

# Activities of Daily Living

Items below in **orange** are from **MnCHOICES**. Items below in **blue** are from **CARE**.

For each of the activities below, unless otherwise noted, code the participant's most usual performance using the 6 point scale. If helper assistance is required because participant's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

## Eating

**Does the participant have any difficulties with eating** (The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. This includes modified food consistency)?

- Independent**- Participant completes the activity by him/herself with no assistance from helper
- Setup or clean-up assistance**- Helper *sets up or cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance**- Helper provides *verbal cues or touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance**- Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance**- Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent**- Helper does *all* of the effort. Participant does none of the effort to complete the task.
- Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Task attempted but not completed
  - Not applicable
  - Participant refused

[If selection other than Independent is made, the following questions will be displayed]

## Assessment Domains

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### Challenges – What difficulties does the participant have with eating?

- Behavioral issues
- Cannot cut food
- Chewing problem
- Choking problem
- Disease/symptoms interfere with performing task
- Mouth pain
- Poor appetite
- Poor hand to mouth coordination
- Problems with taste
- Swallowing problem
- Other:
- Other:

Comments:

### Strengths - What does the participant do well while eating?

- Cooperates with caregivers
- Has a good appetite
- Independent with equipment/adaptations
- Manages own tube feeding
- No swallowing problems
- Participant is motivated
- Takes occasional food by mouth
- Other:
- Other:

Comments:

### Preferences - What does the participant prefer when eating?

- Bland diet
- Cold food
- Eat alone
- Eat with others present
- Finger foods
- Hot food
- Large portions
- Small portions
- Snacks
- Use own recipes
- Other
- Other

Comments:

## Assessment Domains

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### Support Instructions - What helps the most when assisting the participant with eating?

- Able to manage his/her own need
- Cut food into small pieces
- Follow complex feeding protocol
- Hand-over-hand assistance
- Monitor liquids
- Monitor for choking
- Plate to mouth
- Provide cues
- Scalding alert
- Tube feeding
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_

### Is training/skill building needed to increase independence?

- No
- Yes

Comments: \_\_\_\_\_

Notes/ Comments: \_\_\_\_\_

## Assessment Domains

### Eating Equipment

Does the participant need any adaptive equipment to assist with eating?

- No
- Yes
- Chose not to answer

Comments: \_\_\_\_\_

*If Yes is selected, the 'Eating Equipment Status' table will be displayed:*

Eating Equipment Status (Select all that apply):

Type	Has and Uses	Has and does not use	Needs	Comments
Adapted cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Adapted utensils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Dentures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Dycem mat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Gastrostomy tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Hickman catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
IV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Jejunostomy tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Nasogastric tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Plate guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Specialized medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Straw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Notes/Comments: \_\_\_\_\_

## Assessment Domains

### Bathing

**Does the participant have any difficulties with showering or bathing self** (The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower)?

Code for the most usual performance in the 2-day assessment period

- Independent-** Participant completes the activity by him/herself with no assistance from helper
- Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

[If selection other than Independent is made, the following questions will be displayed]

#### Challenges – What difficulties does the participant have with bathing?

- Behavioral issues
- Afraid of bathing
- Cannot be left unattended
- Cannot judge water temperature
- Disease/symptoms interfere with performing task
- Unable to shampoo hair
- Unable to stand alone
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Comments: \_\_\_\_\_

#### Strengths – What does the participant do well while bathing?

- Able to direct caregiver

## Assessment Domains

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- Bathes self with cueing
- Cooperates with caregiver
- Enjoys bathing
- Participant is weight bearing
- Safe when unattended
- Shampoos hair
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Comments: \_\_\_\_\_

### Preferences – What does the participant prefer when bathing?

- Bath
- Bed bath
- Female caregiver
- Male caregiver
- Shower
- Sponge bath
- Use specific products
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Comments: \_\_\_\_\_

### Support Instructions – What helps the most when assisting the participant with bathing?

- Able to manage his/her own need
- Assist with drying and dressing
- Cue throughout bath
- Cue to bathe
- Give bed/sponge bath
- Shampoo hair
- Soak feet
- Standby during bathing
- Transfer in/out of tub/shower
- Wash back, legs, feet
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Comments: \_\_\_\_\_

### Is training needed to increase independence?

- No
- Yes

## Assessment Domains

Comments: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

### Bathing Equipment

Does the participant need any adaptive equipment to assist with bathing?

