

# INSTRUMENTAL ACTIVITIES OF DAILY LIVING

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

For each of the activities below, code the participant's most usual performance using the 6 point scale for the most **usual performance** in the first 2-day assessment period. 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.

## Medication Management

**A) Does the participant have any difficulties with managing his/her oral medications** (The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals)?

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

## Assessment Domains

**B) Does the participant have any difficulties with managing his/her inhalant/mist medications** (The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.)?

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

**C) Does the participant have any difficulties with managing his/her injectable medications** (The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.)?

- 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.
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- 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 concerns

## Assessment Domains

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

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

### Challenges – What difficulties does the person have with medication management?

- Behavioral issues
- Cannot crush pills
- Cannot open containers
- Cannot fill syringe
- Disease/symptoms interfere with performing task
- Doesn't take medications due to cost
- Does not use correct dosage
- Forgets to take medication
- Has multiple prescriptions
- Takes outdated or expired medications
- Unable to read labels
- Unaware of dosages
- Uses multiple pharmacies
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Strengths – What does the person do well when managing medications?

- Able to manage multiple medications
- Able to open containers
- Able to put medications in mouth
- Able to use/give own injections
- Aware of frequency & dosages
- Aware of potential side effects
- Can crush pills
- Can fill/use syrin
- Takes medications as prescribed
- Understands purpose of medications
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## Assessment Domains

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Comments:

### Preferences – What does the person prefer related to medical management?

- Keep meds in room
- Medications delivered
- Pre-filled syringe
- Use a pill box
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Support Instructions – What helps the most when assisting the person with medical management?

- Manage his/her own need
- Cue to swallow medications
- Inform person of each medication given
- Open containers
- Organize/Label medications
- Put medications in lock box
- Place medication in person's hand/mouth
- Read labels to person
- Remind person to take medications
- Reorder medication
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

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

- No
- Yes

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

## Assessment Domains

### Medication Management (Equipment)

Does the person have or need any adaptive equipment to assist with medication management?

- No
- Yes
- Chose not to answer

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

Medication Equipment Status (Check all that apply)

Type	Has and Uses	Has and does not use	Needs	Comments/Supplier
CompuMed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Medi-minder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Medi-set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Pill crusher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Pill cutter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Specialized medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Syringe	<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

### Meal Preparation

**Does the participant have any difficulties with making a light meal** (The ability to plan and prepare all aspects of a light meal such as a bowl of cereal or a sandwich and cold drink, or reheat a prepared meal.)?

- 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.
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- Activity not attempted (Provide rationale below)**
  - Due to medical condition
  - Due to safety concerns
  - Due to environmental 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 person have with preparing meals?

- Behavioral issues
- Cannot cut/peel/chop
- Cannot plan meals
- Cannot reach stove
- Disease/symptoms interfere with performing task
- Does not know how to cook
- Food allergies
- Keeps spoiled food
- Leaves burners on
- Special diet
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

## Assessment Domains

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### Strengths – What does the person do well when preparing simple meals?

- Able to follow special dietary needs
- Assists with meals
- Aware of food allergies
- Can prepare a simple meal
- Can prepare food with cueing
- Can use the microwave
- Directs caregiver to prepare meal
- Has accessible kitchen
- Makes good meal choices
- Plans own menus
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Preferences – What does the person prefer related to meal preparation?

- Bland diet
- Foods from my culture
- Fresh fruits and vegetables
- Home-cooked meals
- Home delivered meals
- Kosher diet
- Large portions
- Multiple meals a day
- Other religious/ethnic foods
- Salt-free foods
- Small portions
- Sugar-free foods
- Vegetarian diet
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

## Assessment Domains

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### Support Instructions – What helps the most to assist the person in preparing meals?

- Manage his/her own need
- Cue to prepare snack/meal
- Follow prescribed diet
- Label/organize food products
- Make food accessible to person
- Prepare all meals
- Prepare meals for person to reheat
- Prepare special diet
- Throw out spoiled food
- Work out a menu with person
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

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

- No
- Yes

Notes/Comments:



## Assessment Domains

### Accessing Public Transportation

**Does the participant have any difficulties with accessing public transportation**  
(The ability to plan and use public transportation. Includes boarding, riding, and alighting from transportation.)?

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

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

#### Challenges – Does the person have difficulty with transportation?

- Behavioral issues
- Difficult to transfer
- Difficulty communicating with drivers
- Disease/symptoms interfere with performing task
- Needs escort
- Needs to take walker/ wheelchair
- Needs to use vehicle with lift
- Unable to arrange own transportation
- Will not ride a bus
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

## Assessment Domains

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### Strengths – What does the person do well related to transportation?

- Can find and read schedules, phone #s
- Can ride bus without assistance
- Communicates needed information with driver
- Knows bus routes
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Preferences – What does the person prefer related to transportation?

- Bus
- Taxi
- Para transit
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Support Instructions – What helps the person most related to transportation?

- Manage his/her own need
- Accompany person on bus / van
- Arrange medical transportation
- Make arrangements for para transit
- Orientation and mobility training for new routes
- Take portable oxygen tank
- Take wheelchair/walker
- Use supportive seating
- Use vest / harness
- Other: \_\_\_\_\_
- Comments: \_\_\_\_\_

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

- Yes
- No

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

## Assessment Domains

### Housework

**A) Does the participant have any difficulties with wiping down surfaces** (The ability to use a damp cloth to wipe down surface such as table top or bench to remove small amounts of liquid or crumbs. Includes ability to clean cloth of debris in participant's customary manner.)?

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

**B) Does the participant have any difficulties with doing laundry** (Includes all aspects of completing a load of laundry using a washer and dryer. Includes sorting, loading and unloading, and adding laundry detergent.)?

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

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

### Challenges – What difficulties does the person have with housework?

- Behavioral issues
- Allergies to dust, pollen, etc.
- Cannot make or change bedding
- Cannot operate washer/dryer
- Cannot see when surfaces need cleaning
- Disease/symptoms interfere with performing task
- Has chemical sensitivities
- Unaware of need
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Comments:

### Strengths – What does the person do well related to housework?

- Able to make bed
- Able to sweep
- Can do dishes
- Can do light housekeeping
- Can do light personal laundry
- Can fold clothes
- Can instruct caregiver
- Can take out garbage
- Can wash windows
- Does housework with cueing
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Preferences – What does the person prefer when performing housework?

- Likes a neat house
- Wants items left where they are

## Assessment Domains

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- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Support Instructions – What helps assist the person the most in performing housework?

- Manage his/her own need
- Change/wash linens weekly
- Chore services
- Clean bathroom as needed
- Cue to perform tasks
- Dust/vacuum as needed
- Mow lawn as needed
- Shovel snow as needed
- Sweep/mop floors as needed
- Take out garbage
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

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

- No
- Yes
- Notes/Comments:

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

## Assessment Domains

### Telephone Use

- A) Does the participant have any difficulties with answering the telephone** (The ability to pick up call in participant's customary manner and maintain for 3 minutes. Does not include getting to the phone.)?
- 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 concerns
    - Task attempted but not completed
    - Not applicable
    - Participant refused
- B) Does the participant have any difficulties with placing telephone call** (The ability to pick up and place call in participant's customary manner and maintain for 3 minutes. Does not include getting to the phone.)?
- 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.
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  - 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

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- Due to environmental concerns
- Task attempted but not completed
- Not applicable
- Participant refused

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

### Challenges – What difficulty does the person have with using the telephone?

- Behavioral issues
- Cannot dial phone
- Cannot get to phone
- Cannot hear phone ringing
- Difficulty hearing/understanding callers
- Disease/symptoms interfere with performing task
- No telephone
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Strengths – What does the person do well when using the telephone?

