

# Wellbeing record for

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Take this booklet to appointments with a health professional together with all other health records, documentation and care plans

This booklet is for carers to make a written record of wellbeing for a person with an intellectual disability.

This booklet helps carers and health professionals to

- understand what is normal for the person
- recognise and investigate changes.



**UNSW**  
AUSTRALIA



DEPARTMENT OF  
DEVELOPMENTAL  
DISABILITY  
NEUROPSYCHIATRY

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*This is a record-keeping aid. It is not a validated psychometric instrument.*

This document has been prepared by the Department of Developmental Disability Neuropsychiatry (3DN) at UNSW for use by health professionals and carers of people with an intellectual disability. It should be used in conjunction with other records, plans, and documentation.

It is available for free download on our website: [www.3dn.unsw.edu.au/wellbeing-record](http://www.3dn.unsw.edu.au/wellbeing-record) along with detailed instructions on how to use it.

# Instructions

This is a record of wellbeing completed by carers for a person with an intellectual disability.

## **What is wellbeing?**

Wellbeing is the state of being happy, healthy, and having your needs met. Wellbeing is individual and can look different for different people. This booklet lets you record the unique ways others can recognise wellbeing in the person you care for.

## **How to use this booklet**

Print this document and use it to record:

*The person's name* – on the front page you should write the full name of the person whose wellbeing record this is.

*Contributors* – everyone who writes in this booklet should write their name, their relationship to the person, and their initials on the next page.

*1. Normal wellbeing* – how the person behaves and functions when they are well. There are categories to record different types of behaviour and functioning. Not every category will be relevant for the person.

*2. Changes* – if you observe changes, write them here. This section is set out in the same categories as *1. Normal wellbeing*.

Involve the person directly as much as possible.

Write the date and your initials next to each entry in the *1. Normal wellbeing* and *2. Changes* sections. This will help your memory later.

It's really useful to have this information written down. It helps you recognise changes in the person's health and wellbeing. It makes it easy to tell health professionals about the person, and it means you don't have to rely on your memory if something does change.

Keep this booklet somewhere safe, and take it along to appointments together with all other health records, documentation and care plans and show it to health professionals. It will help them identify what might be going on for the person.

*You can download an example of a completed booklet from the 3DN website. It's available on the same page as this one. You can also see detailed instructions for using this booklet on the website. Visit [www.3dn.unsw.edu.au/wellbeing-record](http://www.3dn.unsw.edu.au/wellbeing-record)*

## Contributors

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## 1. Normal wellbeing

# I. Normal wellbeing

Describe their normal state of wellbeing. *Date and initial each entry.*

### Daily living

*Regular daily tasks and activities – please comment on those, if any, that are relevant*

- Getting dressed
- Housework
- Shopping
- Financial management
- Looking after possessions
- Organising their own day
- Managing their time
- Using the phone
- Using a computer
- Using public transport
- Getting around the neighbourhood (or getting lost)
- Following the law
- Drinking and smoking

## 1. Normal wellbeing

# 1. Normal wellbeing

Describe their normal state of wellbeing. <i>Date and initial each entry.</i>	
<p><b>Regular activities</b></p> <p><i>Hobbies, interests, paid work or a job – please comment on those, if any, that are relevant</i></p> <ul style="list-style-type: none"> <li>- What they do independently</li> <li>- Assistance required</li> <li>- Where?</li> <li>- When?</li> <li>- Date started?</li> <li>- When did they stop (if at all)?</li> <li>- How much do they enjoy it?</li> </ul>	
<p><b>Level of physical activity</b></p> <p><i>Includes sports and other physical activities – please comment on those, if any, that are relevant</i></p> <ul style="list-style-type: none"> <li>- What they do independently</li> <li>- Assistance required</li> <li>- How active or energetic they are on a typical day</li> <li>- Where?</li> <li>- When?</li> <li>- Date started?</li> <li>- When did they stop (if at all)?</li> <li>- How much do they enjoy it?</li> </ul>	

## 1. Normal wellbeing

# 1. Normal wellbeing

Describe their normal state of wellbeing. <i>Date and initial each entry.</i>	
<p><b>Social interactions</b></p> <p><i>Please comment on their interactions with others</i></p> <ul style="list-style-type: none"> <li>- What they do independently</li> <li>- Assistance required</li> <li>- Social contact                             <ul style="list-style-type: none"> <li>o How much they seek</li> <li>o How they respond to others seeking contact</li> <li>o How much they enjoy contact</li> <li>o How they usually interact (eg laughter, talking, eye contact, touching, watching from a distance)</li> </ul> </li> </ul>	
<p><b>Key relationships</b></p> <p><i>Please describe their important relationships – who are key people, how often do they have contact, what they do together, what is their relationship like</i></p> <ul style="list-style-type: none"> <li>- Family members</li> <li>- Friends</li> <li>- Support workers/others</li> </ul>	

