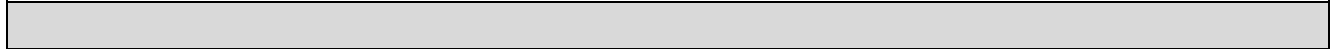


**Lisa Huus Memorial Bursary
Disability Checklist**

*Your responses to the following checklist will assist the committee in understanding the impact of your disability on your daily activities and pursuit of post-secondary education.
Please feel free to provide additional information that you think would be helpful.*



	I have difficulty with the following activities: (Tick all that apply)
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Personal care routines:

- | | |
|--|---|
| | getting in and out of the bathtub |
| | standing in the shower |
| | reaching up and down to wash my body or hair |
| | shaving, brushing my teeth, hair and washing my face |
| | remembering or having the motivation to do at least basic hygiene daily |
| | getting ready for bed |
| | getting in or out of bed |
| | dressing |
| | |

Preparing and eating meals:

- | | |
|--|---|
| | standing at the sink, counter and stove |
| | moving food from shelves to counters to stoves and ovens |
| | chopping, peeling, mixing or stirring food |
| | opening cans and jars, opening and resealing bags |
| | understanding recipes and labels |
| | remembering to take food off the stove or out of the oven |
| | remembering to throw out expired or "gone off" food |
| | chewing and swallowing |
| | remembering or having motivation to eat regular meals and healthy foods |
| | Taking medications: |
| | remembering to take the right medications, at the right doses, at the right times |
| | getting prescriptions filled and remembering to get them re-filled |

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Keeping the home clean:	
	doing dishes and putting them away, cleaning counters and sink, cleaning floors
	cleaning my bathtub, toilet, bathroom sink and floor
	vacuuming, dusting, cleaning windows
	carrying, doing and folding my laundry and putting it away
	remembering or having the motivation to keep my home clean
Shopping for personal needs:	
	walking around stores, standing long enough to make good choices from the shelves and managing cash register line-ups
	picking out items from shelves, loading them in the basket, taking them out of the basket and putting them onto the cashier's desk
	taking the groceries home (carrying them to the bus, on the bus, to my home, or loading them into and out of my car)
	not getting anxious, scared, frustrated or angry in stores because of crowds, the light, sound and motion or long line-ups
Moving about indoors:	
	going up and down stairs or ramps
	getting in and out of furniture, including my bed
	opening and closing doors and drawers
	walking from room to room
	bending to pick things off the floor
	kneeling and getting up from a kneeling position
Moving about outdoors	
	walking on flat ground
	walking on uneven ground
	going up or down stairs or ramps
	going out without being anxious or scared
Using public or personal transportation:	
	walking to and standing at the bus stop
	getting on and off the bus or train
	standing, getting in and out of my seat and remembering to get off at my stop
	understanding bus or train schedules

Managing personal finances:	
	understanding bills and remembering to pay them on time, including the rent
	budgeting for groceries and other things I need
	stopping myself from buying things I don't need
Mental health:	
	experience a lot of anxiety, agitation, stress or depression
	experience a lot of confusion
	have difficulty making decisions and planning ahead
	have difficulty doing the most important things first and finishing tasks
	have difficulty making rational (good) choices
	have difficulty remembering information and appointments
	experience sensitivity to light, sound and motion
	have difficulty socializing without becoming anxious and scared
	have difficulty interacting with friends, family and/or my partner
	have difficulty interacting with strangers in public
	have difficulty establishing and maintaining relationships with people
	have difficulty asking for help when I need it
	experience difficulty being able to deal with unexpected situations
Communication (Note: English language issues are not relevant here)	
	have difficulty making myself understood by others when I speak or write
	have difficulty understanding what others say to me
	have difficulty understanding what I read
	have difficulty hearing what others say to me in person or on the phone
	feel anxious or scared when I speak to or listen to other people
Support services:	
	community agencies
	counsellors
	family members
	friends
	health professionals
	home support workers
	roommates
	support groups

	volunteers
	other (provide examples):
Assistive devices:	
	adaptive housing or bathing aids
	braces
	breathing device
	cane
	commode
	communication devices
	crutches
	feeding device
	hospital bed
	interpretive services
	lifting device
	ostomy or urological appliances or prosthesis
	scooter
	splints
	orthotics
	toileting aids
	walker
	wheelchair
	assistive dog
	other (provide examples)
Is there anything else you would like the bursary committee to know?	
	Name:
	Date:
	Signature: