

Adult Day Services Family-Intake Assessment

Last Name: _____ First Name: _____ Date: _____

ACTIVITIES OF DAILY LIVING

1. Eating- How (Name) eats and drinks, regardless of skill (he/she may be messy or may not use knife, fork or spoon), during the last week.

- 1 Eats independently: no help or supervision needed.
- 2 Eats with supervision: oversight, encouragement or cuing provided 1 or more times during the last week.
- 3 Eats with limited assistance: highly involved in activity, received physical help in guided maneuvering of eating device more than 1 time during the last week.
- 4 Eats with extensive assistance: may perform part of activity, but needs full assistance for eating 1 or more times during the last week.
- 5 Totally dependent: needs to be fed on all occasions, includes those individuals who are tube fed.

2. Chair Transfer- How (Name) moves from chair to chair or chair to standing position during the last week. (Exclude toilet)

- 1 Transfers independently.
- 2 Transfers with supervision: oversight, encouragement, cuing provided 1 or more times during the last week.
- 3 Transfers with limited assistance: highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight bearing help more than 1 time during the last week.
- 4 Transfers with extensive assistance: may have performed part of the activity, weight bearing support provided 1 or more times during the last week.
- 5 Totally dependent: dependent on others to transfer from one location or position to another.

3. Bed Transfer- How (Name) moves from BED TO CHAIR or BED TO STANDING POSITION during the last week.

- 1 Transfers independently.
- 2 Transfers with supervision: oversight, encouragement, cuing provided 1 or more times during the last week.
- 3 Transfers with limited assistance: highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight bearing help more than 1 time during the last week.
- 4 Transfers with extensive assistance: may have performed part of the activity, weight bearing support provided 1 or more times during the last week.
- 5 Totally dependent: dependent on others to transfer from one location or position to another.

4. Ambulation/Locomotion- Ability to safely walk, once in a standing position, or use a wheelchair during the last week.

- A) Please check all assistive devices used:
 1 Cane 2 Walker 3 Wheelchair
- 1 Able to be independently mobile, either walking or wheeling self in wheelchair.
 - 2 Requires supervision: needs oversight, encouragement or cuing provided 1 or more times during the last week to walk or wheel in wheelchair.
 - 3 Requires limited assistance: may be highly involved in activity but needs assistance of 1 person or supervision, for ambulation more than 1 time during the last week, may need a push in wheelchair more than 1 time during the last week.
 - 4 Requires extensive assistance: may perform part of activity, needs assistance of 2 individuals 1 or more times during the last week for ambulation, needs to be pushed in wheelchair on most occasions.
 - 5 Totally dependent: unable to ambulate or wheel self in wheelchair

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5. Grooming: Ability to tend to personal hygiene needs (i.e. washing face and hands, hair care, shaving or makeup, teeth or denture care, fingernail care) during the last week.

- 1 Able to tend to personal hygiene independently.
- 2 Requires supervision: set up help provided in order to complete task 1 or more times during the last week.
- 3 Requires limited assistance: highly involved in activity but needs help more than 1 time during the last week.
- 4 Requires extensive assistance: may perform part of the activity but another person must complete activity 1 or more times during the last week.
- 5 Totally dependent: unable to perform grooming tasks.

6. Self-manage continence products: Ability to manage any type of absorbent, disposable or reusable undergarment or item worn by (Name) to manage bowel or bladder incontinence during the last week.

- 0 Did not use continence product during the last week.
- 1 Able to manage independently: no help needed.
- 2 Requires supervision: may require someone to encourage and cue them 1 or more times during the last week
- 3 Requires limited assistance: highly involved in activity, another person assists with changing product more than 1 time during the last week.
- 4 Requires extensive supervision: may perform part of the activity but another person must physically complete activity 1 or more times during the last week.
- 5 Totally dependent: unable to manage continence products

7. Bathing: How (Name) takes a full body bath/shower, sponge bath, and transfers in/out of the tub/shower during the last week. Exclude washing back and hair.

- 1 Able to bathe independently, no assistance provided.
- 2 Requires supervision, may require someone to encourage and cue them 1 or more times during the last week.
- 3 Requires limited assistance, highly involved in activity but needs help more than 1 time during the last week. Transfer assistance only provided.
- 4 Requires extensive assistance, may perform part of the activity but another person must complete activity 1 or more times during the last week.
- 5 Totally dependent, unable to perform bathing tasks.

8. Dressing: How (Name) puts on, fastens, and takes off all items of street clothing during the last week.

- 1 Able to dress independently, no assistance provided.
- 2 Requires supervision, may require someone to encourage and cue them 1 or more times during the last week.
- 3 Requires limited assistance, highly involved in activity but needs help more than 1 time during the last week.
- 4 Requires extensive assistance, may perform part of the activity but another person must complete activity 1 or more times during the last week.
- 5 Totally dependent, unable to perform dressing tasks

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9. Toilet Use- How (Name) uses the toilet during the last week. Includes ability to use toilet paper and manage clothing (zipping and unzipping, getting pants up and down.)

