

PHYSICAL CAPABILITIES

Walking

- No difficulty
- Has difficulty
- Uses walking aids
- Uses wheelchair

Eating

- Can feed self
- Needs help preparing food
- Can feed self with some assistance
- Need to be fed
- Uses special equipment

Sleeping

- Sleeps well
- Wakes frequently
- Talks in sleep
- Nightmares

Toileting

- Can care for self
- Needs reminding
- Needs special help
- Wears continence pads
- Follows catheter program
- Needs assistance during periods

Sitting

- Needs no support
- Needs chair with support
- Needs complete support

Showering

- Can shower without supervision
- Needs supervision only
- May need help getting in/out
- Needs significant help

Tooth and hair brushing

- Can brush own teeth
- Needs help brushing teeth
- Can brush own hair
- Needs help brushing & styling hair

Dressing

- Can dress self
- Needs some help
- Can't dress self

Vision and hearing

- Normal vision
- Low vision
- Blind
- Normal hearing
- Low hearing
- Deaf

Speech

- Speaks clearly, easily understood
- Speaks, but not always understood
- Uses sign language
- Does not speak

Arm and hand use

- Has no limitations
- Has minimal limitations
- Has moderate limitations
- Has significant limitations

ANYTHING ELSE WE SHOULD KNOW?

Name

Signature

Date