

APD Condensed CA/PS Assessment

Mobility					
Ambulation	1				
Need Level:	□ Ind.	☐ Min. assist	□ Sub. assist	☐ Full assist	
Assist Types:	☐ Hands-on	☐ Confined to b	ed		
Frequency:	□ None	x's per day	x's per week	x's per month	☐ Always
Duration:	Minutes ea	ach time			
Required:	□ Inside	☐ Outside			
Notes:					
Transfer					
Need Level:	□lnd	□ Assist	□ Full assist		
		LI ASSISI	LI Full assist		
Assist Types:		v'a narday	y'a narwaak	v'a narmanth	
			x s per week	x's per month	□ Always
Duration:	Minutes ea	ich time			
Notes:					

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Eating					
Need Level: Assist Types: Frequency: Duration: Notes:	☐ Hands-on	□ Set-up x's per day	_	□ Full assist x's per month	□ Always
Elimination	ı				
Assist Types:	□ Hands-on □ None			x's per month	□ Always
Required:			☐ Ostomy care		
Notes:					
Bowel					
Need Level: Assist Types:	□ Ind. □ Hands-on	☐ Assist	□ Full assist		
Frequency: Duration:	□ None Minutes ea	x's per day ach time	x's per week	x's per month	□ Always
Required:	☐ Digital stim	. □ Enemas	☐ Ostomy care	☐ Suppository ins	sertion
Notes:					

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Toileting					
Need Level:	□ Ind.	☐ Assist	☐ Full assist		
Assist Types:	☐ Hands-on	☐ Cueing			
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always
Duration:	Minutes ea				
Required:	☐ Cleansing	☐ Changing	☐ Removing		
Notes:					
Cognition					
Self-Preser	vation				
Need Level:	□ Ind.	☐ Min. assist	☐ Sub. assist	☐ Full assist	
Assist Types:	☐ Hands-on☐ Monitoring	☐ Cueing	☐ Reassurance	☐ Redirection	☐ Support
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always
Duration:	Minutes ea	ich time			
Notes:					
Decision M	aking				
Need Level:	□ Ind.	☐ Min. assist	☐ Sub. assist	☐ Full assist	
Assist Types:		☐ Cueing	☐ Redirection	☐ Support	☐ Monitoring
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always
Duration:	Minutes ea	ich time			
Notes:					

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Ability to M	iake Seif U	naerstooa					
Need Level:	□ Ind.	☐ Min. assist	□ Sub. assist	☐ Full assist			
Assist Types:	☐ Hands-on	☐ Reassurance	☐ Redirection	☐ Support	☐ Monitoring		
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always		
Duration:	Minutes ea	ich time					
Notes:							
Challenging	g Behavior	'S					
Need Level:	☐ Ind.	☐ Min. assist	□ Sub. assist	☐ Full assist			
			☐ Redirection				
Frequency:		x's per day		x's per month	□ Always		
Duration:	Minutes ea		'	'	_ ,		
Notes:				_			
Bathing and Personal Hygiene							
J		, ,					
Bathing							
Need Level:	□ Ind.	☐ Assist	☐ Full assist				
Assist Types:	☐ Hands-on	☐ Cueing	□ Stand-by				
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always		
Duration:	Minutes ea	ich time					
Notes:							

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Personal H	lygiene				
Need Level:	□ Ind.	☐ Assist	☐ Full assist		
Assist Types:	□ Hands-on	☐ Cueing	☐ Stand-by		
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always
Duration:	Minutes ea	ach time			
Notes:					
Dressing a	and Groom	ing			
Dungaina					
Dressing					
Need Level:	□ Ind.	☐ Assist	☐ Full assist		
Assist Types:	☐ Hands-on	☐ Cueing	☐ Stand-by		
Frequency:	☐ None	x's per day	x's per week	x's per month	□ Always
Duration:	Minutes ea	ach time			
Notes:					
Grooming					
Grooming Need Level:	□ Ind.	□ Assist	□ Full assist		
			□ Full assist □ Stand-by		
Need Level:		☐ Cueing	□ Stand-by	x's per month	□ Always
Need Level: Assist Types:	□ Hands-on	□ Cueing x's per day	□ Stand-by	x's per month	□ Always
Need Level: Assist Types: Frequency:	□ Hands-on □ None	□ Cueing x's per day	□ Stand-by	x's per month	□ Always
Need Level: Assist Types: Frequency: Duration:	□ Hands-on □ None	□ Cueing x's per day	□ Stand-by	x's per month	□ Always
Need Level: Assist Types: Frequency: Duration:	□ Hands-on □ None	□ Cueing x's per day	□ Stand-by	x's per month	□ Always

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Housekee	nousekeeping and Laundry							
Housekeeping								
Need Level: Assist Types:		☐ Assist	☐ Full assist					
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always			
Duration:					-			
Notes:								
Laundry								
Need Level:	□ Ind.	☐ Assist	☐ Full assist					
Assist Types:	□ Hands-on							
Frequency:		x's per day	x's per week	x's per month	□ Always			
Duration:	Minutes ea			'	,			
Notes:								
N4 1 D								
Meal Prep	aration							
Breakfast M	Meal							
Need Level:	□ Ind.	☐ Min. assist	☐ Sub. assist	☐ Full assist				
Assist Types:	☐ Hands-on							
Frequency:	□ None	x's per day	x's per week	x's per month	☐ Always			
Duration:	Minutes ea	ach time						
Notes:								

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Lunch Mea	ı				
Need Level:	□ Ind.	☐ Min. assist	☐ Sub. assist	☐ Full assist	
Assist Types:	☐ Hands-on				
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always
Duration:	Minutes ea	ich time			
Notes:					
Dinnor/Sun	nor Moal				
Dinner/Sup	-				
Need Level:		⊔ Min. assist	☐ Sub. assist	☐ Full assist	
Assist Types:					
			x's per week	x's per month	□ Always
Duration:	Minutes ea	ich time			
Notes:					
Medication	n/O2 Mana	gement			
Need Level:	□ Ind.	☐ Min. assist	☐ Sub. assist	☐ Full assist	
Assist Types:					
Frequency:	□ None	x's per day	x's per week	x's per month	□ Always
Duration:	Minutes ea			<u>. </u>	j
Notes:					

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Minutes each time					

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