

Adult Day Services Client Assessment

Last Name: _____ First Name: _____ Date: ___ / ___ / ___

QUALITY OF LIFE Client Self-Report	
<input type="checkbox"/> Unable to complete due to cognitive impairment.	
1. Having interesting things to see and do <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor	2. Having the privacy you want <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor
3. Having good friendships and relationships <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor	4. Feeling your dignity is respected <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor
5. Feeling physically comfortable <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor	6. Doing as much as you want by yourself <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor
7. Feeling secure and safe <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor	8. Feeling life is enjoyable <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor
9. Having choice and control in your daily life <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor	10. Following your own interests and preferences <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor
11. Meeting your spiritual needs <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor	12. Life as a whole <input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor

Comments: _____

QUALITY OF LIFE CLIENT INTAKE ASSESSMENT

Instructions

The Quality of Life Assessment is administered to the Client in an interview format. Please follow the script and do not make up your own examples or try to lead the respondent in answering the questions. Do not suggest specific responses.

When you think about your life, there are different aspects some of which are listed on the questionnaire, please think about each item and rate your current quality of life using one of four words, Excellent, Good, Fair, or Poor. Please place a check next to the word that best describes the client's life at the present time.

Please attempt to interview the client, if the client is unable to respond due to cognitive impairment please check the box at the top of the page and terminate the interview.

1. Having interesting things to see and do

How would you describe your life in terms of having interesting things to do and see? These do not have to be self initiated activities, it could be planned by someone else or could be watching TV if that is what you want to do.

2. Having the privacy you want

How would you describe your life in terms of having privacy if desired? Is your privacy respected at the center? Where you live?

3. Having good friendships and relationships.

How would you describe your life in terms of current friendships and relationships? If the client says he/she has no friends or all their friends are dead, do they have anyone outside of the family they enjoy being with? If they have no one, how do they feel about having no friends.

4. Feeling your dignity is respected?

How would you describe your feeling of self worth or that others view you with respect?

5. Feeling physically comfortable?

How would you describe your life in terms of physical comfort?

6. Doing as much as you want by yourself?

How would you describe your life in terms of things you want or need to do by yourself?

7. Feeling secure and safe?

How would you describe your life in terms of feeling secure and safe?

8. Feeling life is enjoyable?

How would you describe your life in terms of doing things that are enjoyable?

9. Having choice and control in your daily life?

How would you describe your life in terms of having and making choices and maintaining control over life events?

10. Following your own interests and preferences?

How would you describe your life in terms of following interests and preferences established earlier in life?

11. Meeting your spiritual needs?

How would you describe your life in terms of having your spiritual needs met either through traditional or non traditional means? This is not dependent upon your religious convictions.

12. Life as a whole?

How would you describe your life overall with everything together, how do you feel about life?