

## Part 1: Four-ADL Assessment

### ADL #1 – Mobility

#### Ambulation

1. Does the individual have history of falls while ambulating inside the home or care setting during the assessment time frame resulting in negative physical health consequences or the inability to rise without the assistance of another person? Do not consider the need for prevention of falls alone, even if recommended by medical personnel.  
 Yes → go to question 2  
 No → go to question 2
2. Even with assistive devices, does the individual need assistance from another person inside or outside of his/her home or care setting?  
 Yes, Inside only → go to question 3  
 Yes, Both Inside & Outside → go to question 3  
 Yes, Outside Only → go to question 4  
 No → go to question 4
3. Even with assistive devices, does the individual always need hands-on assistance from another person throughout all phases of ambulation?  
 Yes → go to question 4  
 No → go to question 4

Ambulation Comments:

#### Transfer

4. Does the individual have history of falls while transferring inside the home or care setting during the assessment time frame resulting in negative physical health consequences or the inability to rise without the assistance of another person? Do not consider the need for prevention of falls alone, even if recommended by medical personnel.  
 Yes → go to question 5  
 No → go to question 5
5. Even with assistive devices, does the individual need assistance from another person to transfer inside his/her home or care setting at least four days during a month?  
 Yes → go to question 6  
 No → go to question 7
6. Even with assistive devices, does the individual always need assistance from another person throughout all phases of transferring while inside his/her home or care setting?  
 Yes → go to question 7  
 No → go to question 7

Transfer Comments:

## ADL #2 - Eating

7. When eating, does the individual require another person on a daily basis to be immediately available and within sight for hands-on feeding, or hands-on assistance with special utensils or cueing during the act of eating, or monitoring to prevent choking or aspiration?
- Yes → go to question 9  
 No → go to question 8
8. Does the individual's medical condition fluctuate significantly during a one-month period which would require another person to be immediately available and within sight for hands-on feeding, or hands-on assistance with special utensils or cueing during the act of eating, or monitoring to prevent choking or aspiration?
- Yes → go to question 9  
 No → go to question 11
9. Does the individual always require one-on-one assistance for direct feeding, or constant cueing, or to prevent choking or aspiration?
- Yes → go to question 11  
 No → go to question 10
10. Does the individual always need assistance of another person for all phases of nutritional IV or feeding tube (including TPN) set-up?
- Yes → go to question 11  
 No → go to question 11

Eating Comments:

## ADL #3 – Elimination

### Bladder

11. At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the tasks of bladder, such as catheter care, a toileting schedule, monitoring for infection, ostomy care and changing incontinence supplies?
- Yes → go to question 12  
 No → go to question 13
12. Does the individual always need assistance from another person to manage all phases of bladder or catheter care?
- Yes → go to question 13  
 No → go to question 13

Bladder Comments:

## Bowel

13. At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the tasks of bowel care, such as digital stimulation, a toileting schedule, suppository insertion, ostomy care, enemas and changing incontinence supplies?
- Yes → go to question 14  
 No → go to question 15
14. Does the individual always need assistance from another person to accomplish all phases of bowel care?
- Yes → go to question 15  
 No → go to question 15

Bowel Comments:

## Toileting

15. At least monthly, even with assistive devices or supplies, does the individual need assistance from another person to accomplish some of the following tasks: getting to and from, or on and off the toilet (including bedpan, commode or urinal), cleansing after elimination or adjusting clothing, cleaning and maintaining assistive devices, or cleaning the toileting area after elimination because of unsanitary conditions that would pose a health risk?
- Yes → go to question 16  
 No → go to question 17
16. Does the individual always need assistance from another person through all phases of toileting?
- Yes → go to question 17  
 No → go to question 17

Toileting Comments:

## ADL #4 – Cognition/Behavior

### Adaptation

17. Does the individual require reassurance from another person to cope with or adjust to major life changes such as a change in living situation or a loss, for example, health, close relationship, pet, divorce or a death? (Assistance involves multiple occurrences less than daily)
- Yes → go to question 18  
 No → go to question 19

18. Does the individual require constant, daily and on-going assistance for emotional support and reassurance by another person in order to respond, cope and adjust to major life changes such as a change in living situation or a loss?

