

Comprehensive Functional Assessment of Direct Care Independent Living Skills

RESIDENT'S NAME		RESIDENCE		
ASSESSMENT DATE		DSHS NUMBER		
Assessor's Name	Assessor's Job Title	Shift	ACM's Initials	
Directions				

Use the codes below, unless otherwise specified, to complete the "Skills" section on each page. If you have questions or need clarification contact your Supervisor or HPA.

1. **Physical**Resident does **0% - 24%** of task by themselves. Hand over hand and verbal assistance is provided to complete the task.
 2. **Gestural**Resident performs task approximately **25% - 49%** by themselves. Hand over hand and/or verbal assist is provided. Staff assists to initiate or carry out skill.
 3. **Verbal**Resident performs approximately **50% - 74%** of task by themselves. Physical prompt and/or verbal assist is provided.
 4. **Independent**Resident performs approximately **75% - 99%** of task by themselves. Verbal assist, no physical assist is provided.
 5. **Self-Reliant**Resident performs **100%** of task by themselves. Does not require prompting and manages all steps in the skill.
- Not Applicable or N/A**Does not apply to the individuals function in daily life or the individual has not had the opportunity to use the skill in their daily environment.

Designates and Area of Resident's Rights:

After initial assessment, subsequent assessors are to identify the assistance required, if the assistance required is different from the initial assessment.

Socialization

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

_____	Uses greeting to start conversation	<input type="checkbox"/> Y <input type="checkbox"/> N	Participates in Advocacy Services (i.e., Peoples First, Voter Training)	_____	Moves away from stressful situations / interactions
<input type="checkbox"/> Y <input type="checkbox"/> N	Listens when others speak	_____	Gets attention by speaking calmly (i.e., waits for pause, says excuse me)	_____	Respects others' personal space
_____	Ends conversation appropriately	_____	Interacts with peers	_____	Respects others' possessions
<input type="checkbox"/> Y <input type="checkbox"/> N	Initiates interaction with peers	_____	Interacts with staff	_____	Sends mail
<input type="checkbox"/> Y <input type="checkbox"/> N	Initiates interaction with staff	<input type="checkbox"/> Y <input type="checkbox"/> N	Likes to be near preferred peer	_____	Uses the phone
_____	Gets attention calmly by gesture (i.e., touches other person on arm)	<input type="checkbox"/> Y <input type="checkbox"/> N	Likes to be near preferred staff		

COMMENTS / IMPORTANT TO AND FOR / OPPORTUNITIES TO INCREASE INDEPENDENCE AND RIGHTS

Bathing

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<input type="checkbox"/> Y <input type="checkbox"/> N _____ Communicates need for bathing _____ Cooperates with bathing tasks _____ Gathers / puts away bathing items _____ Safely enters / exits the tub / shower _____ Turns water on / off	_____ Opens containers _____ Pours shampoos _____ Shampoos hair _____ Rinses hair _____ Applies soap to wash cloth _____ Uses washcloth _____ Washes face	_____ Washes front of body _____ Washes back of body _____ Rinses self _____ Dries self _____ Maintains privacy during shower / bath _____ Picks up after self (towels, shampoo, dirty laundry)
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Bathing Safety Issues / Risks

- Y N Has a seizure disorder
- Y N Displays hazard awareness in bathing area (wet floor, etc.)
- Y N Uses grab bars

Resident Preferences

- Shower Tub
- Expresses preferences:

Level of Supervision for Bathing:

- Please specify:

COMMENTS (EXAMPLES: 1) RESIDENT FELL FOUR TIMES THIS YEAR IN THE BATHING AREA; 2) RESIDENT'S BATH RECENTLY MOVED TO PM'S AND IS DOING MUCH BETTER WITH THEIR BATHING ROUTINE; AND 3).RESIDENT CAN PUT SHAMPOO IN HAIR BUT SHOULD WORK ON RINSING HAIR):

Hygiene / Grooming

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<p>_____ Knows when to brush teeth</p> <p>_____ Opens toothpaste tube</p> <p>_____ Puts toothpaste on toothbrush</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tolerates toothbrush</p> <p>_____ Makes brushing motions</p> <p>_____ Brushes teeth / gums</p> <p>_____ Uses dental floss</p> <p>_____ Rinses mouth</p> <p>_____ Turns on water</p> <p>_____ Rinses toothbrush and puts away</p> <p>_____ Applies soap to hands</p> <p>_____ Makes rubbing motion with hands</p>	<p>_____ Washes face</p> <p>_____ Rinses hands</p> <p>_____ Dries hands</p> <p>_____ Gathers / puts away grooming items</p> <p>_____ Brushes / combs hair</p> <p>_____ Styles hair</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tolerates beautician / barber cutting hair</p> <p>_____ Requests hair appointment</p> <p>_____ Applies deodorant</p> <p>_____ Aware of when to be shaved</p> <p>_____ Shaves self with electric razor</p> <p>_____ Mouth wash (fluoride rinse)</p>	<p>_____ Applies aftershave / cologne / perfume</p> <p>_____ Provides own fingernail care</p> <p>_____ Uses nail clippers</p> <p>_____ Blows nose with tissue</p> <p>_____ Understands need for good hygiene / grooming</p> <p>_____ Uses mirror during care</p> <p>_____ Applies make-up</p> <p>_____ Cleans dentures</p> <p>_____ Cleans glasses</p> <p>_____ Cares for hearing aid</p> <p>_____ Provides own Menses care</p>
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Resident Preferences

Expresses preferences:

COMMENTS (EXAMPLES: 1) RESIDENT HAS EXPRESSED FEAR THAT SOAP WILL BURN EYES; AND 2) RESIDENT JUST RECEIVED GLASSES. COULD LEARN TO STORE PROPERLY):

Toileting

Skills:

Check yes or no below:

- | YES | NO | |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Continent of bladder |
| <input type="checkbox"/> | <input type="checkbox"/> | Continent of bowel |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognizes wet / dry |
| <input type="checkbox"/> | <input type="checkbox"/> | Episodes of daytime incontinence |
| <input type="checkbox"/> | <input type="checkbox"/> | Episodes of nighttime incontinence |

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

- | | | |
|--|---|---|
| <p>_____ Indicates needs for bathroom</p> <p>_____ Uses the toilet</p> <p>_____ Asks to be changed if wet or soiled</p> <p>_____ Changes wet clothing</p> <p>_____ Knows location of bathroom</p> <p>_____ Selects correct restroom from signs</p> | <p>_____ Knocks on bathroom door before entering</p> <p>_____ Shuts bathroom / stall door / curtain</p> <p>_____ Uses hand rails / grab bars as needed</p> <p>_____ Pulls clothes down before eliminating</p> <p>_____ Pulls clothes up after eliminating</p> | <p>_____ Uses toilet paper to wipe self</p> <p>_____ Flushes toilet</p> <p>_____ Washes hands after using bathroom</p> <p>_____ Uses towel to dry hands</p> <p>_____ Adjust clothing prior to leaving bathroom area</p> |
|--|---|---|

Equipment Needed:

Check all adaptive equipment used:

- Adult incontinence briefs
 Commode chair
 Urinal
 Bed pan

Resident Preferences:

- Expresses preferences:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS FOR SELF-CARE SKILLS (**TOILETING, DRESSING, HYGIENE AND BATHING**) (EXAMPLES: 1) RESIDENT PREFERS FAMILIAR STAFF TO ASSIST; 2) COMMUNICATES NEED TO USE BATHROOM BY AGITATION; AND 3) RESIDENT SHOULD LEARN TO USE A SIGN FOR BATHROOM TO INCREASE SUCCESS):

Eating / Dining

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<p>_____ Locates dining room</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Sits in preferred seating location in dining room</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tolerates mealtime activities</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Cooperates with being fed</p> <p>_____ Feeds self</p> <p>_____ Eats at a reasonable pace</p> <p>_____ Eats without spillage</p> <p>_____ Displays appropriate table manners</p> <p>_____ Discriminates finger food from non-finger food</p> <p>_____ Discriminates between hot / cold food</p>	<p>_____ Discriminates appropriate utensil use</p> <p>_____ Uses a knife to cut food</p> <p>_____ Butters bread / spreads</p> <p>_____ Uses fork</p> <p>_____ Uses spoon</p> <p>_____ Uses napkin</p> <p>_____ Drinks from a cup / glass</p> <p>_____ Drinks from a straw</p> <p>_____ Drinks from a water fountain</p> <p>_____ Opens drink / beverage container</p> <p>_____ Pours liquid from pitcher</p>	<p>_____ Opens sealed food items</p> <p>_____ Uses condiments</p> <p>_____ Takes item of a tray</p> <p>_____ Participates in cafeteria style dining / food line</p> <p>_____ Dishes up appropriate serving</p> <p>_____ Passes serving bowl / pitcher</p> <p>_____ Participates in family style dining</p> <p>_____ Understands diet / diet consistency</p> <p>_____ Understands "healthy food" vs "junk food"</p>
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Equipment Needed: See OT Assessment, DSHS 10-XXX, for all adaptive equipment.