- 1 Uses the toilet independently, no help provided.
- 2 Requires supervision: needs oversight, encouragement or cuing provided 1 or more times during the last week.
- 3 Requires limited assistance: highly involved in activity, receives physical assistance more than 1 time during the last week.
- 4 Requires extensive assistance: may perform part of activity but full personal assistance 1 or more times during the last week.
- 5 Totally dependent: dependent on another person on all occasions.

Comments: _____

ACTIVITIES OF DAILY LIVING FAMILY INTAKE VERSION

INSTRUCTIONS

Talk to family members about client's abilities. Scoring should be based on what the client actually does not what they should be able to do. As you talk to the family fill in the client's name.

1. Eating- How (Name) eats and drinks, regardless of skill (he/she may be messy or may not use knife, fork or spoon), during the last week.

An individual is able to eat independently if he/she can sit down at the table and is able to eat without someone prompting him/her or preparing his/her food. Score as 1.

An individual who needs supervision requires oversight, encouragement or cuing such as having someone sit near him/her to maintain focus on activity or needs to have someone cut or otherwise prepare food such as putting cream in coffee. This assistance is required 1 or more times during the last week. This may include someone who eats finger foods independently. Score as 2.

An individual who requires limited assistance is highly involved in the activity but may need someone to put the spoon in his/her hand or may need to have the hand guided the first few times and then eats independently with encouragement, this includes individuals who will eat finger foods but need oversight and encouragement. Score as 3.

An individual who requires extensive assistance may be able to feed self a small amount but needs constant supervision and full assistance to eat, may be able to feed self finger foods but needs to have glass or cup held by another person. This assistance is required 1 or more times during the last week. Score as 4.

An individual is totally dependent if he/she needs to be fed at all times. Includes tube feedings. Score as 5.

2. Chair Transfer- How (Name) moves from chair to chair or chair to standing position during the last week. (Exclude toilet)

Physically independent for all transfers. May need someone to lock wheels on wheelchair but requires no physical assistance. Score as 1.

Individual requires supervision for transfers. He/she may need to be talked through the process, for example, Put your hands on the arms of the chair and push up. Needs to be encouraged or verbally prompted to stand but no physical help needed. Score as 2.

Individual needs limited assistance if he/she is highly involved in the activity but may need a hand on arm for stability, help getting feet positioned on floor, or legs uncrossed and set on floor. Other non-weight bearing support may be provided such as a hand on the back. Such help occurred 1 or more times during the past week. Score as 3.

Individual needs extensive assistance if he/she needs another person to physically assist to feet, such as pulling or lifting to feet. Such weight bearing support is provided at least once during the past week. Score as 4.

Individual is totally dependent if he/she is unable to transfer from one location to another without someone physically lifting and moving him/her. Score as 5.

3. Bed Transfer- How (Name) moves from BED TO CHAIR or BED TO STANDING POSITION during the last week.

Individual is physically independent for all transfers. May need someone to position chair but requires no physical assistance. Score as 1.

Individual transfers with supervision: he/she may need encouragement or talked through the process, for example, swing your legs over the side of the bed, or covers need to be removed from the bed. May need encouraged or verbally prompted but no physical assistance with transfer provided. Score as 2.

Individual transfers with limited assistance: he/she will be highly involved in activity, received physical help in guided maneuvering of limbs(the helper placed feet on the floor or swung the individual s legs over the side of the bed) or other non-weight bearing help more than 1 time during the last week. Score as 3

Individual transfers with extensive assistance: if another individual must be present to physically assist with such activities as pulling the individual to his/her feet or supporting weight for chair transfer. Such weight bearing support provided at least once during the past week. Score as 4.

Individual is totally dependent if he/she is unable to transfer without someone physically lifting and moving him/her. Score as 5.

4. Ambulation/Locomotion- Ability to safely walk, once in a standing position, or use a wheelchair during the last week.

Individual is independent if he/she walks independently with or without assistive devices such as canes or walkers or is able to self-propel a wheelchair with no assistance. Score as 1.

Individual requires supervision if he/she needs oversight, verbal cuing or encouragement

such as reassurance from someone walking next to them. No physical help needed. Score as 2.

Individual requires limited assistance if he/she needs to take someone's arm or have someone take his/her arm while walking more than 1 time during the past week. Those in a wheelchair need an occasional push one or more times during the last week. Score as 3.

Individual needs extensive assistance if he/she needs 2 people to walk safely, his/her balance could be very bad or he/she lacks the strength to stand at least 1 time during the last week. Individual needs to be pushed in a wheelchair most of the time but occasionally during the last week self-propelled wheelchair. Score as 4.

