



Self-Assessment

for “Your Roadmap Back Into the Community:
An Individual Transition Guide for Self-Advocates”

Answer the six sections of questions below to figure out how prepared you are to return to community activities.

After you answer the questions, there is an area where you can “Share more information”. In that area you can write more ideas or concerns for your support coordinator and/or team members to look at and help you with.

1. Returning to Activities in the Community

Question	Yes	Not Sure	No
Have I learned new things while staying home that I want to keep doing?			
Are the things I liked to do before open now?			
Are there places in the community I feel ready to go to now?			
Are there places in the community that I don't feel ready to go now?			

Share more information:

2. My Physical Health

Question	Yes	Not Sure	No
Did I have health concerns before COVID-19?			
Do I have new health concerns since COVID-19?			
Has a health care provider told me that I need to be extra careful about COVID-19?			
Do I feel sick now?			
Do people understand when I tell them I'm sick?			
Have I been around anyone who is sick?			

Share more information:

3. Staying Healthy and Lowering My Risk

Question	Yes	Not Sure	No
Do I need support with washing my hands and am I comfortable cleaning my hands frequently?			
Do I have face masks and am I comfortable wearing them?			
Do I understand the social distancing rule to stay 6 feet away from others (not family or support staff)?			
Can I cover my coughs and sneezes?			
Can I follow any new rules in place at my job/day program/volunteer work?			

Share more information:

4. Mental Health

Question	Yes	Not Sure	No
Do I have new or worse mental or behavior health symptoms?			
Am I worried about harming myself or others?			
Have I struggled to manage my anxiety or stress?			
Do I have someone to talk to about how I'm feeling?			
Has someone I care about died recently?			
Have I done things to help me cope that may not be good for me?			

Share more information:

5. Changes in My Routine

Question	Yes	Not Sure	No
Have I been able to keep in touch with people who are important to me?			
Are there things I did before COVID-19 that I'm still able to do?			
Are there new things I started during COVID-19 that I want to keep doing?			
Are there things I started during COVID-19 that I don't want to keep doing?			
Am I getting the exercise I want and need?			
Has the amount of sleep or the times that I sleep changed much since COVID-19?			

Share more information:

6. Services and Supports

Question	Yes	Not Sure	No
Are my services different now than they were before COVID-19?			
Are there services or supports I want to keep?			
Are there services or supports I don't want to keep?			
Will I need more or different services when I go back into the community?			
Would I like to learn more about assistive technology that might help me going back into the community?			

Share more information: