Assessment of the Environment of a Person with Cognitive Impairment

YES/NO RESPONSE SHEET

Shelly Weaverdyck, Ph.D.

Here are some questions to ask yourself, to assess how well the physical environment uses the strengths and meets the needs of a person with cognitive impairment. These questions are based on brain functioning and specific changes in cognition. However, you do not need to know anything about the brain to ask them. The questions are organized under general intervention concepts that address needs common among persons with cognitive impairment.

The questions should be answered with a particular person in mind, since each person has different needs, strengths, and desires, and therefore, different requirements of the environment. 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 modify the environment, to help this person feel comfortable and to successfully accomplish a task. These questions apply to any room in any setting.

Consult "Instructions for Response Sheet: Assessment of the Environment of a Person with Cognitive Impairment" to see the questions in this Yes/No response sheet elaborated with details, examples, and rationale.

The "Six Point Scale Response Sheet" is an alternative method of answering these questions.

INSTRUCTIONS:

- 1. Circle "Yes" or "No" to record your response to each question regarding the room(s) where this person is involved with a task such as getting dressed, eating, taking a bath or shower, resting, visiting, or sitting quietly. Note that a "Yes" response suggests the environment meets the needs and desires of this person and compensates for cognitive impairment with respect to this question.
- 2. Complete the form below and record any comments or specific details (for example, observations, elaboration, explanations, or illustrations) in the spaces provided.

| Name of assessor: | Name of person with cognitive impair | ment: | |
|----------------------|--------------------------------------|------------|-------|
| Task(s) performed: | | | |
| Place of assessment: | Room(s) person is in: | | |
| Date of assessment: | Time of assessment: Begin: | AM/PM End: | AM/PM |

I. CONTRAST: Look for contrasts in:

- Color intensities (dark against light)
- Amount of lighting (dim versus bright)
- Busyness (patterns versus plain solids, or commotion versus quiet)

| a. Are there contrasts that draw attention to the areas of the room this person might need or want to use, for example, are the room decorations in safe areas more visibly engaging than decorations near dangerous unused exit doors? | NO | YES |
|---|----|-----|
| b. Are there contrasts that highlight objects this person might need or want to use, for example, is there enough | NO | YES |
| difference between the toilet seat and toilet, the closet door and surrounding wall, the towel and the wall, the shower nozzle and shower wall? | | |
| c. Are edges of surfaces and changes in floor height highlighted with contrasts, such as edges of tables, stairs, bathtubs and shower thresholds so this person can see how high to lift her/his feet or avoid bumping into objects? | NO | YES |
| d. Do objects this person needs to avoid look similar to the surrounding area, for example do electrical outlets and dangerous door exits look similar to the surrounding wall? | NO | YES |
| e. Is there a variety of moods created by various spaces, so this person can be drawn or led to an area that accommodates (by either matching or changing) her/his mood at the moment, such as a busy high-energy living room and a quiet cozy den? | NO | YES |
| Comments: | | |

DRAFT Please do not reproduce; feedback very welcome!

II. PATTERNS: Look to ensure there are no visual patterns that could:

- Be distracting
- Be misinterpreted
- Cause nausea or dizziness
- Camouflage an object

| a. Are the floor and all other surfaces free of patterns that seem to "move" when this person looks at them or when this person moves, such as alternating squares or blocks on floors, plaids, geometric, or repetitive patterns on floors, chairs, and blouses? | NO | YES |
|---|----|-----|
| b. Are all surfaces (such as floors, walls, curtains, counter tops, clothing) free of patterns, stripes, borders, or figures that look like changes in height or depth, bugs, specks, or pieces of paper to pick up? | NO | YES |
| c. Are all objects easy to see because they are not in front of or beside a patterned surface or object, such as a pill or comb held in front of a patterned blouse? | NO | YES |
| Comments: | | |

III. CLUTTER: Look to ensure there are not:

- Too many objects in the environment
- Objects and information that are recognized or useful only to the caregiver, and not to this person
- Objects that are too distracting or overwhelming

| a. Is there an appropriate amount of clothing in the closet and drawers? | NO | YES |
|---|----|-----|
| b. Is there an appropriate number of items served at a meal or sitting on the table? | NO | YES |
| c. Is there an appropriate limit to the variety, frequency, duration, and volume of sounds? | NO | YES |
| d. Are all sounds recognizable? | NO | YES |
| e. Is there a limited number of people? | NO | YES |
| f. Are all people familiar to this person? | NO | YES |
| g. Are all notes, instructions, or equipment for caregivers out of sight? | NO | YES |
| h. Is the environment free of distracting sounds that might unintentionally elicit a response from this person, such as | NO | YES |
| doorbells, phones, televisions, radios, irrelevant conversations, pagers, intercoms, public address systems? | | |
| i. Is the environment free of objects that might attract unnecessary attention and prevent other objects or spaces from | NO | YES |
| being noticed? | | |
| j. Is the environment free of objects that are dangerous for this person at this time, such as telephone cords on the floor | NO | YES |
| or sharp corners on tables? | | |
| Comments: | | |
| | | |

