

The Cognitive Abilities Questions to Ask

YES/NO Response Format

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Here are some **questions** to ask yourself to better understand a person’s cognitive abilities, needs, and strengths, including their ability to understand and respond to you and their environment. These questions are based on **brain** functioning and specific cognitive skills. However, you do not need to know anything about the brain or cognition to ask them. These are a few of **many possible** questions.

These questions address the **five phases of cognitive processing** that all of us (healthy or not) must go through in order to understand and respond to our environment and other people. The phases are Sensory, Comprehension/Perception, Executive, Expressive, Motor.

The questions should be answered with a **particular person** in mind since each person has different needs, strengths, and desires. These questions should also be answered **frequently** enough to identify changes in this person’s needs, strengths, and desires.

Your answers to these questions can suggest effective **intervention strategies** (that is, support strategies) that might modify the environment, task, or communication with this person. These intervention strategies can help this person think, understand and respond to their environment and other people, feel comfortable, and successfully perform a task. The strategies do this by meeting this person’s **cognitive needs**, as well as relying on and building on this person’s **cognitive strengths**.

Note that in addition to cognition, it is important to carefully consider this person’s current emotional, physical, and medical status. **The questions here focus on cognitive abilities.**

The “CAIS Cognitive Abilities Questions to Ask: **Four Point Response Format**” is an alternative format for answering these questions.

Suggestions of intervention strategies (that is, support strategies) tailored to your responses to these questions can be found in the *Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies*.

The **complete CAIS Questions to Ask** and the *CAIS Intervention Strategies* including all **four parts** (with the titles: 1. *Cognitive Abilities*; 2. *Environment*; 3. *Communication*; and 4. *Task and Daily Routines*) with more **detailed instructions, resources**, and other information about the CAIS and related topics are on the Improving MI Practices website at <https://www.improvingmipractices.org>

INSTRUCTIONS

1. **Observe** this person while they are involved in a task such as getting dressed, eating, taking a bath or shower, resting, or visiting.
2. **Ask YOURSELF** the following questions. DO NOT ask the questions to the person you are observing.
3. The questions address your observations during the **entire time** of the task.
4. The questions assume you are the care partner (that is, caregiver) assisting this person. (So you are observing while you assist.) If someone else is assisting instead, then the questions that refer to the role of a care partner should apply to whoever is providing the assistance while you observe.
5. **Select** “Yes” or “No” for each question. Select NA (not applicable) when appropriate. **If you don’t know the answer** to a question, then try using the intervention strategies identified for that question in the “CAIS Cognitive **Intervention Strategies**”. They can help you better understand the question and the specific cognitive ability. These intervention strategies suggest ways you can help this person perform a particular cognitive ability more easily, even if they already perform it well.

A “**Yes**” response suggests this person has mild or no difficulty performing a particular cognitive ability as described by the question.

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Abilities Questions to Ask – Yes/No Format

A “No” response suggests this person has at least moderate difficulty and directs you to the “CAIS Cognitive **Intervention Strategies**” where options of specific practical intervention strategies are identified for each question in this “CAIS Cognitive Abilities Questions to Ask-Yes/No Response Format”. These strategies suggest ways you can help this person perform a particular cognitive ability more easily, communicate, perform a task more successfully, and to feel more comfortable.

6. **Record** where indicated your **comments** or specific details about your observations (for example, elaboration, explanations, illustrations, or your thoughts).
7. Provide the **information** requested here. The name of the **observer** is **your name**, since you are answering these questions based on your own observations.

Name of observer: _____ Name of person being observed: _____

Task performed: _____ Room person is in: _____

Place of observation: _____ Other people present and their roles: _____

Date of observation: _____ Time of observation: *Begin:* _____ *AM/PM* *End:* _____ *AM/PM*

I. SENSORY PHASE:

Look for evidence this person is receiving information from the environment through their five senses (seeing, hearing, feeling, tasting, and smelling):

- How well this person sees and hears the information
- How this person feels or experiences touch
- How well this person tastes and smells

A. If this person needs glasses, are they using glasses?	NA	NO	YES
B. If this person has glasses, are the glasses clean?	NA	NO	YES
C. Does this person see well enough during this task to focus on an object or to follow an object when it moves?		NO	YES
D. Does this person see objects as small as letters in the text of a typical magazine article?		NO	YES
E. If this person needs a hearing aid, are they using it?	NA	NO	YES
F. If this person has a hearing aid, is it adjusted properly?	NA	NO	YES
G. Does this person hear well enough to respond to a sound? (For example, by looking toward the sound, moving, or responding with a sound?)		NO	YES
H. Does this person hear quiet sounds? (For example, does this person hear a child beside this person in a quiet space saying “Hello” without raising their voice and in a calm voice most people could hear?)		NO	YES
I. Does this person appear to feel touch to their skin, regardless of the body part touched? (For example, do they appear to know I am touching their arm?) For evidence, note a verbal or nonverbal response. (For example, a glance toward the touched body part, a wince, or movement of the body part when it is touched.) Select X if there is no response unless I gently apply additional pressure or move my hand across their skin. X		NO	YES
J. Do all parts of this person’s body appear to experience touch equally (that is, there are no body parts that are more or less painful or more or less sensitive than other body parts when touched)? If No, select each body part that appears to be more painful : Left arm, Left leg, Left side of face, Left side of torso, Right arm, Right leg, Right side of face, Right side of torso; or less sensitive : Left arm, Left leg, Left side of face, Left side of torso, Right arm, Right leg, Right side of face, Right side of torso.		NO	YES
K. Does the touch appear to feel as soft or as hard as the amount of pressure used, so that this person seems to feel it as most people would? For evidence, note that there is no negative or exaggerated verbal or nonverbal response to touch. (For example, no accusation of being hit when they were simply touched, or no distress when a soft spray of water from a faucet or shower nozzle touches their skin.) Select X if there is no response even when additional pressure is gently applied. X		NO	YES
L. Does cloth, water, or a surface appear to feel comfortable? For evidence, note that there is no negative		NO	YES

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Abilities Questions to Ask – Yes/No Format

verbal or nonverbal response. (For example, this person isn't trying to remove clothing or a washcloth, or isn't reacting by wincing, withdrawing, or resisting when they come in contact with a surface, cloth, or water.)		
M. Does the temperature of the air or water appear to feel the same to this person as it would to most people?	NO	YES
N. Does this person appear to feel that the air or water temperature is stable and not changing from one minute to the next?	NO	YES
O. Does this person appear to taste? For evidence, note that they appear to notice differences in foods or respond verbally or nonverbally to flavors they don't like. (For example, by turning away or wincing.)	NO	YES
P. Does this person appear to smell? For evidence, note that they respond to differences in scents. (For example, food baking, or by turning away or wrinkling their nose at scents they don't like.)	NO	YES
Comments:		

II. COMPREHENSION / PERCEPTION PHASE:

Look for evidence this person is recognizing and understanding information received through the senses:

- How well this person understands what they see and hear
- How well this person recognizes where an object or sound is in space

[For perception of touch and other information received through the senses, please see the “CAIS Cognitive Abilities Questions to Ask I Sensory Phase”]

A. Does this person know what an object is when they see it?	NO	YES
B. Does this person recognize various colors?	NO	YES
C. Can this person read?	NO	YES
D. Does this person understand what they read? (For example, their own name or instructions that they read silently?)	NO	YES
E. Does this person recognize photos or realistic drawings? (For example, of objects or of familiar people?)	NO	YES
F. Does this person recognize gestures?	NO	YES
G. Does this person recognize what a word means when they hear it?	NO	YES
H. Does this person recognize that a body part is theirs when they see it?	NO	YES
I. Does this person easily notice objects in all parts of their visual field? If No, select the areas of most difficulty: Upper left, Lower left, Upper right, Lower right.	NO	YES
J. Does this person accurately recognize how far away from them an object is?	NO	YES
K. Does this person accurately recognize where objects are relative to other objects?	NO	YES
L. Does this person nearly always know where all of their own body parts are?	NO	YES
M. When this person hears a sound, do they recognize the spot in the room the sound is coming from?	NO	YES
Comments:		

III. EXECUTIVE PHASE:

Look for evidence this person is categorizing, organizing, applying, and using the information received:

- How well this person evaluates the importance of various pieces of information
- How well this person uses information to solve problems
- How well this person uses information to make decisions and plan

A. Does this person focus attention on an object?	NO	YES
B. Does this person focus attention on what I am saying?	NO	YES
C. Does this person stay focused on what I am saying?	NO	YES

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Abilities Questions to Ask – Yes/No Format

