Samaritans

3.12B

Quarterly Quality of Life Report

Name:
Address:

D.O.B:

Positive outcomes enhancing the service user's quality of life

1. How have the person's skills and strengths been identified and developed?

2. How has the person actively participated in community life?

3. How have the person's social relationships been enhanced?

4. How have opportunities for decision making and choice been identified and developed?

5. How have the persons changing needs and wants been identified and support adapted to these changes?

6. What other initiatives have been undertaken to enhance the person's quality of life?

Completed on: _____

Key Worker: _____ Signed: _____

SSW/Programmer: _____ Signed: _____