

## The Task and Daily Routines Questions to Ask

### Four Point Response Format

Shelly E. Weaverdyck, Ph.D.

Here are some **questions** to ask yourself to better understand how well the timing and structure of a task and daily routines use the strengths and meet the needs of a person and their **cognitive abilities**. 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 just a few of **many possible** questions.

These questions are organized under six general **intervention concepts** that address needs a person might frequently experience while performing a task.

The questions should be answered with a **particular person** in mind, since each person has different needs, strengths, and desires, and therefore, different skills and challenges they bring to a task. They should also be answered **frequently** enough to accommodate changes in this person's needs, strengths, and desires.

Your answers to these questions can suggest effective **intervention strategies** (that is, support strategies) that modify the task or timing of tasks to help this person think, feel comfortable, and to successfully accomplish the task. These intervention strategies can meet this person's **cognitive needs**, as well as rely on and build on this person's **cognitive strengths**.

The task and daily routines include **all tasks**, for example, **activities of daily living** (such as self care grooming and hygiene tasks, various housekeeping tasks, riding the bus, preparing food, shopping) and **leisure activities**.

The “CAIS Task and Daily Routines Questions to Ask: **Yes/No 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): Task and Daily Routines 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 with 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 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.
4. Answer each question by selecting a **response** number from 1 - 4 that most closely matches your observations during the **entire time** of the task. Some questions ask about the daily routines that include the task. **If you don't know the answer** to a question, then try using the intervention strategies identified for that question in the “CAIS Task and Daily Routines **Intervention Strategies**”. They can help you better understand the question. These intervention strategies suggest ways you can modify a task to make the task easier for this person, even if this person is able to perform the task well.

A response number of “**3**” or “**4**” suggests the task structure and routines may meet, or nearly meet the needs and desires of this person and accommodate this person's cognitive strengths and needs with respect to this question.

**Cognitive Abilities and Intervention Strategies (CAIS): Task Questions to Ask - Four Point Format**

A response number of “1” or “2” suggests the task structure and routines may not adequately support this person’s cognitive abilities or meet their needs. A response number of “1” or “2” directs you to the “CAIS Task and Daily Routines **Intervention Strategies**” where options of specific practical intervention strategies are identified for each question in this “CAIS Task and Daily Routines Questions to Ask- Four Point Response Format”. These strategies suggest ways you can modify the task to help this person perform a task more easily and successfully, and feel more competent and comfortable.

<b>KEY:</b>	1 = Rarely or Never	2 = Sometimes	3 = Often	4 = Usually or Always
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- Record** where indicated your **comments** or specific details about your observations (for example, elaboration, explanations, illustrations, or your thoughts).
- 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. TASK STEPS:** Look for evidence to ensure the task steps are not:

- Too many
- Too complex
- Too unfamiliar
- Too abstract

A. Do I break the task down into steps?	1	2	3	4
B. Do I perform, adapt, or assist with steps that are difficult for this person, so this person feels competent and comfortable, and can perform as many task steps as possible?	1	2	3	4
C. Is the pace of the steps adapted to this person?	1	2	3	4
D. If necessary, are task steps spread out over time? (For example, washing their upper body in the morning and their lower body later in the day?)	1	2	3	4
E. Are complex task steps simplified? (For example, this person washes one arm and I wash the other arm?)	1	2	3	4
F. Are the task steps familiar to this person? (For example, taking a bath rather than a shower?)	1	2	3	4
G. Are the task steps concrete enough? (For example, showing this person their clothing rather than simply asking them to get dressed?)	1	2	3	4
Comments:				

**II. MODIFICATION OF STEPS:** Look for modification of task steps:

- To make them less difficult for this person
- To accommodate changes over time in this person’s cognitive abilities resulting in changes in needs, strengths, or preferences

A. Does the order of the task steps meet this person’s needs and preferences? (For example, does washing this person’s feet first help them get used to the water or match the way they used to wash?)	1	2	3	4
B. Are particular needs or preferences met by modifying the way a task is done? (For example, is modesty or temperature sensitivity addressed by covering this person with a large towel so that no	1	2	3	4

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part of their body, or only one part at a time, is exposed during dressing and bathing?)				
C. Are physiological, emotional, and cognitive needs accommodated? (For example, draping a towel over this person, so the spray of water from the faucet or shower nozzle doesn't touch their skin directly?)	1	2	3	4
D. Is the location of each task step adapted to this person? (For example, washing their hair with a wet washcloth in the bedroom where this person feels safe, rather than in the shower?)	1	2	3	4
Comments:				

**III. MODIFICATION OF OBJECTS:** Look for:

- Adaptation of objects used during the task to fit this person's changing needs and preferences
- Accommodation of this person's need for familiarity

