

Health and Wellness

| Topics | Intent of Information |
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| 1. Food and Nutrition | To learn about the foods that are typically eaten by the person in order to determine abilities related to health and wellness |
| 2. Physical Activity (Moving Your Body) | To learn about the physical activity a person engages in |
| 3. Healthcare | To learn about involvement with medical professionals, routine health needs and issues related to being sick or injured |
| 4. Dental | To learn about involvement and interaction with dentist and tooth care |
| 5. Wellness | To learn how the person addresses needed health screenings |

1. Food and Nutrition

What kinds of food do you typically like to eat?

Do you have to eat any special kinds of food or pay attention to any kind of diet?

- Ok or need to change
- Would you like help or want to learn how to do it for yourself?
- Anything unsafe
- Are you interested in learning more about eating healthier?

Doctor Recommendations

If you make changes to eat more of what you want, will that cause any problems with your health? What can help you with that?

Do you need to have your food prepared or served any special way?

- Supports
- What do people who support you need to know about that?
- Would you like to learn how to do more of that for yourself?

Are there any risks for you related to how your food is prepared or served?

2. Physical Activity (Moving Your Body)

What do you do to keep your body active?

Do you like to exercise? Play sports?

Supports (please note if there are any physical, medical, or psychiatric concerns that may require additional supports)

- Ok or need to change
- Supports or equipment needed
- Is there anything you'd like to learn how to do?
- Anything unsafe

3. Healthcare

Do you see any doctors on a regular basis?

- What for? *If this was identified on the Relationship Map, use that as a way to begin this conversation.*

Who helps you with making the appointments and getting there?

- Ok or need to change
- Who or what would be needed to make that happen?
- Would you like help with this or want to learn how to do it for yourself?
- Would you like any help with talking with the professionals who help you stay well?
- Would you like any help following your doctor's instructions and directions?
- Is there anything you would like to change or do you have any concerns about how your health needs are addressed?

What would you do if you were really sick or hurt?

- How do you get help when you don't feel good?
- Ok or need to change

What do you do when you have scrapes, cuts and aches and pains?

How do you take care of an injury?

- Do you know which first aid items to use for which situation and are you able to use these yourself or do you need help?
- Ok or need to change
- Anything you'd like to learn about in order to help yourself when you are sick?

Anything unsafe

4. Dental

Do you have a dentist that you see?

- How often do you see your dentist (regular basis or only when needed)? *Two times a year is recommended.*
- Mouth/Teeth pain
- Do you get a complete exam by the dentist when you go for your appointment? What happens when you go to see the dentist?
- What helps you to feel comfortable when you see the dentist?
- *If the person does not have a dentist or is uncomfortable:* Would you like any help with finding a dentist?
- What kind of help would you like with learning about caring for your teeth?
- Can you tell me about what can happen if you don't take care of your teeth (risks involved)?

Anything unsafe

5. Wellness

How do you take care of any tests you need related to your age and gender to stay healthy? (e.g. mammogram, prostate screening etc.)

- *If indicates not familiar.* Would you like to have help finding out about those screenings (stay healthy tests?) (Link to information page about sex and age screening recommendations)
- Would you like help talking to your doctors about the recommended screenings (stay healthy tests)?
- Do you know about some of the risks of not getting the screenings (stay healthy tests)?
- Is there any family history that would make certain screenings more important?

Anything unsafe

How would we know if you were uncomfortable? (e.g. retreat when you have a headache; experiencing allergic symptoms; dizzy, having blurred vision, pain, etc.)

How would we know if you were thirsty, hungry or tired?

Health and Wellness Conversation Notes