Neuroinclusivity in Housing

Routines and Organization

Select one response for each task.

Task	I can do this task without any help	I can do this task on my own but might need some support or help planning	I need someone to work with me one-on-one to complete this task
Waking up and getting places on time	☐	☐	☐
Tracking appointments and commitments	☐	☐	☐
Knowing where your personal belongings are. For example, your wallet, keys, identification card, health care card	☐	☐	☐
Taking medications on time	☐	☐	☐
Refilling prescriptions before you run out	☐	☐	☐
Checking expiration dates on medication, food, etc.	☐	☐	☐
Maintaining your refrigerator and stock of favorite and nutritious foods	☐	☐	☐
Making and confirming appointments	☐	☐	☐
Knowing how to set limits or stop doing favorite activities such as playing video games, watching shows, etc.	☐	☐	☐
Going to sleep at a reasonable time (depending on your schedule)	☐	☐	☐
Other:	☐	☐	☐
Other:	☐	☐	☐
Other:	☐	☐	☐
Other:	☐	☐	☐
Other:	☐	☐	☐