- No
- Yes
- Chose not to answer

Comments: \_\_\_\_\_

*If 'Yes' was selected, the following 'Bathing Equipment Status' table will be displayed:*

**Bathing Equipment Status (Select all that apply):**

Type	Has and Uses	Has and does not use	Needs	Comments/Supplier
Bath bench	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Grab bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Hand-held shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Hoyer Lift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Roll-in shower chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Shower chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Specialized medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Transfer bench	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Notes/Comments: \_\_\_\_\_

## Assessment Domains

### Dressing- Upper and Lower Body and Footwear

#### A) Upper Body- Does the participant have any difficulties dressing his/her upper body (The ability to remove shirt or pajama top. Includes buttoning three buttons)?

- Independent-** Participant completes the activity by him/herself with no assistance from helper
- Setup or clean-up assistance-** Helper *sets up or cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance-** Helper provides *verbal cues or touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Task attempted but not completed
  - Not applicable
  - Participant refused

#### B) Lower Body- Does the participant have any difficulties dressing his/her lower body (The ability to dress and undress below the waist, including fasteners. Does not include footwear.)?

- Independent-** Participant completes the activity by him/herself with no assistance from helper
- Setup or clean-up assistance-** Helper *sets up or cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance-** Helper provides *verbal cues or touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns



## Assessment Domains

- Task attempted but not completed
- Not applicable
- Participant refused

### C) Footwear- Does the participant have any difficulties putting on or taking off footwear (The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility)?

[Code for the most usual performance in the 2-day assessment period.]

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up or cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance-** Helper provides *verbal cues or touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

[If selection other than Independent is made in A, B, and/or C, the following questions will be displayed]

### Challenges – What difficulties does the participant have with dressing?

- Behavioral issues
- Cannot button clothing
- Cannot lift arms
- Cannot put on shoes/socks
- Disease/symptoms interfere with performing task
- Unable to tie
- Unable to undress independently
- Unable to zip
- Will wear dirty clothes

## Assessment Domains

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Other \_\_\_\_\_

Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Strengths – What does the participant do well when dressing?

Able to direct caregiver

Buttons clothing

Cooperates with caregiver

Gets dressed with cueing

Participant is motivated

Puts on shoes and socks

Uses assistive device

Other \_\_\_\_\_

Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Preferences – What does the participant prefer when dressing?

Changes clothes multiple times daily

Choose own clothes

Female caregiver

Male caregiver

Same clothing daily

Velcro closures

Wears loose clothing

Other \_\_\_\_\_

Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Support Instructions – What helps the most when assisting the participant with dressing?

Manage his/her own need

Dress participant's lower body

Help select clean and/or matching clothes

Dress participant's upper body

Put on/take off footwear

Label/organize clothing by color, style, etc.

Put on/take off sock/TED hose

Other \_\_\_\_\_

Other \_\_\_\_\_

## Assessment Domains

Comments: \_\_\_\_\_

### Is training needed to increase independence?

- No  
 Yes

Comments: \_\_\_\_\_

Notes/Comments:  
\_\_\_\_\_

## Dressing Equipment

### Does the participant need any adaptive equipment to assist with dressing?

- No  
 Yes  
 Chose not to answer

Comments: \_\_\_\_\_

*If 'Yes' was selected, the 'Dressing Equipment Status' table will be displayed:*

### Dressing Equipment Status (Select All that Apply):

Type	Has and Uses	Has and does not use	Needs	Comments/Supplier
Adapted clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Button hook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Elastic shoe laces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Orthotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Prosthesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Protective gear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Reacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Sock aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Specialized medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
TED hose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Notes/Comments: \_\_\_\_\_

## Assessment Domains

### Personal Hygiene/Grooming

**A) Wash upper body- Does the participant have any difficulties washing his/her upper bodies outside of a shower/tub** (The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed)?

