|  |  |  |
| --- | --- | --- |
| **Questions** | **Responses**  | **Notes** |
| Waking up in the morning:1. What time do I normally get up?
2. Do I normally sleep well? Am I kept awake by TV or anything?
3. Am I dry at night, if not do I have help to change my sheets?
4. Does someone help me get up or do I get myself up?
5. Is there anyone else up when I get up, do I have to get anyone else up?
6. Do I have a morning routine or is everyday different?
 |  |  |
| Breakfast:1. Do I eat breakfast in the morning, what do I have for breakfast, do I get a choice of what I like?
2. Is there someone to help me make breakfast?
3. Do I eat my breakfast with others or by myself?
4. Do I eat my breakfast at the table or in front of the TV?
 |  |  |
| Dressing:1. Do I have clean clothes, that fit, are in a good state of repair and are appropriate for the weather?
2. Does someone help me get dressed or do I do it myself?
3. Do I have help every morning to wash and brush my teeth?
 |  |  |
| **Questions** | **Responses**  | **Notes** |
| Childcare:1. Do I go to any childcare settings, do I walk or drive, who takes and picks me up?
2. Do I tend to arrive at my setting on time or am I late?
3. Do I have meals at my childcare setting? Do I tend to eat them well?
4. Do I like my setting? Do I settle well there? Do I interact well with other children there? What do I like doing when I am there?
5. Do I see anyone for extra help in the setting e.g. Portage?
 |  |  |
| Health and Development:1. Do I have access to a health visitor, GP and dentist?
2. Have I received my health and development checks from my health visitor?
3. Am I achieving my age appropriate milestones?
4. Do I receive support from other services to achieve my developmental potential and do always attend these appointments?
5. Am I able to communicate/express my thoughts and feelings?
6. Do I attend all my medical appointments?
 |  |  |
| **Questions** | **Responses**  | **Notes** |
| Home and Family 1. How much time do I spend at home? Who is there to look after me? Is there anyone else who looks after me other than my main carers?
2. Do I have any siblings? How is care split between us?
3. Do I watch TV and if so, is what I watch okay for my age?
4. Do I have regular mealtimes in the home or out of the home?
5. Do I sit with others in my household for meals?
6. I can get snacks if I tell somebody I am hungry?
7. Do I have toys and games at home, are they age appropriate / help me to learn, what is my favourite toy to play with?
8. What do my carers do? Do we spend time together or do our own things?
9. Do my carers need any extra support for their own health and wellbeing, and do they engage well?
10. Have I moved with my family from another country because it was unsafe to live there? Do we have support from other services that are aware?
11. Do I have other family members or friends I look forward to visiting?
 |  |  |
| **Questions** | **Responses**  | **Notes** |
| Bedtime:1. Do I have a bedtime routine – who helps me get ready?
2. Do I have a set bedtime?
3. Do I brush my teeth before I go to bed? Do I need help to do this?
4. Where do I sleep?
5. Do I like where I sleep?
6. Who else is in the house at night-time?
7. Do I have my own room, do I share with others, where do I sleep?
8. Do I have what I need in my room (bed, curtains, warm floors)?
9. Do I sleep well at night or do I get up a lot?
 |  |  |
| Additional Considerations: 1. Do I have any additional or complex needs (e.g. do I have a physical or learning disability; poor mental health; am I an asylum seeker or have been trafficked or am I a young carer) which can impact on my life?
2. Do I need additional support to help me reach my full potential, and if so, do I get that support?
3. Could a day in my life be improved, and if so how?
4. Do my parents have additional or complex needs and how does this impact upon me
 |  |  |