

# Scoring Sheet

AREAS	<input type="checkbox"/> A	PHYSICAL	<input type="checkbox"/> B	SAFETY	<input type="checkbox"/> C	LOVE	<input type="checkbox"/> D	ESTEEM
Sub areas	<input type="checkbox"/> 1	NUTRITION	<input type="checkbox"/> 1	IN PRESENCE	<input type="checkbox"/> 1	CARER	<input type="checkbox"/> 1	STIMULATION
Items	a	b	c	d	a	b	c	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> 2	HOUSING	<input type="checkbox"/> 2	IN ABSENCE	<input type="checkbox"/> 2	MUTUAL ENGAGEMENT	<input type="checkbox"/> 2	APPROVAL
	a	b	c		a	b		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> 3	CLOTHING					<input type="checkbox"/> 3	DISAPPROVAL
	a	b	c					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> 4	HYGIENE					<input type="checkbox"/> 4	ACCEPTANCE
	<input type="checkbox"/> 5	HEALTH						
	a	b	c	d				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				