[Code for the most usual performance in the 2-day assessment period.]

- Independent-** Participant completes the activity by him/herself with no assistance from helper
- Setup or clean-up assistance-** Helper *sets up or cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance-** Helper provides *verbal cues or touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

**B) Oral Hygiene- Does the participant have any difficulties completing his/her oral hygiene** (The ability to use suitable items to clean teeth. **Dentures:** the ability to remove and replace dentures from mouth and manage equipment for soaking and rinsing)?

- Independent-** Participant completes the activity by him/herself with no assistance from helper
- Setup or clean-up assistance-** Helper *sets up or cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance-** Helper provides *verbal cues or touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

## Assessment Domains

- Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Task attempted but not completed
  - Not applicable
  - Participant refused

### C) Toilet Hygiene- Does the participant have any difficulties with toilet hygiene (The ability to maintain perineal hygiene, adjust clothes before and after using toilet, commode, bedpan, urinal. If managing ostomy, include wiping opening but not managing equipment)?

- Independent-** Participant completes the activity by him/herself with no assistance from helper
- Setup or clean-up assistance-** Helper *sets up or cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance-** Helper provides *verbal cues or touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Task attempted but not completed
  - Not applicable
  - Participant refused

[If selection other than Independent is made in A, B, and/or C, the following questions will be displayed]

### Challenges – What difficulties does the participant have taking care of his/her own grooming/hygiene needs?

- Behavioral issues
- Cannot brush/comb hair
- Cannot brush teeth
- Cannot do own peri care

## Assessment Domains

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- Cannot raise arms
- Disease/symptoms interfere with performing task
- Unaware of grooming needs
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Strengths – What does the participant do well in taking care of his/her own grooming/hygiene needs?

- Able to apply make-up, lotions, etc.
- Able to brush/comb hair
- Able to do own peri-care
- Able to trim nails
- Able to wash hands/face
- Aware of need to use toilet
- Brushes teeth/dentures
- Can shave themselves
- Cooperates with caregiver
- Participant is motivated
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Preferences – What does the participant prefer when taking care of his/her own grooming/hygiene needs?

- Assistance after eating
- Assistance before bedtime
- Disposable razor
- Electric razor
- Hair done in salon
- Prefers a female caregiver
- Prefers a male caregiver
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Support Instructions – What helps the most when assisting the participant with his/her grooming/hygiene needs?

- Manage his/her own need
- Apply deodorant

## Assessment Domains

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- Assist to clean dentures
- Assist with menses care
- Comb hair as needed
- Cue to brush teeth
- Cue to comb hair
- Cue to wash face/hands
- Shave participant daily or as needed
- Trim fingernails as needed
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Is training needed to increase independence?

- No
- Yes

Comments: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

## Assessment Domains

### Personal Hygiene/Grooming Equipment

Does the participant need any adaptive equipment to assist with grooming and hygiene tasks?

- No
- Yes
- Chose not to answer

Comments: \_\_\_\_\_

*If 'Yes' was selected, the 'Personal Hygiene/Grooming Equipment' table will be displayed:*

#### Personal Hygiene/Grooming Equipment (Select All that Apply)

Type	Has and Uses	Has and does not use	Needs	Comments/Supplier
Adapted toothbrush	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Dental floss holder/flossing aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Dentures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Electric razor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Special type of toothbrush	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Splint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Notes/Comments:

\_\_\_\_\_



## Assessment Domains

### Toilet Use/Continence Support

Does the participant have any difficulties with toileting (The ability to use a toilet, commode, bedpan, or urinal. Includes managing ostomy or catheter.)?

- Independent-** Participant completes the activity by him/herself with no assistance from helper
- Setup or clean-up assistance-** Helper *sets up or cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- Supervision or touching assistance-** Helper provides *verbal cues or touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Task attempted but not completed
  - Not applicable
  - Participant refused

[If selection other than Independent is made, the following questions will be displayed]

#### Challenges – What difficulties does the participant have with toileting?

- Behavioral issues
- Cannot always find bathroom
- Cannot change incontinence pads
- Cannot do own peri care
- Cannot empty ostomy/catheter bag
- Experiences urgency
- Painful urination
- Refuses to use pads/briefs
- Requires peri-care after toilet use
- Unaware of need
- Wets/soils bed/furniture
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

**Commented [...1]:** No specific CARE item on toileting, just toilet hygiene. Have added using CARE-like language.

## Assessment Domains

### Strengths – What does the participant do well with toileting?

- Able to use incontinence products
- Assists caregiver with transfer
- Aware of need to use toilet
- Can toilet with cueing
- Cooperates with caregiver
- Does not need assistance at night
- Empties own ostomy/catheter bag
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Preferences – What does the participant prefer when being supported to stay dry and clean?

- Bed pan only
- Bedside commode
- Female caregiver
- Male caregiver
- Pads/briefs when going out
- Specific products
- Urinal
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Support Instructions – What helps the most when assisting the participant with toileting?

- Manage his/her own need
- Bowel/bladder program
- Change/empty catheter/ostomy bags
- Change pads as needed
- Clean catheter bag
- Cue to toilet
- Provide or cue to do peri-care
- Toilet participant regularly
- Transfer participant on/off toilet
- Use condom catheter as needed
- Other \_\_\_\_\_
- Other \_\_\_\_\_

## Assessment Domains

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Comments: \_\_\_\_\_

### Is training needed to increase independence?

- No
- Yes

Comments: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

## Assessment Domains

### Toilet Use/Continenence Support Equipment

Does the participant need any adaptive equipment to assist with toileting or staying dry and clean?

- No
- Yes
- Chose not to answer

Comments: \_\_\_\_\_

*If 'Yes' was selected, the 'Hygiene Equipment Status' table will display:*

#### Hygiene Equipment Status *(Select All that Apply):*

Type	Has and Uses	Has and does not use	Needs	Comments/Supplier
Barrier cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Bed pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Bed pan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Incontinence briefs/pads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Colostomy bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Commode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Disinfectant spray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
External catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Grab bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Ileostomy bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Internal catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Mattress cover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Raised toilet seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Specialized medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Urinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Notes/Comments: \_\_\_\_\_

### Mobility – Walking and Wheeling

#### 1. Does the participant primarily use a wheelchair for mobility?

- No
- Yes [Skip to 8]

Comments: \_\_\_\_\_

#### 2. Select the longest distance the participant walks and code his/her level of independence (Level 1-6) on that distance. Observe performance.

- Walk 150 feet (45 m):** Once standing, can walk at least 150 feet (45 meters) in a corridor or similar space.
  - Independent-** Participant completes the activity by him/herself with no assistance from helper
  - Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused
- Walk 100 feet (30 m):** Once standing, can walk at least 100 feet (30 meters) in a corridor or similar space.
  - Independent-** Participant completes the activity by him/herself with no assistance from helper
  - Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

## Assessment Domains

- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Task attempted but not completed
  - Not applicable
  - Participant refused
  
- **Walk 50 feet (15 m):** Once standing, can walk at least 50 feet (15 meters) in a corridor or similar space.
  - **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused
  
- **Walk in room once standing:** Once standing, can walk at least 10 feet (3 meters) in room, corridor, or similar space.
  - **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**

## Assessment Domains

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- Due to medical condition
- Due to safety concerns
- Task attempted but not completed
- Not applicable
- Participant refused

Code the following questions for the most usual performance in the 2-day assessment period.

### 3. 1 step (curb): The ability to step over a curb or up and down one step

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

### 4. Walk 50 feet with two turns: The ability to walk 50 feet and make two turns.

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

## Assessment Domains

- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

### 5. 12 steps-interior: The ability to go up and down 12 interior steps with a rail.

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

### 6. Four steps-exterior: The ability to up and down 4 exterior steps with a rail.

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted** (Provide rationale below)



## Assessment Domains

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- Due to medical condition
- Due to safety concerns
- Due to environmental constraints
- Task attempted but not completed
- Not applicable
- Participant refused

### 7. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

### 8. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

[Code using the most usual performance in the 2-day assessment period.]