Meal Preparation:

Y N Resident assists with meal preparation; if yes, specify:

Resident Preferences:

Y N Expresses preferences:

Participates in making choices:

COMMENTS (EXAMPLES: 1) RESIDENT IS ONLY PROVIDED SPOON. COULD USE TRAINING IN THE USE OF A FORK; 2) HAS TENDENCY TO THROW ITEMS; AND 3) RESIDENT COULD BENEFIT FROM LEARNING TO POUR HIS / HER OWN LIQUIDS):

Household Management

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

_____ Knows when cleaning / organizing of personal space should be done	_____ Brings dirty laundry to laundry room	_____ Puts napkins on table
_____ Keeps own area tidy	_____ Sorts clothing	_____ Puts glasses on table
_____ Makes bed	_____ Loads / unloads washer and dryer	_____ Puts silverware on table
_____ Stores and maintains own property	_____ Folds clothing	_____ Puts plates / bowls on table
_____ Dust / wipes surfaces	_____ Hangs clothing	_____ Selects clothing protector / napkin
_____ Empties trash	_____ Puts away own clothing	_____ Places clothing protector / napkin in hamper
_____ Turns on / off lights	_____ Wipes table	_____ Busses dishes from table
_____ Turns power on / off (TV, radio, etc.)	_____ Prepares a sandwich or food item	_____ Locks / unlocks lock with key
_____ Puts dirty laundry / clothes in hamper	_____ Puts centerpiece on table	
	_____ Puts placemats on table	

Y N Understands responsibility of key possession (i.e., does not give key to others, keeps key safe, uses it for intended use.

_____ Tells time: by event by timepiece

Resident Preferences:

Expresses preferences:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLES: 1) ACTIVATES ELECTRONICS WITH USE OF A SWITCH; AND 2) RESIDENT CAN FOLD CLOTHES BUT COULD WORK ON PUTTING THEM AWAY IN HIS / HER DRAWERS):

Money Management

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<p>_____ Can identify numbers</p> <p>_____ Identifies money from non-money</p> <p>_____ Matches coins</p> <p>_____ Matches bills</p> <p>_____ Identifies coins</p> <p>_____ Identifies bills</p>	<p>_____ Finds appropriate combination of change for items</p> <p>_____ Understands exchange</p> <p>_____ Understands value of money</p> <p>_____ Counts to _____ (fill in the blank)</p> <p>_____ Uses vending machine</p>	<p>_____ Makes purchase in store / restaurant</p> <p>_____ Keeps money on person safely</p> <p>_____ Can budget money</p> <p>_____ Can keep a resister of money</p> <p>_____ Deposits money</p> <p>_____ Withdrawals money</p>
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Money Safety Issues / Risks

- Y N Tears money
- Y N Misplaces money
- Y N Swallows money

Resident Preferences:

- Expresses preferences
- Uses adaptive / assistive device(s). If yes, specify:

COMMENTS (EXAMPLES: 1) CAN HAND MONEY TO CASHIER BUT MAY NOT WAIT FOR CHANGE; 2) KNOWS THAT MONEY IS USED TO EXCHANGE FOR PREFERRED ITEM(S); AND 3) UNDERSTANDS COINS ARE USED TO MAKE A PURCHASE FROM VENDING MACHINE BUT DOES NOT KNOW THE VALUE OF MONEY):

