

## Mobility

### Ambulation

**Need Level:**  Ind.  Min. assist  Sub. assist  Full assist

**Assist Types:**  Hands-on  Confined to bed

**Frequency:**  None \_\_\_ x's per day \_\_\_ x's per week \_\_\_ x's per month  Always

**Duration:** \_\_\_ Minutes each time

**Required:**  Inside  Outside

**Notes:**

### Transfer

**Need Level:**  Ind.  Assist  Full assist

**Assist Types:**  Hands-on

**Frequency:**  None \_\_\_ x's per day \_\_\_ x's per week \_\_\_ x's per month  Always

**Duration:** \_\_\_ Minutes each time

**Notes:**

## Eating

**Need Level:**  Ind.  Min. assist  Sub. assist  Full assist  
**Assist Types:**  Hands-on  Set-up  Cueing  
**Frequency:**  None \_\_\_ x's per day \_\_\_ x's per week \_\_\_ x's per month  Always  
**Duration:** \_\_\_ Minutes each time

**Notes:**

## Elimination

### Bladder

**Need Level:**  Ind.  Assist  Full assist  
**Assist Types:**  Hands-on  
**Frequency:**  None \_\_\_ x's per day \_\_\_ x's per week \_\_\_ x's per month  Always  
**Duration:** \_\_\_ Minutes each time  
**Required:**  Catheter care  Ostomy care

**Notes:**

### Bowel

**Need Level:**  Ind.  Assist  Full assist  
**Assist Types:**  Hands-on  
**Frequency:**  None \_\_\_ x's per day \_\_\_ x's per week \_\_\_ x's per month  Always  
**Duration:** \_\_\_ Minutes each time  
**Required:**  Digital stim.  Enemas  Ostomy care  Suppository insertion

**Notes:**

## 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 each time
- Required:**  Cleansing  Changing  Removing

Notes:

## Cognition

### Self-Preservation

- Need Level:**  Ind.  Min. assist  Sub. assist  Full assist
- Assist Types:**  Hands-on  Cueing  Reassurance  Redirection  Support  
 Monitoring
- Frequency:**  None \_\_\_ x's per day \_\_\_ x's per week \_\_\_ x's per month  Always
- Duration:** \_\_\_ Minutes each time

Notes:

### Decision Making

- Need Level:**  Ind.  Min. assist  Sub. assist  Full assist
- Assist Types:**  Hands-on  Cueing  Redirection  Support  Monitoring
- Frequency:**  None \_\_\_ x's per day \_\_\_ x's per week \_\_\_ x's per month  Always
- Duration:** \_\_\_ Minutes each time

Notes:

## Ability to Make Self Understood

**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 each time

**Notes:**

## Challenging Behaviors

**Need Level:**  Ind.  Min. assist  Sub. assist  Full assist  
**Assist Types:**  Hands-on  Cueing  Redirection  Monitoring  
**Frequency:**  None \_\_\_ x's per day \_\_\_ x's per week \_\_\_ x's per month  Always  
**Duration:** \_\_\_ Minutes each time

**Notes:**

## Bathing and Personal Hygiene

### 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 each time

**Notes:**

## Personal Hygiene

**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 each time

Notes:

## Dressing and Grooming

### 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 each time

Notes:

### Grooming

**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 each time

Notes:

## Housekeeping and Laundry

### Housekeeping

**Need Level:**     Ind.             Assist             Full assist

**Assist Types:**    Hands-on

**Frequency:**     None            \_\_\_ x's per day    \_\_\_ x's per week    \_\_\_ x's per month     Always

**Duration:**        \_\_\_ Minutes each time

**Notes:**

### Laundry

**Need Level:**     Ind.             Assist             Full assist

**Assist Types:**    Hands-on

**Frequency:**     None            \_\_\_ x's per day    \_\_\_ x's per week    \_\_\_ x's per month     Always

**Duration:**        \_\_\_ Minutes each time

**Notes:**

## Meal Preparation

### Breakfast 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 each time

**Notes:**

## Lunch 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 each time

**Notes:**

## Dinner/Supper 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 each time

**Notes:**

## Medication/O2 Management

**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 each time

**Notes:**

# Shopping and Transportation

## Shopping

**Need Level:**     Ind.             Min. assist     Sub. assist     Full assist  
**Assist Types:**  Hands-on     Food             Clothing         Medicine  
**Frequency:**     None        \_\_\_ x's per day    \_\_\_ x's per week    \_\_\_ x's per month     Always  
**Duration:**     \_\_\_ Minutes each time

**Notes:**

## Transportation

**Need Level:**     Ind.             Min. assist     Sub. assist     Full assist  
**Assist Types:**  Hands-on     Arrange rides     Get in/out         Physical/Cognitive assist.  
**Frequency:**     None        \_\_\_ x's per day    \_\_\_ x's per week    \_\_\_ x's per month     Always  
**Duration:**     \_\_\_ Minutes each time

**Notes:**