**Housemate Compatibility Profile:** My Interest, Skills, & Habits Checklist

**Housemate’s name: Click here to enter name Parent/Guardian name:** Click here to enter text.

**Phone number:** Click here to enter text. **Email:** Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WHAT I LIKE TO DO!** | **Very**  **much** | **Often** | **Sometimes** | **Not**  **much** | **Never** |
| Talk and hang out with people |  |  |  |  |  |
| Communicate with people |  |  |  |  |  |
| Socialize with people |  |  |  |  |  |
| Reading |  |  |  |  |  |
| I like to have someone else read to me |  |  |  |  |  |
| I like to write |  |  |  |  |  |
| I like to keep a diary or journal |  |  |  |  |  |
| Meet new people |  |  |  |  |  |
| Visit with or contact people (family/friends) |  |  |  |  |  |
| Play a musical instrument |  |  |  |  |  |
| Listen to music |  |  |  |  |  |
| Hear live music |  |  |  |  |  |
| I like to sing |  |  |  |  |  |
| I like to dance |  |  |  |  |  |
| I like to tell jokes |  |  |  |  |  |
| I like magic tricks |  |  |  |  |  |
| I like live theatre (plays or musicals) |  |  |  |  |  |
| I enjoy going to the movies |  |  |  |  |  |
| Play computer games |  |  |  |  |  |
| Use a computer in general |  |  |  |  |  |
| Play board games or cards |  |  |  |  |  |
| I enjoy doing puzzles or crosswords |  |  |  |  |  |
| Participate in creative or artistic crafts |  |  |  |  |  |
| I like to draw |  |  |  |  |  |
| I like to paint |  |  |  |  |  |
| Take apart and/or build things |  |  |  |  |  |
| Learn new things |  |  |  |  |  |
| Help teach other people new things |  |  |  |  |  |
| I like watching sports |  |  |  |  |  |
| I like playing sports |  |  |  |  |  |
| I like attending live sporting events |  |  |  |  |  |
| Be outside in the warm weather |  |  |  |  |  |
| Go outside in the Winter |  |  |  |  |  |
| Sit in the yard (in warm weather) |  |  |  |  |  |
| Help maintain a garden |  |  |  |  |  |
| Grow vegetables |  |  |  |  |  |
| Grow flowers |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WHAT I LIKE TO DO!** continued | **Very much** | **Often** | **Sometimes** | **Not much** | **Never** |
| Go to the park |  |  |  |  |  |
| Be by the lake or near water |  |  |  |  |  |
| I like to swim |  |  |  |  |  |
| I enjoy water therapy or aqua fit |  |  |  |  |  |
| Go to the gym/stay fit |  |  |  |  |  |
| I would like to join a walking or running group i.e. Resilient Soles |  |  |  |  |  |
| I would like to join a fitness group i.e. BLAST |  |  |  |  |  |
| Help plan and organize a party/social event |  |  |  |  |  |
| Participate in community activities (e.g. Music festivals, Rib Fest, Canada Day, Fundraisers) |  |  |  |  |  |
| I enjoy cooking |  |  |  |  |  |
| I like to bake |  |  |  |  |  |
| I like animals |  |  |  |  |  |
| I like dogs/cats/birds/fish (Bold all that apply) |  |  |  |  |  |
| I like horses |  |  |  |  |  |
| I like reptiles (snakes, lizards etc.) |  |  |  |  |  |
| I like insects/bugs |  |  |  |  |  |
| I would enjoy pet therapy |  |  |  |  |  |
| I like being with people younger than me |  |  |  |  |  |
| I like being with people older than me |  |  |  |  |  |
| I prefer being around people my own age |  |  |  |  |  |
| I am comfortable speaking in public |  |  |  |  |  |
| Go for bicycle rides |  |  |  |  |  |
| Be taken for a ride/roll on my own special bike, tandem, wheelchair, assisted device. |  |  |  |  |  |

|  |
| --- |
| **Other skill or interests not listed:** Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SLEEPING HABITS** | **All the time** | **Often** | **Sometimes** | **Rarely** | **Never** |
| I like to stay up late |  |  |  |  |  |
| I like to get up early |  |  |  |  |  |
| I have a hard time getting up in the morning |  |  |  |  |  |
| I require assistance to get out of my bed |  |  |  |  |  |
| I require assistance to get into my bed |  |  |  |  |  |
| I prefer to rise and retire at the same time each day |  |  |  |  |  |
| I like to sleep in any chance I get |  |  |  |  |  |
| I enjoy sleeping in on weekends |  |  |  |  |  |
| I go to bed early (before 8 or 9pm) |  |  |  |  |  |
| I need complete silence in order to fall asleep. |  |  |  |  |  |
| I can use earplugs if need be |  |  |  |  |  |
| I need total darkness in order to fall asleep |  |  |  |  |  |
| I can just about fall asleep anywhere |  |  |  |  |  |
| I am able to use an alarm clock to wake up |  |  |  |  |  |
| I can use my own mental clock to wake up |  |  |  |  |  |
| I can set my own alarm when I need to |  |  |  |  |  |
| I need someone to wake me up |  |  |  |  |  |
| I have a specific bed time routine |  |  |  |  |  |
| I snore when I sleep |  |  |  |  |  |
| I sleepwalk |  |  |  |  |  |
| I talk in my sleep |  |  |  |  |  |
| I have vivid dreams or nightmares |  |  |  |  |  |
| I need to use the bathroom during the night |  |  |  |  |  |
| I have a history of incontinence |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONALITY TRAITS** | **All the time** | **Often** | **Sometimes** | **Rarely** | **Never** |
| I worry about things |  |  |  |  |  |
| I have anxiety |  |  |  |  |  |
| I can be loud |  |  |  |  |  |
| I am energetic |  |  |  |  |  |
| I am very quiet |  |  |  |  |  |
| I am timid |  |  |  |  |  |
| I am slow to trust |  |  |  |  |  |
| I am shy |  |  |  |  |  |
| I am talkative |  |  |  |  |  |
| I am laidback |  |  |  |  |  |
| I can be unmotivated |  |  |  |  |  |
| I have strong opinions |  |  |  |  |  |
| I love attention |  |  |  |  |  |
| I get distracted easily |  |  |  |  |  |
| I may hurt myself |  |  |  |  |  |
| I can be aggressive |  |  |  |  |  |
| I am friendly |  |  |  |  |  |
| I am apologetic |  |  |  |  |  |
| I am considerate |  |  |  |  |  |
| I have good manners |  |  |  |  |  |
| I am polite |  |  |  |  |  |
| I am helpful |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TV HABITS** | **I don’t**  **watch TV** | **Less than 1hr** | **1-2 hrs** | **2-4 hrs** | **4+ hrs** |
| I watch this much TV per day |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **On my own** | **With others** | **Only in the evening or on a movie night** | **During the day** | **Anytime is fine** |
| I prefer to watch TV |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMPUTER USE** | **Do not use a computer** | **Less than 1hr** | **1-2 hrs** | **2-4 hrs** | **4+ hrs** |
| I spend this much time on my computer per day |  |  |  |  |  |
| Social media (Facebook)/ gaming |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I HAVE A JOB/VOLUNTEER** | **Every day** | **3-4 days per week** | **1-2 days per week** | **Once every two weeks** | **Once a month** |
| I work/volunteer no |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PUBLIC TRANSIT** | **Independent use** | **With assistance** | **Can become independent with some coaching** | **Unable to take public transit** | **Use Handivan or other mode** |
| I am able to use the city bus |  |  |  |  |  |
| I am able to use the GO train |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONAL COMFORT** | **20°C/**  **68°F** | **20-22°C/**  **68-71°F** | **23-25°C/**  **72-77°F** | **26-28°C/**  **78-84°F** | **I’m adaptable** |
| My ideal temperature range at any time of year is |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ALLERGIES** | **Certain Foods/**  **Scents** | **Pets** | **Seasonal** | **Medications** | **Insect/Other** |
| I have allergies to none known |  |  |  |  |  |

|  |
| --- |
| Please list all your allergies here: Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONAL STUFF/BELONGINGS** | **No problem** | **Often** | **If you ask me** | **Depends** | **Hate it** |
| Sharing or lending |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SHARING A BATHROOM** | **No problem** | **Only with one person** | **If I have my own space** | **Prefer my own bathroom** | **Never** |
| Sharing a bathroom |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEVEL OF SUPPORT/ASSISTANCE** | **24 hour**  **support** | **6-8 hrs per day** | **2-5 hrs per day** | **A visit at some point each day** | **1-3 times per week** |
| I currently require |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **To eat** | **Personal hygiene** | **To get around** | **To transfer** | **To Dress** |
| I use a device for assistance |  |  |  |  |  |
| I require personal support |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEDICATIONS** | **Daily**  (I need assistance) | **Daily**  (by myself) | **As required**  (assisted) | **As required**  (unaided) | **Not at this time** |
| I take medication |  |  |  |  |  |
| Please list here which ones and reason for? Click here to enter text. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HISTORY OF SEIZURES** | **Regularly**  (3 or more times a month) | **Often**  (1-2 times a month) | **Rarely**  (once a year) | **Once in a while with certain triggers** | **Never** |
| I experience seizures |  |  |  |  |  |
| Please describe a typical seizure. (Any seizure protocol) Click here to enter text. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ONGOING CONTACT FROM PARENTS/CAREGIVER** | **Everyday** | **2-3 times a week** | **Once a week/ weekend** | **Every couple of weeks** | **Once a month is good/ Special Occasions** |
| I wish to see my family |  |  |  |  |  |
| I wish to speak to my family |  |  |  |  |  |
| I wish to see my friend(s) |  |  |  |  |  |
| I wish to speak to my friend(s) |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONAL SPACE** | **All the time** | **Often** | **Sometimes** | **Rarely** | **Never** |
| I value time alone |  |  |  |  |  |
| I want to hang out with my housemates |  |  |  |  |  |
| I enjoy my own company |  |  |  |  |  |
| I would like a Best Buddy | **N/A** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RELIGIOUS VIEWS** (optional) | **Everyday** | **Often** | **Sometimes**  (Special Holidays) | **Rarely** | **Never/**  **Not religious** |
| I practice my faith |  |  |  |  |  |

|  |
| --- |
| The faith I choose to practice is: Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Any chance I get** | **Only if asked** | **Sometimes** | **With others of same faith** | **No, I keep them to myself** |
| I like to share my religious views |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEAL TIME** | **All the time** | **Often** | **Sometimes** | **Rarely** | **Never** |
| I like to eat at set times |  |  |  |  |  |
| I prefer to eat with the others |  |  |  |  |  |
| I prefer to eat on my own |  |  |  |  |  |
| I like to help prepare the meals |  |  |  |  |  |
| I enjoy eating out at restaurants |  |  |  |  |  |
| I can buy my own groceries |  |  |  |  |  |
| I have a special diet |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOUSEHOLD DUTIES** | **All the time** | **Often** | **Sometimes** | **Rarely** | **Never** |
| I can do my own laundry |  |  |  |  |  |
| I can learn to do my laundry |  |  |  |  |  |
| I know how to use an iron |  |  |  |  |  |
| I can help with tidying the house |  |  |  |  |  |
| I can make my own bed |  |  |  |  |  |
| I can set the table |  |  |  |  |  |
| I can use the vacuum |  |  |  |  |  |
| I can sweep the floor |  |  |  |  |  |
| I like to clean |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MONEY MATTERS** | **All the time** | **Often** | **Sometimes** | **Rarely** | **Never** |
| I understand the concept of money |  |  |  |  |  |
| I can make simple change |  |  |  |  |  |
| I do my own banking |  |  |  |  |  |
| I use a debit card/credit |  |  |  |  |  |
| I need help when shopping |  |  |  |  |  |
| I know how to budget my money |  |  |  |  |  |
| Someone else manages my money |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COPING** | **All the time** | **Often** | **Sometimes** | **Rarely** | **Never** |
| I feel comfortable telling someone that I am upset or angry |  |  |  |  |  |
| I can lose my temper when upset |  |  |  |  |  |
| When I’m in a bad mood, I keep to myself |  |  |  |  |  |
| Like to talk about it |  |  |  |  |  |
| Prefer to be alone/need some time |  |  |  |  |  |
| Call my family or a friend |  |  |  |  |  |
| I can talk to a staff member |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SMOKING HABITS** | | | | |
| I am a smoker |  |  | I never smoke |  |
| I don’t mind if someone else does |  |  | I can’t live with a smoker |  |
| I only smoke outside |  |  | I am trying to quit smoking |  |