Safety Awareness

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<p>_____ Navigates on uneven surfaces</p> <p>_____ Uses sidewalk</p> <p>_____ Uses stairs</p> <p>_____ uses a w/c ramp</p> <p>_____ Navigates safely through doorways</p> <p>_____ Open / shuts door safely</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Ability to live in a unlocked home</p> <p>_____ Stays with the group when translocating / outings</p>	<p>_____ Stops at curb</p> <p>_____ Looks before crossing the street</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Understands traffic signals / signs</p> <p>_____ Uses crosswalk</p> <p>_____ Asks for directions</p> <p>_____ Communicates where they live</p> <p>_____ Fastens seat belt</p>	<p>_____ Unfastens seat belt when appropriate</p> <p>_____ Recognizes unsafe environments, e.g. wet floor / broken furniture</p> <p>_____ Avoids aggressive peers</p> <p>_____ Responds to directions in a fire / emergency</p> <p>_____ uses emergency numbers (911) appropriately</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Recognizes inedible from edible items</p>
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Resident Preferences:

- Expresses preferences
- Uses adaptive / assistive device(s). If yes, specify:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLE: RESIDENT COULD INCREASE STREET CROSSING SKILLS BY CONSISTENTLY STOPPING AND LOOKING BOTH WAYS. RESIDENT IS CURRENTLY INCONSISTENT WITH THIS SKILL):

Leisure

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<p>_____ Stores and maintains own leisure supplies</p> <p>_____ Gathers supplies for specific activity</p> <p>_____ Uses leisure supplies appropriately / safely</p> <p>_____ Shares leisure supplies</p> <p>_____ Spends leisure time with other people</p> <p>_____ Uses tabletop games / puzzles, sensory items</p>	<p>_____ Maintains hobbies / collections</p> <p>_____ Uses books / magazines</p> <p>_____ Participates in current events</p> <p>_____ Decorates environment holiday / seasonal</p> <p>_____ Spends time outside</p>	<p>_____ Participates in exercise or sports</p> <p>_____ Operates video games</p> <p>_____ Operates karaoke machine</p> <p>_____ Operates TV / VCR</p> <p>_____ Operates a computer</p> <p>_____ Operates IPod / MP3 / CD / radio player</p>
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Resident Preferences:

- Expresses preferences
- Uses adaptive / assistive device(s). If yes, specify:
- Participates in preferred leisure locations:
- Y N Expresses preferences in leisure locations:
- Participates in preferred leisure locations:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS(EXAMPLES: 1) RESIDENT LIKES DRAWING AND HAS OWN SUPPLIES OF MARKERS IN ROOM; 2) COULD WORK ON OPERATING PERSONAL RADIO; AND 3) RESIDENT LOVES TO BE OUTSIDE. COULD USE MORE OPPORTUNITIES TO CHOOSE WHEN TO BE OUT):

Community Facilities and Services

Skills:

On each line below, **enter the number** that best represents the resident's present level of ability for each skill:

1. Physical
2. Gestural

3. Verbal
4. Independent

5. Self-Reliant
N/A Not Applicable

<p>_____ Makes appointment for services (i.e., hair , nails)</p> <p>_____ Requests to go on community outing</p> <p>_____ Displays appropriate behavior for various settings</p> <p>_____ Utilizes campus resources (library, activity rooms)</p>	<p>_____ Attends preferred religious services</p> <p>_____ Utilizes community resources (i.e., post office, library, stores)</p> <p>_____ Identifies signs (i.e., stop, male / female bathroom)</p> <p>_____ Waits in line</p> <p>_____ Takes turns</p>	<p>_____ Uses public transportation</p> <p>_____ Orders from a menu in a restaurant</p> <p>_____ Discriminates between staff and strangers</p> <p>_____ Initiates interaction with community members</p>
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Check the level of support needed to access the community: Independent Group 1-staff 2-staff

Resident Preferences:

- Y N Expresses preference of outings
- Participates in preferred outings:

COMMENTS / OPPORTUNITIES FOR INCREASING INDEPENDENCE AND RIGHTS (EXAMPLES: 1) RESIDENT IS CAPABLE OF WAITING APPROPRIATELY IN A LINE FOR APPROXIMATELY TWO MINUTES; AND 2) RESIDENT SHOULD WORK TO SIT FOR LONGER PERIODS OF TIME, ESPECIALLY IN RESTAURANTS):

Recommendations for Habilitation

State in specific functional terms. (Skills the Resident needs to learn based on strengths as well as weaknesses.)

Toileting:

Bathing:

Personal Hygiene:

Grooming:

Dental Hygiene:

Dressing:

Eating Skills:

Socialization / Recreation:

Other: