

1. I move around my living quarters as I feel is necessary. (Wheelchairs, other equipment or resources may be used.)
2. I move around my community as I feel is necessary. (Wheelchairs, other equipment or resources may be used.)
3. I am able to take trips out of town as I feel are necessary. (Wheelchairs, other equipment or resources may be used.)
4. I am comfortable with how my self-care needs (dressing, feeding, toileting, bathing) are met. (Adaptive equipment, supervision and/or assistance may be used.)
5. I spend most of my days occupied in a work activity that is necessary or important to me. (Work activity could be paid employment, housework, volunteer work, school, etc. Adaptive equipment, supervision and/or assistance may be used.)
6. I am able to participate in recreational activities (hobbies, crafts, sports, reading, television, games, computers, etc.) as I want to. (Adaptive equipment, supervision and/or assistance may be used.)
7. I participate in social activities with family, friends, and/or business acquaintances as is necessary or desirable to me. (Adaptive equipment, supervision and/or assistance may be used.)
8. I assume a role in my family which meets my needs and those of other family members. (Family means people with whom you live and/or relatives with whom you don't live but see on a regular basis. Adaptive equipment, supervision and/or assistance may be used.)
9. In general, I am comfortable with my personal relationships.
10. In general, I am comfortable with myself when I am in the company of others.
11. I feel that I can deal with life events as they happen.

Fig. 2. Statements contained in the RNL Index (patient version).