

Name:

Date:

### THE MAYERS' LIFE-STYLE QUESTIONNAIRE (3)

Please answer all relevant questions, whatever the nature of your problem, by placing a ✓ in the appropriate column/box

#### 1. LOOKING AFTER YOURSELF

<i>Are you able to:</i>		Independently	With difficulty	With extreme difficulty
<b>a</b>	<b>- get up in the morning at an appropriate time</b>			
<b>b</b>	<b>- sleep adequately</b>			
<b>c</b>	<b>- maintain personal hygiene to your satisfaction</b>			
<b>d</b>	<b>- wash your clothes</b>			
<b>e</b>	<b>- shop for food</b>			
<b>f</b>	<b>- prepare and cook food</b>			
<b>g</b>	<b>- manage your health needs, including medication</b>			
<b>h</b>	<b>- heat your house adequately</b>			
<b>i</b>	<b>- clean your house to your satisfaction</b>			
<b>j</b>	<b>- do your gardening to your satisfaction (if you have a garden and enjoy gardening)</b>			
<b>k</b>	<b>- use a telephone</b>			
<b>l</b>	<b>- read what you want / need to read</b>			
<b>m</b>	<b>- write what you want / need to write</b>			
<b>n</b>	<b>- manage stairs</b>			
<b>o</b>	<b>- get out into the garden</b>			

## 2. LIVING SITUATION

<i>Do you:</i>		Yes	No
<b>a</b>	<b>- like where you live (your house / flat / sheltered housing)</b>		
<b>b</b>	<b>- have the level of privacy that you would like</b>		
<b>c</b>	<b>- feel safe in your home</b>		
<b>d</b>	<b>- feel safe within the town / village in which you live</b>		

### *Are you able to:*

<b>e</b>	<b>- walk / use mobility aid outside</b>		
<b>f</b>	<b>- drive a car if you are a car driver</b>		
<b>g</b>	<b>- use public transport alone</b>		

## 3. LOOKING AFTER OTHERS

		Yes	No
<b>a</b>	<b>- if you have responsibility for another person, is there any way in which you need help</b>		
<b>b</b>	<b>- if you have a pet, is there any way in which you need help</b>		

## 4. BEING WITH OTHERS

<i>Do you:</i>		Yes	Occasionally	No
<b>a</b>	<b>- enjoy the company of other people</b>			
<b>b</b>	<b>- get lonely</b>			
<b>c</b>	<b>- enjoy your own company</b>			
<b>d</b>	<b>- regularly visit / talk to your family or friends</b>			
<b>e</b>	<b>- have someone to support you, if you feel you need help</b>			

## 5. PAID WORK / VOLUNTARY WORK / STUDY

		Yes	No
<b>a</b>	<b>- are you still in paid employment</b>		
<b>b</b>	<b>- do you do any voluntary work</b>		
<b>c</b>	<b>- would you like to be undertaking voluntary / paid work</b>		
<b>d</b>	<b>- are you studying (eg. adult classes/ University of 3<sup>rd</sup> Age / Open University)</b>		

		Independently	With difficulty	With extreme difficulty
<b>e</b>	<b>- if at work or studying, are you able to undertake these activities</b>			

## 6. YOUR BELIEFS AND VALUES

		Yes	No
<b>a</b>	<b>- do you have religious / spiritual beliefs that are important to you</b>		
<b>b</b>	<b>- do you like to be with others who have similar beliefs / values</b>		
<b>c</b>	<b>- are you able to join others with similar beliefs</b>		

## 7. FINANCES

<i>Do you:</i>		Yes	No
<b>a</b>	<b>- receive benefits</b>		
<b>b</b>	<b>- have adequate money for your needs</b>		
<b>c</b>	<b>- have difficulty budgeting/managing your money</b>		
<b>d</b>	<b>- have difficulty collecting pension or benefits</b>		

## 8. CHOICES

<b>Are you able to:</b>		<b>Yes</b>	<b>Occasionally</b>	<b>No</b>
<b>a</b>	<b>- live feeling you are in control of your life</b>			
<b>b</b>	<b>- choose what you want to do in a day / week</b>			
<b>c</b>	<b>- do some activities by yourself, keeping your independence</b>			
<b>d</b>	<b>- participate in activities that give you satisfaction</b>			
<b>e</b>	<b>- feel good about yourself as a person</b>			