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.

## Assessment Domains

- **Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

[IF NO RESPONSE TO 1: If anything besides Independent was selected for 2-8, skip to Challenges for Mobility. If Independent was the only selection made, skip to Mobility – Walking and Wheeling Equipment.]

[IF YES RESPONSE TO 1: Continue on to 9.]

Code the following questions for the most usual performance in the 2-day assessment period.

### 9. Select the longest distance the participant wheels and code his/her level of independence (Level 1-6) on that distance. Observe performance.

- **Wheel 150 feet (45 m):** Once standing, can wheel at least 150 feet (45 meters) in a corridor or similar space.
  - **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted** (Provide rationale below)
    - Due to medical condition
    - Due to safety concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused
- **Wheel 100 feet (30 m):** Once standing, can wheel at least 100 feet (30 meters) in a corridor or similar space.
  - **Independent-** Participant completes the activity by him/herself with no assistance from helper

## Assessment Domains

- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused
- **Wheel 50 feet (15 m):** Once standing, can wheel at least 50 feet (15 meters) in a corridor or similar space.
- **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused
- **Wheel in room once seated:** Once seated, can wheel at least 10 feet (3 meters) in room, corridor, or similar space.
- **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.

## Assessment Domains

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- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Task attempted but not completed
  - Not applicable
  - Participant refused

**10. Wheel short ramp:** Once seated in wheelchair, goes up and down a ramp of less than 12 feet (4 meters).

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

**11. Wheel long ramp:** Once seated in wheelchair, goes up and down a ramp of more than 12 feet (4 meters).

- **Independent-** Participant completes the activity by him/herself with no assistance from helper
- **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.

## Assessment Domains

- **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
- **Activity not attempted** (Provide rationale below)
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental constraints
  - Task attempted but not completed
  - Not applicable
  - Participant refused

### Challenges – What difficulties does the participant have getting around his/her home?

- Behavioral issues
- Activity limited; afraid of falling
- Cannot propel wheelchair
- Disease/symptoms interfere with performing task
- Leans to one side
- Misplaces/forgets assistive device
- Poor navigation
- Unable to exit in emergency
- Unable to walk/bear weight
- Will not use assistive device
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Challenges – What difficulties does the participant have getting around his/her community?

- Behavioral issues
- Activity limited; afraid of falling
- Cannot open doors
- Difficulty navigating unfamiliar environments
- Disease/symptoms interfere with performing task
- Gets lost outside residence
- Needs assistance with stairs

## Assessment Domains

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- Needs assistance to evacuate
- Needs wheelchair for distance
- Poor safety awareness
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Strengths – What does the participant do well?

- Able to exit in emergency
- Aware of own safety
- Cooperates with caregiver
- Has a steady gait
- Motivated
- Propels own wheelchair
- Sees well enough to navigate independently
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Strengths – What does the participant do well when getting around his/her community?

- Can evacuate in emergency
- Has good endurance
- Independent with stairs
- Navigates safely in community
- Remembers to use assistive device
- Residence has ramp
- Will ask for assistance
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_

### Preferences – What does the participant prefer when needing to get around his/her home?

- Can walk, but prefers wheelchair
- Cane
- Contact guard when walking
- Crutch
- Electric wheelchair
- Gait belt
- Manual wheelchair

## Assessment Domains

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- Pushed in wheelchair
  - Walker
  - Walker with seat
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Comments: \_\_\_\_\_

### Preferences – What does the participant prefer to get around his/her community?

- Contact guard
  - Outings in the afternoon
  - Outings in the morning
  - Wheelchair
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Comments: \_\_\_\_\_

### Support Instructions (In the Home) – What helps the most when assisting the participant to get around his/her home?

- Manage his/her own need
  - Always use a gait belt
  - Assist participant over thresholds
  - Evacuation plan: call neighbor
  - Evacuation plan: caregiver assistance
  - Evacuation plan: use PERS
  - Leave assistive device within reach
  - Provide contact guard when walking
  - Provide physical support with stairs
  - Remind to use assistive device
  - Recharge batteries daily
  - Keep walkways clear
  - Use gait belt
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Comments: \_\_\_\_\_

## Assessment Domains

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### Support Instructions (In the Community) – What helps the most when assisting the participant to get around the Community?