- Yes → go to question 19
- No → go to question 19

Adaptation Comments:

**Awareness**

19. Does the individual require assistance from another person to understand basic health and safety needs, such as the need for food, shelter and clothing?

- Yes → go to question 20
- No → go to question 21

20. Does the individual require the on-going and daily intervention by another person to understand basic health and safety needs?

- Yes → go to question 21
- No → go to question 21

Awareness Comments:

**Judgment/Decision-Making**

21. At least weekly, does the individual lack the ability to understand the choices, benefits, risks and consequences in decision making, resulting in the need for protection, monitoring and guidance from another person to make decisions? This does not include what others might deem a poor choice.

- Yes → go to question 22
- No → go to question 23

22. Does the individual require daily intervention by another person to understand choices or potential risks and consequences with decision-making? This does not include what others might deem a poor choice.

- Yes → go to question 23
- No → go to question 23

Judgment/Decision-Making Comments:

**Memory**

23. Does the individual have difficulty remembering and using current information that impacts health and safety and does the individual require reminding from another person?

- Yes → go to question 24
- No → go to question 25

24. Is the individual unable to remember or use information that impacts health and safety and does the individual require assistance beyond reminding from another person?
- Yes → go to question 25
- No → go to question 25

Memory Comments:

**Orientation**

25. Does the individual become disoriented to person, or place or time and require the assistance of another person? If so, these occurrences must be at least episodic during the week but less than daily.
- Yes → go to question 26
- No → go to question 27
26. Does the individual become disoriented every day to person, or place or time and require the assistance of another person to maintain health and safety?
- Yes → go to question 27
- No → go to question 27

Orientation Comments:

**Danger to Self or Others**

27. Does the individual have behavioral symptoms, other than wandering, that are hazardous to the individual (including self-injury), or harmful or disruptive to those around the individual?
- Yes → go to question 28
- No → go to question 32
28. Has the individual had more than one episode of aggressive, disruptive, agitated, dangerous, or physically abusive or sexually aggressive behavioral symptoms directed at self or others? These behavioral symptoms are extreme, may be unpredictable, and necessitate intervention beyond verbal redirection.
- Yes → go to question 29
- No → go to question 30
29. At least monthly, is the individual disruptive or aggressive in a non-physical way, agitated, or sexually inappropriate, requiring the assistance of another person? These behavioral symptoms are challenging but the individual can be verbally redirected.
- Yes → go to question 31
- No → go to question 31
30. At least monthly, is the individual disruptive or aggressive in a non-physical way, agitated, or sexually inappropriate, requiring the assistance of another person? These behavioral symptoms are challenging but the individual can be verbally redirected.
- Yes → go to question 32
- No → go to question 32

31. Does the individual have a behavioral care plan (as defined in OAR 411-015-0005) that all staff are trained to deliver and that has been reviewed by a Department/AAA representative?
- Yes → go to question 32
- No → go to question 32

Danger to Self or Others Comments:

**Demands on Others**

32. Does the individual have behavioral symptoms, other than wandering, that negatively impact and affect living arrangements, providers or other residents?
- Yes → go to question 33
- No → go to question 36
33. Can these behavioral symptoms, habits and emotional states be modified with individualized routines, changes to the environment (such as roommates or noise reduction) or general training for the provider that is not specific to the individual?
- Yes → go to question 34
- No → go to question 35
34. Do these behaviors pose a risk to the individual or to others and must the provider constantly intervene to supervise or redirect?
- Yes → go to question 35
- No → go to question 35
35. Can these behavioral symptoms, habits and emotional states be modified only with a 24-hour specialized care setting or an individualized behavioral care plan that all staff are trained to deliver and that has been reviewed by a Department/AAA representative?
- Yes → go to question 36
- No → go to question 36