A. Are objects modified to accommodate changes in this person's needs? (For example, are zippers replaced with Velcro; foods difficult to chew or swallow cooked until soft; finger foods offered when using utensils or sitting is difficult?)	1	2	3	4
B. Do the modifications keep the objects as similar as possible to what this person is used to? (For example, easy-to-use bathtubs that still look normal; buttons changed to snaps rather than Velcro; or soft foods that look normal rather than unrecognizable pureed food?)	1	2	3	4
C. Do modifications reduce the need for significant range of motion? (For example, replacing shirts pulled over the head with shirts with buttons?)	1	2	3	4
D. Are emerging anxieties or preferences accommodated? (For example, replacing pants or slacks with a skirt when removing pants or slacks becomes upsetting; or using dry shampoo to keep their hair from getting wet?)	1	2	3	4
E. Are changes in sensory or perceptual functions accommodated? (For example, covering the faucet or shower nozzle with a washcloth when touch or skin sensitivity to the water spray makes the spray uncomfortable, painful, or frightening?)	1	2	3	4
F. Are emotionally pleasing objects used to increase the appeal of the task? (For example, using soft and colorful towels for drying; or eating ice cream during a bath or candy during a shower?)	1	2	3	4
Comments:				

**IV. TIMING:** Look for:

- How the whole 24-hour day of this person is usually spent
- How similar this person's daily schedule is to the schedule they used to have throughout most of their adult life
- How appropriate the daily schedule is for this person now
- How the past 48 hours or longer have been going for this person
- What events or tasks usually precede this task

A. Is the daily time of routines as normal and familiar to this person as possible, so that the tasks are done at the time of day this person has done them throughout most of their adult life?	1	2	3	4
B. Is the daily time of routines appropriate for this person now? (For example, does a bath at midnight soothe them, while a morning bath is upsetting?)	1	2	3	4
C. Is the time of each task the same every day?	1	2	3	4
D. Is the daily order of routines as normal and familiar to this person as possible, so that the tasks are done in the same order this person has done them throughout most of their adult life? (For example, getting out of bed, washing, dressing, and then eating breakfast?)	1	2	3	4
E. Is the daily order of routines appropriate for this person now? (For example, eating breakfast before washing and dressing?)	1	2	3	4
F. Is the order of routines the same each day?	1	2	3	4
G. Is there a familiar and appropriate pace of daily routines so the logic of the sequence is obvious to	1	2	3	4

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this person? (For example, is the time between getting dressed and eating breakfast the same length as they are used to throughout their adult life?)				
H. Have the past few hours before each task been typical and not upsetting?	1	2	3	4
I. Is there enough time between tasks to allow for rest and recuperation?	1	2	3	4
J. Is enough time allowed to complete the task successfully and comfortably for this person?	1	2	3	4
K. Is the task performed as often as is appropriate?	1	2	3	4
Comments:				

**V. CONSISTENCY:** Look for evidence that each time the task is performed, it is:

- With the same care partner (caregiver)
- Done the same way
- At the same time of day
- In the same place

A. Is the same care partner (caregiver or assistant) helping each time the task is done?	1	2	3	4
B. Am I helping with the task the same way each time?	1	2	3	4
C. Have the task steps become routine and predictable to this person?	1	2	3	4
D. Are the same task objects used each time?	1	2	3	4
E. Is the task done in the same order with other tasks each time?	1	2	3	4
F. Is the task done at the same time each day?	1	2	3	4
G. Is the task done at the same place each time? (For example, getting dressed in the morning on one side of the room and undressed at night on the other side?)	1	2	3	4
Comments:				

**VI. TASK GOALS:** Look for:

- What this person wants and needs from this task
- What you want and need from this task

A. Are this person's goals clearly identified? (For example, to feel safe, warm, relaxed, and comfortable?)	1	2	3	4
B. Are my goals clearly identified? (For example, for this person to be clean?)	1	2	3	4
C. Do I distinguish what is necessary from what is desired? (For example, cleaning a wound for health reasons versus washing to meet cultural norms?)	1	2	3	4
D. Will modifying my expectations adequately meet the goals of both this person and me? (For example, bathing once a week rather than twice?)	1	2	3	4
E. Will skipping the task or doing an alternative adequately meet the goals of both this person and me? (For example, a bed bath rather than a shower?)	1	2	3	4
F. Will doing only part of the task adequately meet the goals of both this person and me? (For example, washing only the lower half of this person's body?)	1	2	3	4
G. Will modifying the task adequately meet the goals of both this person and me? (For example, washing their hair with a damp washcloth rather than getting the hair dripping wet?)	1	2	3	4
H. Is enough time allowed for the task to meet the goals of both this person and me?	1	2	3	4
Comments:				