulties you might face in achieving your outcomes.** Think about how you might work with those difficulties.

## ***1. I decide where and with whom I live.***

- Are you living where you want to live now? Are you living with people you want to live with?
- Can you have the visitors you want when you want?
- Can you choose when you'd like to go to sleep? Can you choose what and when you'd like to eat? Can you choose the music you'd like to listen to and how you'd like to decorate your place?
- Can you safely move around in all areas of your home?
- Do you enjoy spending time in your home?
- Do you want to continue living in this place? Would you like to keep living with the same people?
- What are your other options?

---

---

---

---

**2. I make decisions regarding my supports and services.**

- Are you receiving the services and supports you need to live the life you want each day? What do your supports and services help you do?
- Think about your services and supports. Are they the right type and in the right amount?
- Do your services and supports help you with the things that are most important to you?
- Do you have control over your supports and services? Do you receive them when and how you want them? Can you refuse or reschedule them, if you want to?
- Do you have choices of providers? Do you know about your choices? Do you know how to make a change in providers, if desired? Are you comfortable asking for changes?

---

---

---

**3. I decide how I spend my day.**

- Can you control your schedule for the day?
- Do you know your choices for scheduling your daily activities?
- Are your choices for activities respected and honored?
- How important is it to you to have a set routine?
- Are you comfortable with your daily schedule?
- Can you change your schedule, if you want to?
- What are the limits on your schedule? Do you have anything else you have to do, such as a job or community activities?

---

---

---

**4. I have relationships with family and friends I care about.**

- Are there friends and family members you like to spend time with?
- Does the place you live in support real relationships with your friends and family?
- Do you see your friends and family as often as you would like?
- Is your time with them the way you want it? For example, do you like the way you communicate with them privately by telephone, letter, email, or in person?
- Do you get support from friends and family? Is it the right amount – too much, too little or just right? Do your friends and family think about what you want?

---

---

---

---

**5. I do things that are important to me.**

- What types of activities are you involved in? Do you enjoy these activities?
- Are there activities that you would like to do that you are not currently doing?
- Are you currently employed? If not, would you like to be employed? If you are employed, do you like your type of employment? Are you working the right amount, not too much and not too little?
- Are the activities you are involved in important to you? Are they rewarding?
- Do you feel that your activities are making your life meaningful? Are there activities that could help you find the meaning you want in your life?

---

---

---

---

**6. I am involved in my community.**

- What does “community” mean to you?
- Do you get information about activities in your community? Do people ask you to join in community activities?
- Are you involved in activities in your community?
- Do you feel connected to other members of your community? Do you feel included as a member of this community?
- Do you have a chance to do things that are fun and relaxing?

---

---

---

**7. My life is stable.**

- What does “stability” mean to you?
- Is the amount of turnover in people who work with you okay?
- Are your finances affecting your stability?
- Are you comfortable with small changes or disruptions that can happen at any time? For example, how do you feel if a worker is out sick for the day?
- Do you feel ready for changes in the future? Would you like help in making plans for the future?

---

---

---

**8. I am respected and treated fairly.**

- What does “respect” mean to you?
- Are you treated with respect in your personal relationships? By service providers? As a member of the community?
- What could help you be treated with more respect in ways that are important to you?
- What does fair treatment mean to you?

---

---

---

**9. I have privacy.**

- Can you choose to be alone or with others, when you want?
- Do you have places you can go to be alone?
- Do you control who comes into your personal space?
- Are you able to communicate in private through letters, email, telephone, or in person?
- Do you control how your personal information is shared with others?
- Are your services and supports provided in a way that makes you comfortable and protects your privacy?

---

---

---

---

**10. I have the best possible health.**

- What does “health” mean to you?
- What health concerns are important to you? Would you like to know more about your health conditions?
- What are your health goals?
- What are some potential difficulties in achieving these goals? How might you approach these difficulties?

---

---

---

---

**11. I feel safe.**

- What does “safety” mean to you?
- Do you have any worries about safety?
- What do you do to feel safe where you live, work, or in the community?
- Can you safely do the things you want to do at home, work, or in the community?
- What would make you feel safer?
- Are your decisions about safety and risk respected by others?

---

---

---

---

**12. I am free from abuse or neglect.**

- What does abuse and neglect mean to you?
- Do you have any worries about abuse and neglect right now? This includes concerns about abuse and neglect of yourself, your property, and your finances.
- Do you feel threatened by anyone?
- Are you experiencing the effects of any abuse or neglect in the past?
- Are you worried about abuse or neglect in the future?

---

---

---

---