



JH Family Planning Worksheet

Your info	Loved one's info
Name:	Name:
DOB:	DOB:
Mobile:	Mobile:
Email:	Email:
Physical address:	Physical address:
Relation:	Relation:
Num. people in household:	Num. people in household:
Num. days in isolation:	Num. days in isolation:

Social connectedness roster

Family Member	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Me	X:XXam X:XXpm						
Partner		X:XXam X:XXpm					
Sibling 1			X:XXam X:XXpm				
Sibling 2				X:XXam X:XXpm			
Child 1					X:XXam X:XXpm		
Child 2						X:XXam X:XXpm	
Other							X:XXam X:XXpm





Questions regarding isolation:

1. What are your plans for today?
2. Have you had breakfast/ lunch/ dinner ? (This depends on time that you are calling)
3. What is the family's daily routine in isolation? (i.e. types of activities that they do as family, anyone working from home, activities with children, etc)
4. Have you engaged in any physical (i.e. exercise apps, YouTube fitness videos) and mental exercise (i.e. mindfulness, board games like Chess or Scrabble) while in being in isolation?

Questions regarding basic needs:

1. Does the family have enough food and water supply?
2. What does the family eat (i.e. what types of food do they eat and how often are they able eat)?
3. Does the family have enough toiletries (i.e. toilet paper, sanitary items like pads and tampons, nappies, etc)?
4. Is there anyone in the family that takes prescribed medication and how many days do they have left of their supply (i.e. when are they due for their next prescription)?
5. Does anyone in the family need medication (i.e. Panadol, Ibuprofen, etc)?
6. How is the family coping with paying bills (i.e. rent, electricity, water, gas, etc)?
7. Does the family have any pets (i.e. type of animal, how many)?
8. Do they have enough food and other resources for their pets (i.e. flea treatment, etc)?



Questions regarding mental wellbeing:

1. How is the family feeling today?
2. Have you spoken to any friends over the phone (i.e. through Facetime)?
3. What are the ways that the family are supporting each other through this time of isolation?
4. What are the issues that the family have faced so far in isolation?
5. Does the family feel safe in isolation?
6. How are family members getting along with each other in isolation (i.e. parent dynamic with children, how are parents supporting their children, how are children coping, etc)?

**Concerned about a loved one or in personal need of support? Please email or call us on the information below.
We are here to help!**



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