## When Do I Want Support?

Check the boxes to say if you need support in each area.
You do not have to check a box for every category.

When you check the
"I can do this with support" box, you should think about who you might want to support you and what kind of support you need.

You can use the information in this form to help you fill out a Supported Decision-Making Agreement.

|  | I can do this alone. | I can do this with support. | I need someone else to do this for me. |
| :---: | :---: | :---: | :---: |
| COMMUNICATION |  |  |  |
| Telling people what I want and don't want |  |  |  |
| Telling people how I make choices |  |  |  |
| Making sure people understand what I am saying |  |  |  |
| PERSONAL CARE |  |  |  |
| Choosing what I wear |  |  |  |
| Getting dressed |  |  |  |
| Choosing what to eat, and when to eat |  |  |  |


|  | I can do this alone. |  |
| :--- | :--- | :--- | :--- |


|  | I can do this alone. | I can do this with support. | I need someone else to do this for me. |
| :---: | :---: | :---: | :---: |
| Making medical choices in everyday situations (for example, check-up, medicine from the drug store) |  |  |  |
| Making medical choices in serious situations (for example, surgery, big injury) |  |  |  |
| Making medical choices in an emergency |  |  |  |
| PARTNERS |  |  |  |
| Choosing if I want to date, and who I want to date |  |  |  |
| Making choices about sex |  |  |  |
| Making choices about marriage |  |  |  |
| Making choices about birth control and pregnancy |  |  |  |
| TRAVEL |  |  |  |
| Traveling to places I go often (for example, getting to work, stores, friends' homes) |  |  |  |
| Traveling to places I do not go often (for example, doctors' appointments, special events) |  |  |  |
| JOBS |  |  |  |
| Choosing if I want to work |  |  |  |
| Understanding my work choices |  |  |  |


|  | I can do this alone. |  |
| :--- | :--- | :--- | :--- |