Individual is totally dependent if he/she is completely unable to ambulate or self-propel wheelchair. Score as 5.

5. Grooming: Ability to tend to personal hygiene needs (i.e. washing face and hands, hair care, shaving or makeup, teeth or denture care, fingernail care.)

Individual is independent if he/she is able to perform grooming activities without assistance. Score as 1.

Individual requires supervision if he/she needs assistance for set up help such as putting out grooming tools like combs, brushes, or razor. Encouragement and oversight may be provided such as verbal cuing to complete task 1 or more times during the last week. No physical assistance provided. Score as 2.

Individual requires limited assistance if he/she is able to participate in the activity, such as washing face if handed the wash cloth, which has been prepared, and encouraged to wash face, or someone turns on water, puts soap on hands and he/she is able to wash hands more than 1 time during the last week. Score as 3.

Individual requires extensive assistance if he/she is involved in grooming but help is needed to physically complete grooming such as bathing, shaving or hair care 1 or more times during the last week. Score as 4.

Individual is totally dependent if he/she is unable to participate in any grooming tasks. Score as 5.

6. Self-manage continence products: Ability to manage any type of absorbent, disposable or reusable undergarment or item worn by the individual to manage incontinence.

Individual does not use any products for incontinence difficulties. Score as 0.

Individual is able to independently manage incontinence products without any assistance. Include those individuals who use and independently manage any type of ostomy bags
Score as 1.

Individual requires supervision, encouragement or verbal cuing such as reminders to change the product or to manage incontinence product such as buttoning the straps, no physical help provided. Such help is provided 1 or more times during the last week .
Score as 2.

Individual requires limited assistance if he/she is able to manage product with some help needed to hand product to him/her or hold brief so he/she can secure it in place 1 or more times during the last week. Score as 3.

Individual requires extensive assistance if he/she is able to participate in activity such as holding brief in place but another person must physically complete task 1 or more times during the last week. Score as 4.

Client is totally dependent if he/she is unable change the his/her incontinence product. This includes care of ostomy bags. Score as 5.

7. How the individual takes a full body bath/shower, sponge bath and transfers in/out of tub/shower.

Individual is independent in bathing. No help or supervision is provided. Score as 1

Individual requires supervision, encouragement or verbal cuing such as placing bathing articles at tub side within his/her reach or handing him/her a towel at the completion of the bath. Score as 2.

Individual requires limited assistance if he/she requires physical help for transfer only into or out of the bath tub or shower, Limited assistance includes those individuals who can transfer independently but need assistance such as if someone prepares the washcloth he/she can wash the body. Score as 3.

Individual requires extensive assistance if he/she is involved in the bathing but needs someone to physically complete the task 1 or more times during the last week. Extensive assistance needed if help required transferring and physical assistance as described. Score as 4.

Individual is totally dependent if he/she is unable to participate in bathing. Score as 5.

8. Dressing: How (Name) puts on, fastens, and takes off all items of street clothing during the last week.

Individual is able to dress independently, no assistance provided. Score as 1.

Individual requires supervision, may require someone to encourage and cue them such as laying out clothes or reminders to stay on task and putting clothes on in right order, that is underwear first or the bottom layer then outer garments. Assistance putting on support stockings. Score as 2.

Individual requires limited assistance, highly involved in activity but needs help more than 1 time during the last week. Someone needs to be physically present while dressing or to complete the activity such as doing or undoing buttons and guiding limbs in and out of garments. Score as 3.

Individual requires extensive assistance, may perform part of the activity but another person must complete activity 1 or more times during the last week. May need partial weight bearing assistance to get dressed, might be able to dress upper body and require assistance with lower body. Score as 4

Individual is totally dependent if he/she is not able to participate in dressing. Score as 5.

9. Toilet Use- How (Name) uses the toilet during the last week. Includes ability to perform personal hygiene and manage clothing (zipping and unzipping, getting pants up and down).

Individual uses the toilet independently, no help or supervision needed. Score as 1.

Individual requires supervision, or encouragement such as reminders to use the toilet, be shown the location of the toilet or cuing such as verbal direction to lift skirt, pull down pants or handle toilet tissue. No physical assistance provided. Such help provided 1 or more times during the last week. Score as 2

Individual requires limited assistance if he/she is involved in the activity but needs physical help managing clothing such as zippers, belts or buttons or staff assistance using toilet tissue. Another person may also need to assist with clothing straightening. This help is provided 1 or more times during the last week. Score as 3.

Individual needs extensive assistance if full assistance is needed to use toilet tissue or physical assistance is required to pull pants up or down or to raise skirt on 1 or more occasions during the last week. Score as 4.

Individual is totally dependent on another person for toileting. Score as 5.