## 1. Normal wellbeing

Describe their normal state of wellbeing. *Date and initial each entry.*

### Physical health

*Please comment on their health*

- What they do independently to take medication and follow health advice
- Assistance required to take medication and look after health
- Health conditions/allergies (date diagnosed)
- Medications (dosage, dates started and stopped)
- Side effects (medication, dosage, and date noticed)
- Pain or discomfort
- Balance
- Mobility
- Vision
- Hearing
- Normal weight



## 1. Normal wellbeing

# 1. Normal wellbeing

Describe their normal state of wellbeing. <i>Date and initial each entry.</i>	
<p><b>Communication style and abilities</b></p> <p><i>Includes what they understand, and how they let others know what they want to say (if they are able to).</i></p> <ul style="list-style-type: none"> <li>- Ability to communicate unassisted</li> <li>- Assistance required</li> <li>- Preferred mode or style <ul style="list-style-type: none"> <li>o facial expressions</li> <li>o speaking</li> <li>o using signs and gestures</li> <li>o using pictures and symbols</li> </ul> </li> <li>- Communication aids they use</li> </ul>	
<p><b>Range of emotions</b></p> <p><i>Please comment on the emotions they express</i></p> <ul style="list-style-type: none"> <li>- Which emotions do they express?</li> <li>- How do they express the emotion?</li> <li>- Things that trigger emotion</li> <li>- Things that trigger fear or anxiety</li> <li>- How is their coping and resilience</li> </ul>	

## 1. Normal wellbeing

# 1. Normal wellbeing

Describe their normal state of wellbeing. <i>Date and initial each entry.</i>	
<p><b>Thinking and memory</b></p> <p>What are their strengths?</p> <p>What are their support needs?</p> <p>How well do they</p> <ul style="list-style-type: none"> <li>- Concentrate</li> <li>- Understand things</li> <li>- Use numbers</li> <li>- Read</li> <li>- Remember (short- &amp; long-term; important dates and events)</li> <li>- Plan activities/their own time</li> </ul>	
<p><b>Topics of interest</b></p> <p><i>Topics, objects and people that the person is particularly interested in, including – please comment on</i></p> <ul style="list-style-type: none"> <li>- Taboo phrases or subjects</li> <li>- What do they talk about often?</li> <li>- Any “obsessions”?</li> <li>- Animals, celebrities, events, places, songs, movies etc</li> </ul>	

## 1. Normal wellbeing

# 1. Normal wellbeing

Describe their normal state of wellbeing. <i>Date and initial each entry.</i>	
<p><b>Eating and drinking</b></p> <p><i>Please comment on</i></p> <ul style="list-style-type: none"> <li>- What they do unassisted</li> <li>- Assistance required</li> <li>- Eating and drinking: <ul style="list-style-type: none"> <li>o what</li> <li>o how much</li> <li>o when/how often</li> </ul> </li> <li>- Allergies, preferences &amp; requirements</li> </ul>	
<p><b>Personal hygiene</b></p> <p><i>Includes bathing, showering, brushing teeth, toileting – please comment on</i></p> <ul style="list-style-type: none"> <li>- What they do unassisted</li> <li>- Assistance required</li> <li>- Cooperation/willingness</li> <li>- Weeing and pooing <ul style="list-style-type: none"> <li>o how often</li> <li>o continence (can they hold on til they're on a toilet?)</li> </ul> </li> <li>- Menstruation cycle and care</li> </ul>	

## 1. Normal wellbeing

# 1. Normal wellbeing

Describe their normal state of wellbeing. <i>Date and initial each entry.</i>	
<p><b>Sleeping habits</b></p> <p><i>Please comment on</i></p> <ul style="list-style-type: none"> <li>- Normal bedtime routine</li> <li>- What they do unassisted</li> <li>- Assistance required</li> <li>- Normal sleep time</li> <li>- Normal wake time</li> <li>- How often they wake in the night</li> <li>- Unusual behaviours eg sleepwalking/talking, nightmares, bedwetting</li> <li>- Any sleep medication (dosage and dates)</li> </ul>	
<p><b>Routines, rituals and behaviours</b></p> <p><i>Includes unique behaviour you have come to know as normal for the person, and behaviours of concern</i></p> <ul style="list-style-type: none"> <li>- When did they begin displaying it?</li> <li>- How often does it happen?</li> <li>- How do you soothe the person?</li> <li>- How do you manage the behaviour?</li> </ul>	