- Manage his/her own need
- Assist on uneven surfaces
- Cue to use evacuate
- Cue to use assistive device
- Keep assistive device within reach
- Res. Evacuation Level 1
- Res. Evacuation Level 2
- Res. Evacuation Level 3
- Set brakes for participant
- Use gait belt
- Cue to evacuate
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Is training/skill building needed to increase independence?

- No
- Yes

Comments: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_



## Assessment Domains

### Mobility – Walking and Wheeling Equipment

Does the participant have or need any adaptive equipment to assist with mobility?

- No
- Yes
- Sometimes
- Chose not to answer

Comments: \_\_\_\_\_

*If 'Yes' was selected, the 'Mobility Equipment Status' table will be displayed:*

**Mobility Equipment Status** (select all that apply):

Type	Has and Uses	Has and does not use	Needs	Comments/Supplier
Air pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Cane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Crutch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Gait belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Gel pad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Manual wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Motorized wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Medical response alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Medical response alert unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Prostheses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Quad cane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Ramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Repositioning wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Room monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Service animal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Specialized medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Splint/Braces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Walker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Walker with seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Notes/Comments: \_\_\_\_\_

## Assessment Domains

### Positioning

1. **Lying to sitting on side of bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.
  - **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused
2. **Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
  - **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Due to environmental constraints
    - Task attempted but not completed
    - Not applicable
    - Participant refused

## Assessment Domains

Code the following questions for the most usual performance in the 2-day assessment period.

- 3. Roll left and right:** The ability to roll from lying on back to left and right side, and roll back to back
- **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Due to environmental constraints
    - Task attempted but not completed
    - Not applicable
    - Participant refused
- 4. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
- **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Due to environmental constraints
    - Task attempted but not completed
    - Not applicable
    - Participant refused

## Assessment Domains

5. **Picking up object:** The ability to bend/stoop from a standing position to pick up small object such as a spoon.
- **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Due to environmental constraints
    - Task attempted but not completed
    - Not applicable
    - Participant refused

[If selection other than Independent is made in 1-5, the following questions will be displayed]

### Challenges – What difficulties does the participant have with positioning?

- Behavioral issues
- Bedridden all/most of the time
- Cannot elevate legs/feet
- Disease/symptoms interfere with performing task
- Chair fast all/most of the time
- Falls out of bed
- Slides down in chair
- Slips down in bed
- Unable to use trapeze
- Unaware of need to reposition
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

## Assessment Domains

### Strengths – What does the participant do well when repositioning?

- Able to elevate legs
- Asks for assistance
- Aware of need to reposition
- Cooperates with caregiver
- Directs caregiver to assist with task
- Motivated
- Uses trapeze
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Preferences – What does the participant prefer to be positioned?

- Can walk, but prefers wheelchair
- Cane
- Contact guard when walking
- Crutch
- Electric wheelchair
- Gait belt
- Manual wheelchair
- Pushed in wheelchair
- Walker
- Walker with seat
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Support Instructions – What helps the most when assisting the participant with repositioning?

- Manage his/her own need
- Assist participant to roll over
- Assist participant to sit up in bed/chair
- Monitor pressure points daily
- Reposition at participant's request
- Reposition as needed
- Use pillows/towels for support
- Other \_\_\_\_\_
- Other \_\_\_\_\_

## Assessment Domains

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Comments: \_\_\_\_\_

**Is training/skill building needed to increase independence?**

- No
- Yes

Comments: \_\_\_\_\_

**Notes/Comments:** \_\_\_\_\_

## Assessment Domains

### Positioning Equipment

Does the participant have or need any adaptive equipment to assist with positioning?