Demands on Others Comments:

**Wandering**

36. Does the individual jeopardize safety while aimlessly moving about or eloping?
- Yes → go to question 38
- No → go to question 37
37. Does the individual wander inside the home or care setting?
- Yes → go to question 38
- No → go to question 38

Wandering Comments:

## Part 2: Additional ADL for Full Assessment

### Bathing

38. Even with assistive devices, does the individual need hands-on assistance for part of the activity of bathing, cueing during the activity of bathing or stand-by presence from another person during the activity of bathing?

Yes → go to question 39

No → go to question 40

39. Even with assistive devices, does the individual always require hands-on assistance from another person for all phases of bathing every time the activity is attempted?

Yes → go to question 40

No → go to question 40

Bathing Comments:

### Personal Hygiene

40. Even with assistive devices, does the individual need hands-on assistance for part of the activity, cueing during the activity or stand-by presence from another person during the activity of personal hygiene?

Yes → go to question 41

No → go to question 42

41. Even with assistive devices, does the individual always require hands-on assistance from another person for all phases of personal hygiene every time the activity is attempted?

Yes → go to question 42

No → go to question 42

Personal Hygiene Comments:

### Dressing

42. Even with assistive devices, does the individual need hands-on assistance, cueing during the activity or stand-by presence from another person for some parts of dressing and undressing?

Yes → go to question 43

No → go to question 44

43. Even with assistive devices, does the individual always require hands-on assistance from another person to accomplish all phases of dressing or undressing every time the activity is attempted?

Yes → go to question 44

No → go to question 44

Dressing Comments:

### Grooming

44. Even with assistive devices, does the individual need hands-on assistance for part of the activity, cueing during the activity or stand-by presence from another person during the activity of grooming?
- Yes → go to question 45
- No → go to question 46
45. Even with assistive devices, does the individual always require hands-on assistance from another person for all phases and all tasks of grooming every time the activity is attempted?
- Yes → go to question 46
- No → go to question 46

Grooming Comments:

## **Part 3: IADL portion of Full Assessment**

### Housekeeping

46. Even with assistive devices, for the purposes of health and safety, does the individual need assistance from another person to accomplish some tasks of housekeeping? (Does not include pet care, home repair or housekeeping activities related to other household members)
- Yes → go to question 47
- No → go to question 48
47. Does this individual always require assistance from another person for all phases of housekeeping, every time the activity is attempted?
- Yes → go to question 48
- No → go to question 48

Housekeeping Comments:

### Laundry

48. Even with assistive devices, does the individual need assistance from another person to accomplish some tasks of laundry?
- Yes → go to question 49
- No → go to question 50
49. Does this individual always require assistance from another person for all phases of laundry, every time the activity is attempted?
- Yes → go to question 50
- No → go to question 50

Laundry Comments:

**Meal Preparation – Breakfast**

- 50. Even with assistive devices, in order to safely prepare food meeting basic nutritional requirements, does the individual need any assistance from another person to prepare breakfast?
  - Yes → go to question 51
  - No → go to question 53
- 51. Does this individual always need assistance from another person for all phases of breakfast preparation every time the activity is attempted?
  - Yes → go to question 53
  - No → go to question 52
- 52. How much assistance from another person does this individual need? (For levels of assistance, see OAR 411-030-0070[1])
  - Minimal Assist → go to question 53
  - Substantial Assist → go to question 53

Breakfast Comments:

**Meal Preparation – Lunch**

- 53. Even with assistive devices, in order to safely prepare food meeting basic nutritional requirements, does the individual need any assistance from another person to prepare lunch?
  - Yes → go to question 54
  - No → go to question 56
- 54. Does this individual always need assistance from another person for all phases of lunch preparation every time the activity is attempted? (Enter the need for the individual's main meal of the day on the Dinner/Supper screen)
  - Yes → go to question 56
  - No → go to question 55
- 55. How much assistance from another person does this individual need? (For levels of assistance, see OAR 411-030-0070[1])
  - Minimal Assist → go to question 56
  - Substantial Assist → go to question 56

Lunch Comments:

**Meal Preparation – Dinner/Supper**

- 56. Even with assistive devices, in order to safely prepare food meeting basic nutritional requirements, does the individual need any assistance from another person to prepare dinner?
  - Yes → go to question 57
  - No → go to question 59

57. Does this individual always need assistance from another person for all phases of dinner preparation every time the activity is attempted?

- Yes → go to question 59
- No → go to question 58

58. How much assistance from another person does this individual need? (For levels of assistance, see OAR 411-030-0070[1])

- Minimal Assist → go to question 59
- Substantial Assist → go to question 59

Dinner/Supper Comments:

### Medication/O2 Management

59. Even with assistive devices, does the individual need assistance from another person to accomplish any of the following tasks of medication or oxygen management: order, organize or administer prescribed medications (this includes reminding, checking for effect and monitoring for choking while taking medications, assisting with the administration of oxygen, monitoring the equipment and assuring adequate supply)?

- Yes → go to question 60
- No → go to question 62

60. Does this individual always need assistance from another person for all phases of medication/oxygen management every time the activity is attempted?

- Yes → go to question 62
- No → go to question 61

61. How much assistance from another person does this individual need? (For levels of assistance, see OAR 411-030-0070[1])

- Minimal Assist → go to question 62
- Substantial Assist → go to question 62

Medication/O2 Management Comments:

### Shopping

62. Even with assistive devices, for the purposes of health and safety, does the individual need any assistance from another person to shop? Shopping must be related to service plan needs such as food (meal preparation), clothing (dressing) and medicine (medication management).

- Yes → go to question 63
- No → go to question 65

63. Does this individual always need assistance from another person through all phases of shopping, every time the activity is attempted?

- Yes → go to question 65
- No → go to question 64

64. How much assistance from another person does this individual need? (For levels of assistance, see OAR 411-030-0070[1])

- Minimal Assist → go to question 65
- Substantial Assist → go to question 65

Shopping Comments:

### Transportation

65. Even with assistive devices, assuming transportation is available, does the individual need any assistance from another person for transportation? Transportation means the ability to arrange rides, the ability to get in or out of a vehicle, and the need for assistance during a ride. The need for assistance during a ride means assistance for a physical or cognitive need such as spasticity (uncontrollable movements & muscle spasms), memory impairment, aspiration, choking or seizure.

- Yes → go to question 66
- No → go to question 68

66. Does this individual always need assistance from another person through all phases of transportation, every time the activity is attempted?

- Yes → go to question 68
- No → go to question 67

67. How much assistance from another person does this individual need? (For levels of assistance, see OAR 411-030-0070[1])

- Minimal Assist → go to question 68
- Substantial Assist → go to question 68

Transportation Comments:

## **Part 4: 24 Hours Availability Sleep Question**

### Sleep

68. During a 24-hour work period, do the individual's care needs limit the provider from getting 5 continuous hours of sleep in an 8 hour period?

- Yes → Last question
- No → Last question

## Part 5: Treatments

Treatment Type	Treatment Detail	Frequency	Provided by:				Other info
			Self	Others	Monitor	Ortlv	
Behavior							
Bowel/Bladder							
Eating							
Medication							
Mobility							
Oxygen							
Skin/Nails							
Tracheostomy							
Other Treatments							

## Part 6: CAPS Client Details

Medications → See PT-09-022 for Medication Documentation requirements

List Medication and Comments:

### Diagnosis

List Diagnosis and Comments:

### Strengths and Preferences

List Diagnosis and Comments:

### Risks

List Risks, Risk Reducing Factors and Plan/Comments:

### Goals

List Client Goals and Comments:

### Equipment

List Equipment and Comments:

### Personal Elements

List Personal Elements and Comments:

Updated: February 1, 2010