## 2. Changes

## 2. Changes

Describe the person's change in behaviour or level of functioning, when it started and how often it happens. <i>Remember to date and initial each entry.</i>	
<b>Daily living</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- Personal care eg dressing</li> <li>- Housework; shopping; financial management; looking after possessions; organising their own day/managing their time</li> <li>- Using the phone; using a computer</li> <li>- Using public transport; getting around the neighbourhood (or getting lost); following the law</li> <li>- Drinking and smoking</li> </ul>	
<b>Regular activities</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- Hobbies, interests, employment</li> <li>- When, where and how long they do the activity; how much they enjoy it</li> <li>- What they do unassisted &amp; assistance required</li> </ul>	
<b>Level of physical activity</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- How active or energetic they are; physical activities/sports</li> <li>- Enjoyment</li> <li>- What they do unassisted &amp; assistance required</li> </ul>	

## 2. Changes

## 2. Changes

Describe the person's change in behaviour or level of functioning, when it started and how often it happens. <i>Remember to date and initial each entry.</i>	
<b>Physical health</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- Allergies</li> <li>- Health conditions</li> <li>- Medications &amp; medication side effects</li> <li>- Support needed to take medicine or follow health advice</li> <li>- Pain or discomfort</li> <li>- Balance</li> <li>- Mobility</li> <li>- Vision, hearing</li> <li>- Weight</li> </ul>	
<b>Social interactions</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- How much social contact they seek and how they respond</li> <li>- How much they enjoy social contact</li> <li>- How they usually interact with others (eg laughter, talking, eye contact, touching)</li> <li>- What they do unassisted</li> <li>- Assistance required</li> </ul>	

## 2. Changes

## 2. Changes

Describe the person's change in behaviour or level of functioning, when it started and how often it happens. <i>Remember to date and initial each entry.</i>	
<b>Key relationships</b> <i>Describe any changes in important relationships with</i> <ul style="list-style-type: none"> <li>- Family members</li> <li>- Friends</li> <li>- Support workers/others</li> </ul>	
<b>Communication style and abilities</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- Ability to understand or express</li> <li>- Preferred mode/style</li> <li>- Communication aids they use</li> <li>- What they do unassisted</li> <li>- Assistance required</li> </ul>	
<b>Range of emotions</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- Which emotions they express</li> <li>- How they express the emotion</li> <li>- Things that trigger emotion</li> <li>- Things that trigger fear or anxiety</li> <li>- Coping and resilience</li> </ul>	

## 2. Changes

## 2. Changes

Describe the person's change in behaviour or level of functioning, when it started and how often it happens. <i>Remember to date and initial each entry.</i>	
<b>Thinking and memory</b> <i>Describe any change that occurs in their strengths, support needs, and ability to</i> <ul style="list-style-type: none"> <li>- Concentrate &amp; understand things</li> <li>- Use numbers</li> <li>- Read</li> <li>- Remember (short- &amp; long-term; important dates and events)</li> <li>- Plan activities/their own time</li> </ul>	
<b>Topics of interest</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- Taboo phrases or subjects</li> <li>- "Obsessions"</li> <li>- Special interests</li> </ul>	
<b>Eating and drinking</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- What they eat and drink</li> <li>- How much, when, how often</li> <li>- Allergies, preferences &amp; requirements</li> <li>- What they do unassisted</li> <li>- Assistance required</li> </ul>	



## 2. Changes

## 2. Changes

Describe the person's change in behaviour or level of functioning, when it started and how often it happens. <i>Remember to date and initial each entry.</i>	
<b>Personal hygiene</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- How often they urinate and have a bowel movement</li> <li>- Continence level</li> <li>- What they do unassisted eg showering, menstrual care</li> <li>- Assistance required</li> <li>- Cooperation/willingness</li> </ul>	
<b>Sleeping habits</b> <i>Describe any change that occurs in</i> <ul style="list-style-type: none"> <li>- Sleep time &amp; wake time</li> <li>- How often they wake in the night</li> <li>- Bedtime routine</li> <li>- Sleepwalking/talking, nightmares, bedwetting</li> <li>- What they do unassisted</li> <li>- Assistance required</li> </ul>	
<b>Routines, rituals and behaviours</b> <i>Describe any changes in the person's</i> <ul style="list-style-type: none"> <li>- Routines</li> <li>- Rituals</li> <li>- Behaviour that is unique to them</li> </ul>	

Thank you for using this booklet.

- ✓ If you have any concerns, you should take the person to see a GP or other health or mental health professional involved in their care.
- ✓ Take this booklet along to all appointments with a health or mental health professional. It will help them assess the person's mental health, and understand changes that might mean something is wrong.
- ✓ This booklet doesn't replace the person's health records, care or support plans, and other documentation. It should be used together with other resources.
- ✓ When this booklet gets full, please print a new one.
- ✓ This booklet is an important record. You should keep all old versions of this booklet and bring them to appointments as well as the current version.
- ✓ To learn more about mental disorders and intellectual disability, visit our e-learning for carers here: <http://www.idhealtheducation.edu.au/>.
- ✓ To download extra copies of this booklet, or to learn more about 3DN, the publishers of this booklet, visit our website at [www.3dn.unsw.edu.au/wellbeing-record](http://www.3dn.unsw.edu.au/wellbeing-record).