- No
- Yes
- Chose not to answer

**Comments:**

*If 'Yes' was selected, the following questions will be displayed:*

**Positioning Equipment Status (select all that apply):**

Type	Has and Uses	Has and does not use	Needs	Comments/Supplier
Alternating pressure mattress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Bubble mattress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Brace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Electronic bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Flotation mattress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Manual bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Posey or other enclosed bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Side rails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Specialized medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Water mattress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Notes/Comments: \_\_\_\_\_

### Transfers

1. **Chair/Bed-to-Chair Transfer:** The ability to safely transfer from a chair (or wheelchair). The chairs are placed at right angles to each other.
  - **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused
2. **Toilet Transfer:** The ability to safely get on and off a toilet or commode.
  - **Independent-** Participant completes the activity by him/herself with no assistance from helper
  - **Setup or clean-up assistance-** Helper *sets up* or *cleans up*; participant completes activity. Helper assists only prior to or following the activity.
  - **Supervision or touching assistance-** Helper provides *verbal cues* or *touching/steadying* assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
  - **Partial/moderate assistance-** Helper does *less than half* the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - **Substantial/maximal assistance-** Helper does *more than half* the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - **Dependent-** Helper does *all* of the effort. Participant does none of the effort to complete the task.
  - **Activity not attempted (Provide rationale below)**
    - Due to medical condition
    - Due to safety concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused

[If selection other than Independent is made in 1 or 2, the following questions will be displayed]



## Assessment Domains

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### Challenges – What difficulties does the participant have with making transfers?

- Behavioral issues
- Afraid of falling
- Afraid of Hoyer lift
- Disease/symptoms interfere with performing task
- Two-person transfer
- Unable to transfer without assistance
- Unsteady during transfer
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Strengths – What does the participant do well when transferring?

- Asks for assistance
- Aware of safety
- Can transfer self-using a lift
- Cooperates with caregiver
- has good upper body strength
- Motivated
- Transfers with some support
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Preferences – What does the participant prefer when making transfers?

- Caregivers use a gait belt
- Family member to assist
- Manual lifts
- Use a transfer board
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Support Instructions – What helps the most when assisting the participant with transfers?

- Manage his/her own need
- Assist all wheelchair transfers
- Cue to use adaptive equipment
- maintain contact until steady

## Assessment Domains

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- Talk participant through each transfer
- Transfer quickly
- Transfer slowly
- Use Hoyer for transfers
- Use transfer board for transfers
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Comments: \_\_\_\_\_

### Is training needed to increase independence?

- No
- Yes

Comments: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

## Transfers Equipment

Does the participant have or need any adaptive equipment to assist with transfers?

- No
- Yes
- Chose not to answer

Comments: \_\_\_\_\_

*If 'Yes' was selected, the 'Transfer Equipment Status' table will be displayed:*

### Transfer Equipment Status (Select All that Apply)

Type	Has and Uses	Has and does not use	Needs	Comments/Supplier
Bed rail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Brace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Ceiling lift track system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Draw sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Electronic bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Gait belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Hoyer or similar device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Lift chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Slide board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Specialized medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: (text box)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: (text box)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Notes/ Comments: \_\_\_\_\_

### Referrals & Goals (ADLs)

What is important to the individual? \_\_\_\_\_

#### Referrals Needed:

- Assistance with Personal Care  
\_\_\_\_\_ (Displays if checked)
- Assistive Technology  
\_\_\_\_\_ (Displays if checked)
- Environmental Accessibility Consultation  
\_\_\_\_\_ (Displays if checked)
- Equipment and Supplies  
\_\_\_\_\_ (Displays if checked)
- Nutritionist/Dietician  
\_\_\_\_\_ (Displays if checked)
- Occupational Therapist  
\_\_\_\_\_ (Displays if checked)
- Physical Therapist  
\_\_\_\_\_ (Displays if checked)
- Primary Health Care Provide  
\_\_\_\_\_ (Displays if checked)
- Other **Specify:** \_\_\_\_\_ (Displays when 'Other' is checked)
- Other **Specify:** \_\_\_\_\_ (Displays when 'Other' is checked)

**Summarize each need with the associated support plan implication to meet the need and any notes on referrals**