## 9. ACTIVITIES YOU ENJOY DOING

<b>Are you able to do the leisure activities you enjoy doing / want to do: (list up to 5 activities)</b>		<b>Independently</b>	<b>With difficulty</b>	<b>With extreme difficulty</b>
<b>a</b>	<b>-</b>			
<b>b</b>	<b>-</b>			
<b>c</b>	<b>-</b>			
<b>d</b>	<b>-</b>			
<b>e</b>	<b>-</b>			

**Having filled in this form, please go back over it and put 'x' against the areas which are of most concern / importance to you.**

## **Information and Guidelines for the use of the Mayers' Lifestyle Questionnaire (3)**

### **Background Information**

The Mayers' Lifestyle Questionnaire (3) is an instrument used to demonstrate a person-centred approach within occupational therapy practice for older people. The Mayers' Lifestyle Questionnaire (3) gives users of the service an opportunity to identify their priority needs in relation to their quality of life before intervention begins.

Sixty four people aged 65 years and over were interviewed about factors affecting their quality of life and following analysis of these interviews, the Mayers' Lifestyle Questionnaire (3) was worded. It includes all the areas that interviewees considered important and followed experience gained whilst using the Mayers' Lifestyle Questionnaire (1) – for people with problems related to physical disability and (2) – for people with enduring mental health problems. A pilot study has been undertaken with older people with mental health problems and/or physical problems related to older age. Minor changes have been made following comments from users and occupational therapists. An application is being submitted for a much larger evaluation of the benefits of using the Mayers' Lifestyle Questionnaire (3).

### **Guidelines for use**

Please give the Mayers' Lifestyle Questionnaire (3) to the user to complete at your first visit. It can be completed whilst you are there, so that you can give help if required, or left with the user to complete before you make the second visit as he/she may need some time to think about the positioning of the ticks. The user must take ownership of what is written ie. it should not be 'taken over' by the carer.

Do encourage the client to use asterisks to indicate their key priority areas, as requested at the end of the Mayers' Lifestyle Questionnaire (3).

Once the Mayers' Lifestyle Questionnaire (3) has been completed, time is required for you and the client to discuss the reason for the positioning of the ticks and asterisks. This may take a while but it does ensure that the key problems are identified and dealt with appropriately during intervention. There are indications that this may prevent the necessity for early re-referral.

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I am interested to hear your views, and those of your users, about the use of Mayers' Lifestyle Questionnaire (3), so please do let me know (chrismayers2000@gmail.com). Clients sometimes say that not all the questions are relevant to their problem. Do say that the Lifestyle Questionnaire is designed to cover the needs of many clients with a great variety of problems ... and everyone is different! The Mayers' Lifestyle Questionnaire (3) does state that only relevant questions need completing.

There is a copyright notation on the contact letters and Mayers' Lifestyle Questionnaire (3) so please do not change the wording or format. Do feel free to photocopy.

### **Use of the Mayers' Lifestyle Questionnaire (3) as an outcome measure**

It is suggested that the Mayers Lifestyle Questionnaire (3) be given to the client to complete again, before intervention ceases. A comparison can then be made of the positioning of the ticks before intervention and towards the end of intervention.

***How the Occupational Therapist can help you..***

**As you have been referred to an occupational therapist, it is hoped that she/he will be able to help you to have a more positive quality of life.**

**The occupational therapist is concerned about all the activities you undertake throughout the day. If you have any difficulty coping with everyday activities and have any problems doing activities that are important to you, your occupational therapist will try to help. If the occupational therapist is unable to help, she/he may be able to put you in contact with someone who can.**

***Examples of activities with which you may need our help:***

- **raising the height of your bed/chair so that you can stand up more easily if you have stiff and painful hips.**
- **reducing anxiety about going out alone, or to the shops, and/or using public transport.**
- **Offering ideas/information to help you participate in the social/leisure activities that you enjoy.**

**\* \* \* \* \***

**The community occupational therapist who will be visiting you is:**

**The contact address and telephone number are:**

**If you are able to complete the attached Lifestyle Questionnaire before the visit, please do so. Then we can look together at the areas where you need help. If you feel parts of the questionnaire are irrelevant to you, please do not feel you have to complete the whole form.**