D. Does this person stay focused on a task?	NO	YES
E. Does this person figure out what I mean, even if they can't hear or understand me very well?	NO	YES
F. Does this person remember what they see or hear after ten minutes?	NO	YES
G. Does this person easily make simple decisions? (For example, choosing among options, such as eggs rather than oatmeal for breakfast?)	NO	YES
H. Does this person easily shift from one activity to another?	NO	YES
I. Does this person easily get started on a task or a response?	NO	YES
J. Does this person know how much time has passed? (For example, that they have been sitting at the dinner table for only two minutes rather than 20 minutes?)	NO	YES
K. Does this person recognize their own abilities?	NO	YES
L. Does this person recognize their own needs or desires?	NO	YES
M. Does this person recognize their own mistakes?	NO	YES
N. Does this person stop doing a task when it is completed?	NO	YES
O. Does this person stop focusing on a thought when it is time to stop?	NO	YES
P. Does this person easily control their impulsive responses to their own thoughts and feelings by censoring, delaying, or stopping their responses?	NO	YES
Q. Does this person know and follow a sequence of task steps, pieces of information, or logic? (For example, when getting dressed?)	NO	YES
R. Does this person do more than one thing at a time? (For example, putting on a jacket while talking to you?)	NO	YES
S. Does this person know what something is even when they can't see, hear, touch, taste, or smell it?	NO	YES
T. Does this person's expression of emotions match the intensity of their emotions?	NO	YES
U. Does this person adapt to new situations or a change in plans by explaining to themselves, soothing themselves, or problem solving?	NO	YES
Comments:		

IV. EXPRESSIVE PHASE:

Look for evidence this person's brain is telling their body what to do:

- How well this person's brain coordinates their body parts to perform a task or express a thought

A. Does this person easily produce correct words when speaking, that is, words come easily, the words seem to match what this person is trying to say, and the words are actual words (even if inaccurate) rather than nonsense sounds?	NO	YES
B. Does this person easily produce correct words when writing, that is, the words flow easily, the words seem to match what this person is trying to write, and the words are actual words (even if inaccurate) rather than nonsense markings or no markings?	NO	YES
C. Does this person speak words as easily as they sing words? For evidence, note if they can sing a familiar song more easily than they can speak the words, or if they speak in rhymes or in simple songs.	NO	YES
D. Does this person talk when asked to as easily as they talk spontaneously?	NO	YES
E. Does this person do a task as easily when asked to as they do spontaneously? (For example, do they stand up as easily when asked to as they do when they aren't asked to, that is, they do it spontaneously?)	NO	YES
F. Does this person do a task as easily when focusing on the task or thinking about how to do the task, as they do when doing the task automatically without thinking about it? (For example, do they stand as easily when asked to "stand up" as they do when asked to "come to lunch"; or do they get dressed as easily when reminded of each task step, as they do when being slightly distracted by a conversation about the weather?)	NO	YES
G. Does this person move a body part as easily when asked to as they do spontaneously on their own?	NO	YES
H. Does this person move or manipulate an object as easily when asked to as they do spontaneously while doing a task such as eating?	NO	YES
Comments:		

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V. MOTOR PHASE:

Look for evidence this person’s body is physically responding to the instructions from their brain:

- How healthy, strong, and pain free this person’s body is

A. Is there full strength in every part of this person’s body?	NO	YES
B. Are all body parts equal in strength on both sides of this person’s body? If No, select each body part that appears to be weak compared to this person’s other body parts: Left arm, Left leg, Left hand, Left foot, Right arm, Right leg, Right hand, Right foot.	NO	YES
C. Does each body part move immediately and easily? If No, select each body part that appears to be less easily moved compared to this person’s other body parts: Mouth, Left arm, Left leg, Left hand, Left foot, Right arm, Right leg, Right hand, Right foot.	NO	YES
D. Does each body part have sufficient range of motion? If No, select each body part that appears to have less range of motion compared to this person’s other body parts: Left arm, Left leg, Right arm, Right leg.	NO	YES
E. Does this person easily coordinate movements of various body parts? If No, select each body part that appears to be less coordinated compared to their other body parts: Mouth, Left arm, Left leg, Left hand, Left foot, Right arm, Right leg, Right hand, Right foot.	NO	YES
F. Does this person walk 15 feet easily?	NO	YES
G. Is each body part free of pain when it moves? If No, select each body part that appears to be in more pain compared to this person’s other body parts: Mouth, Left arm, Left leg, Left hand, Left foot, Right arm, Right leg, Right hand, Right foot.	NO	YES
H. Is each body part free of pain when it is not moving? If No, select each body part that appears to be in more pain compared to this person’s other body parts: Mouth, Left arm, Left leg, Left hand, Left foot, Right arm, Right leg, Right hand, Right foot.	NO	YES
Comments:		