MY INDEPENDENCE

My best functioning times of the day and what I like to do at those times are:

<table>
<thead>
<tr>
<th>TIME OF DAY</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>__________________________</td>
</tr>
<tr>
<td>Mid-morning</td>
<td>__________________________</td>
</tr>
<tr>
<td>Afternoon</td>
<td>__________________________</td>
</tr>
<tr>
<td>Evening</td>
<td>__________________________</td>
</tr>
<tr>
<td>Late night</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

What details should your care provider know?

I feel strongly about being able to:

- Decorate my own space
- Pick out my own clothing
- Go shopping and select items
- Keep automobile/drivers license

I have experienced a recent major change or event that affects:

- My daily routine
- My leisure activities
- My place of residence
- My role in the family / community
- My Health
- Other:

What details should your care providers know about the change or how you cope?

MY FUTURE CONCERNS

- Pain / medication management
- Independence (mental / physical)
- Loss of caregivers
- Loss of privacy
- Being a burden
- Finances
- Mobility
- Death / end-of-life
- Housing situation
- Health problems
- Unfinished business
- Other:

How would you like your current care providers to help you cope with these concerns?

Oklahoma Geriatric Education Center  ■  Reynolds Department of Geriatric Medicine  ■  Center for Learning and Leadership  9/2010