IV. CUEING: Look for information this person:

- Can understand
- Can see easily without searching
- Can see without moving too much
- Recognizes though various senses of hearing, seeing, touching, smelling, and tasting
- Can use and trust
- Is stimulated by

| a. Does the environment tell this person what she/he needs to know, such as a note that says lunch is at 12:00, a clock | NO | YES |
|---|----|-----|
| (to say when the time is 12:00), a name or photo by the bedroom door, a sign identifying an object, room, or | | |
| directions to another room? | | |
| b. Does the environment say what is expected of this person, and what options are available, for example a basket of | NO | YES |
| clean laundry ready to fold, a jigsaw puzzle to put together, stained glass and candlesticks to suggest it's time to | | |
| worship, a warm homey atmosphere to invite this person to relax and feel at home here, or highly visible options for | | |
| food choices? | | |
| c. Are all cues recognizable? For example, do signs use written words only if this person can read and understand the | NO | YES |
| words, or three dimensional objects when two dimensional drawings are no longer recognized? Do cues attract | | |
| emotionally and not just inform cognitively? Are multiple senses addressed to increase recognition? | | |
| d. Are all cues accessible through at least one of the five senses: are they visible, audible, textured? | NO | YES |
| e. Are the cues frequent enough so this person doesn't have to remember, such as multiple signs to direct her/him to | NO | YES |
| the bathroom? | | |

| f. Are other people in the room performing the same task as this person? | NO | YES |
|--|----|-----|
| g. Is the environment free of unintentional cues that give this person inaccurate or inappropriate information, such as | NO | YES |
| inaccurate clocks or artificial fruit? | | |
| h. Are there cues that stimulate this person to have the ability, energy, or desire to do something, such as notes about | NO | YES |
| activity options, smells of bread baking, or a child's laughter? | | |
| Comments: | | |

V. NORMAL: Look for objects and spaces that:

- Are familiar and recognizable to this person
- Match this person's history, preferences, expectations, culture
- Are in the normal, expected place for this person

| a. Does the room look like a room this person would recognize or expect; for example, does the bathroom look normal | NO | YES |
|--|----|-----|
| or like this person's bathroom in the past? | | |
| b. Do objects look normal; for example, the bathtub, dishes, toilet? | NO | YES |
| c. Are tasks performed in the room where that task is normally performed; for example, hair combed in the bedroom | NO | YES |
| rather than the living room? | | |
| d. Are objects in normal, expected places? | NO | YES |
| e. When an object doesn't look normal, is it because it is dangerous or distressing and has been disguised; for example, | NO | YES |
| does the door lock or an elevator button look like the center of a flower in a picture? | | |
| Comments: | | |
| | | |

VI. HOMEY: Look for spaces and decor that:

- Feel cozy
- Help this person feel comfortable & relaxed
- Look and feel like home

| a. Are all spaces (rooms and smaller areas within rooms) cozy and emotionally comforting? | NO | YES |
|---|----|-----|
| b. Are colors warm and bright? | NO | YES |
| c. Are all objects recognizable and comforting? | NO | YES |
| d. Would everything that is visible, normally be in this person's home? | NO | YES |
| e. Would all sounds normally be in this person's home? | NO | YES |
| f. Is the temperature warm or cool enough? | NO | YES |
| Comments: | | |
| Commonds. | | |

VII. LIGHTING: Look to ensure there are no areas where:

- This person has to work hard to see well
- This person's eyes are required to change from light to dark or vice versa
- This person can easily misinterpret shapes and movement

| a. Is the lighting bright enough to read and see well? | NO | YES |
|---|----|-----|
| b. Are floors, walls, and surfaces free of all shadows? | NO | YES |
| c. Do all areas of the room have the same amount of light, with the exception of reading lamps? | NO | YES |
| d. Are stairways as bright as or brighter than other spaces? | NO | YES |
| e. Are all objects easy to see and recognize, for example no objects in front of bright windows or down long hallways | NO | YES |
| that look like frightening or confusing shadows and dark shapes? | | |
| Comments: | | |
| | | |

DRAFT Please do not reproduce; feedback very welcome!

VIII. TEXTURE: Look for varied textures that:

- Reduce noise
- Reduce glare
- Identify objects
- Are stimulating to touch

| a. Do the floors, walls, ceilings and objects absorb sound? | NO | YES |
|---|----|-----|
| b. Are objects and surfaces free of glare, that is, the objects and surfaces do not reflect light that impedes vision, or | NO | YES |
| look wet? | | |
| c. Are there interesting surfaces or objects to feel? | NO | YES |
| d. Are floors non-slippery, even when wet? | NO | YES |
| e. Are hard surfaces covered to be safer, more interesting, easier to see and identify, or more light and sound | NO | YES |
| absorbent? | | |
| Comments: | | |
| | | |

IX. PRIVACY: Look for ways this person can:

- Be alone, but able to see and get company or help when desired
- Keep personal items away from others and accessible when needed or wanted

| a. Is there space that belongs only to this person? | NO | YES |
|---|----|-----|
| b. Do rooms have curtains on windows and doors that prevent other people from seeing in or entering without | NO | YES |
| knocking? | | |
| c. Are there drawers and cupboards that belong only to this person? | NO | YES |
| d. Are there objects that belong only to this person? | NO | YES |
| e. Does this person always have access to her/his own private space and possessions? | NO | YES |
| Comments: | | |
| | | |