Need for assistance with activities of daily living

Purpose: to screen for the consumer's need for assistance with the activities of daily living.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Questions to ask the consumer (or the person who represents the consumer):

Area	Screening Questions	Comments
Domestic	Has difficulty or needs assistance at home with: • doing housework and laundry • preparing meals • shopping for food and household items • other – please specify	☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required)
Personal	Has difficulty or needs assistance with: • dressing or grooming • having a bath or shower • other – please specify (for example toileting)	☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required)
Mobility	Has difficulty or needs assistance with: • walking or moving around the house • walking or moving around outdoors and away from home Prompt for use of aids, e.g. wheel chairs.	☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required)
Transport	Has difficulty or needs assistance with transport: • using cars • using public transport • other - please specify	☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required)
Vision	Has difficulty with their vision, even with glasses? Has difficulty carrying out daily activities due to poor vision?	☐ Yes ☐ No ☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required)
Communication	Has difficulty with speech, hearing or comprehension. For example, observation or evidence from GP or carer to suggest communication difficulties	☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required and current mode of communication)
Behaviour	Has behavioural problems: For example, observation or evidence from GP or carer to suggest current problems with behaviours which pose a risk to themselves or others	☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required and known triggers)
Cognition	Has problems with cognition: • cognitive impairment • observation or evidence from GP or carer to suggest confusion, disorientation, or problems with memory	☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required)
Other activities of daily living	Has difficulty or needs assistance with activities: • managing money • organising and taking medications • other – please specify	☐ Yes ☐ No (Give details - list specific areas of difficulty or assistance required)

Produced by the Victorian Department of Health, 2012

This information collected by:

Name: Position/Agency:

Sign: Date: dd/mm/yyyy / / Contact number: