Name:

Date of Birth:

What type of disability do you have: permanent nonapperant temporary

Can you use a Microwave by yourself Yes or no?

Can you cut food into bite size pieces by yourself Yes or no

How much time does that take

Can you carry a hot plate of food by yourself? Yes or no

How much time does it take?

Can you get dressed completely by yourself Yes or no?

Can you put your shirt by yourself? Yes or no

Can you put underwear on by yourself Yes or no

Can you put your pants by yourself? yes or no

can you put socks and shoes by yourself Yes or no?

how much time does it take?

Do you use a mobility device and what type of device?* (This should be taken into consideration with how long activities take.)

Can you Transfer yourself Yes or No

do you Transfer from walker, wheelchair hoyer lift or lifted transfer?

How long does it take?

Can you shower by yourself? Yes or no

How much time does it take

Do you have any medicated cream(lotion) yes or no

Do you need help applying?

If yes how long does it take?

Can you do laundry by yourself? Yes or no

How time does it take

Can you cook by yourself? yes or no

If yes How much time does it take?

Do you need help with household chores? yes or no (seeping, dusting mopping)

How much time does it take?

Can you brush your teeth by yourself? Yes or no