

Life Skills Questionnaire: Adult Form

Patient: _____

Date: _____

Most adults decide to seek an evaluation at our clinic because their problems paying attention, focusing, and remembering were getting in the way of completing day to day tasks and responsibilities. As part of our evaluation, we want to know the specific kinds of problems that you are experiencing, so that we can help you overcome as many of them as possible. Please complete the following questionnaire by writing an "X" for any skill that you want to improve.

I would like to be able to:

1. _____ wake when my alarm goes off the first time.
2. _____ get out of bed so that I have enough time to eat a breakfast that contains protein.
3. _____ organize my clothes so that I can find an appropriate outfit for the morning.
4. _____ eat a balanced breakfast that includes protein, carbohydrates, and fruits.
5. _____ establish a routine so that my children are dressed, fed, & out the door on time.
6. _____ exercise at least three times per week.
7. _____ wash the morning dishes.
8. _____ make bed(s), pick up strewn clothes, toys, papers, etc.
9. _____ arrive at work or class on time.
10. _____ prioritize and schedule work tasks (at home, school, or place of employment).
11. _____ remember work or school tasks.
12. _____ remember meeting times, class times, and deadlines.
13. _____ remember how to perform tasks
14. _____ complete work or school tasks when due.
15. _____ organize my paperwork.
16. _____ remain current on email correspondence.
17. _____ listen and remember what is being said during conversations, meetings, or classes.
18. _____ express my opinions during conversations, meetings or classes.
19. _____ think of topics to talk about during social conversations.
20. _____ make eye contact during conversations.
21. _____ not feel so worried or stressed.
22. _____ not become so angry.
23. _____ not get so discouraged.
24. _____ learn how to solve problems with others without yelling, screaming, or sulking.
25. _____ take time to eat a lunch that contains protein carbohydrates, fruits, and vegetables.
26. _____ sort the mail each day, discarding non-essential paper, filing essential bills.
27. _____ keep my house or apartment clean and clear of clutter.
28. _____ remember to pay my bills on time.
29. _____ do something that I enjoy each day.
30. _____ plan and engage in an enjoyable activity with friends or family each week.
31. _____ fall asleep within 30 minutes and sleep through the night.
32. _____ obtain at least 7 to 8 hours of sleep each night.

Other goals? _____