- Can dial phone
- Can take messages
- Can use PERS
- Can use phone book/411 service
- Can use relay service
- Can use speaker phone
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

### Support Instructions – What helps the most to assist the person with telephone use?

- Manage his/her own need
- Answer telephone for person
- Assist with TDD/TTY
- Dial telephone for person
- Leave phone within reach of person
- Set up speed dial
- Set up voice-activated dialing

## Assessment Domains

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- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

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

- Yes
- No

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

Accessible Format



## Assessment Domains

### Shopping

**Does the participant have any difficulties with performing light shopping** (Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.)?

- 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.
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- 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 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 person have with shopping?

- Behavioral issues
- Cannot carry heavy items
- Cannot reach items
- Cannot read labels
- Cannot see/locate items
- Cannot shop online
- Disease/symptoms interfere with performing task
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Comments:

## Assessment Domains

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### Strengths – What is the person able to do when shopping?

- Able to arrange transportation
- Able to budget income and expenses
- Able to communicate with store personnel
- Able to make shopping lists
- Can carry small items
- Can navigate within the store
- Can see/identify needed items
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

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

### Preferences – What does the person prefer when shopping?

- Shop at a specific store
- Shop weekly
- Specialty items
- Use coupons
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

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

### Support Instructions – What helps the person most when shopping?

- Manage his/her own need
- Arrange to have groceries delivered
- Carry heavy packages for person
- Do all shopping for person
- Guide person within store, find/describe items
- Help person make grocery list
- Label items
- Put items away
- Read labels to person
- Take person to store
- Other: \_\_\_\_\_

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

## Assessment Domains

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Is training/skill building needed to increase independence?

- No
- Yes

Notes/Comments:

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Accessible Format

## Assessment Domains

### Finances

Does the participant require any assistance with finances (balancing checkbook, managing money, etc.)?

- 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.
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  - Due to environmental 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 difficulty does the person have with finances?

- Behavioral issues
- Cannot budget
- Cannot see/read bills or account information
- Difficulty keeping up with paperwork to maintain eligibility for health care and other benefits
- Difficulty differentiating between needs /wants
- Has no POA/needs
- Hides money
- Disease/symptoms interfere with performing task
- Vulnerable to financial exploitation
- Will not pay bills
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Commented [..1]:** Left in MnCHOICES nomenclature because there is no comparable question in CARE. Did modify first question language to be comparable to CARE questions.

## Assessment Domains

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

### Strengths – What does the person do well related to finances?

- Can budget income and expenses
- Can use EBT card
- Can write checks and pay bills
- Has a payee
- Has auto payment plan
- Has direct deposit
- Has guardian/Power of Attorney (POA)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

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

### Support Instructions – What helps the most to assist the person with finances?

- Manage his/her own need
- Arrange credit counseling
- Balance checkbook monthly
- Contact POA regarding finance issues
- Needs payee
- Pay bills for person
- Setup automatic payment plan
- Needs assistive/adaptive equipment to see paperwork
- Set up budget for person
- Set up utility payment plan
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

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

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

- No
- Yes

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

## Assessment Domains

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### Referrals & Goals (IADLs)

What is important to the individual?

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#### Referrals Needed:

- |   |                       |                                    |
|---|-----------------------|------------------------------------|
| <input type="checkbox"/> Assistive Technology           | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Equipment and Supplies         | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Housekeeping                   | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Medication Management          | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Money Management               | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Occupational Therapist         | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Physical Therapist             | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Primary Health Care Provide    | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Skilled Nurse Visits           | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Shopping Assistance            | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Telephone Equipment Assistance | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Transportation Services        | _____                 | (Displays if checked)              |
| <input type="checkbox"/> Other                          | <b>Specify:</b> _____ | (Displays when 'Other' is checked) |
| <input type="checkbox"/> Other                          | <b>Specify:</b> _____ | (Displays when 'Other' is checked) |

#### Assessed Needs and Support Plan Implications

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