

Assessment of Task and Daily Routines of a Person with Cognitive Impairment

YES/NO RESPONSE SHEET

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Here are some questions to ask yourself, to assess how well a task and the schedule of daily routines use the strengths and meet 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 during 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 modify the task or timing of tasks, to help this person feel comfortable and to successfully accomplish the task. The task and daily routines include all activities of daily living as well as leisure activities.

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

INSTRUCTIONS:

1. Observe this person while she/he is involved with a task such as getting dressed, eating, taking a bath or shower, resting, or visiting. Ask yourself the following questions.
2. Circle "Yes" or "No" to record your response to each question regarding your observations during the entire time of the task or regarding the schedule of daily routines that include the task. Note that a "Yes" response suggests the task structure and timing meet the needs and desires of this person and compensate for cognitive impairment with respect to this question.
3. 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 impairment: _____

Task(s) performed: _____

Place of assessment: _____ Room(s) person is in: _____

Date of assessment: _____ Time of assessment: *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. Does the caregiver break the task down into steps?	NO	YES
b. Does the caregiver 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?	NO	YES
c. Is the pace of the steps adapted to this person?	NO	YES
d. If necessary, are task steps spread out over time, such as washing her/his upper body in the morning and her/his lower body later in the day?	NO	YES
e. Are complex task steps simplified, such as this person washing one arm and the caregiver washing the other arm?	NO	YES
f. Are the task steps familiar to this person, such as taking a bath rather than a shower?	NO	YES
g. Are the task steps concrete enough, such as showing this person pants and blouse rather than simply asking her/him to get dressed?	NO	YES
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 functioning resulting in changes in needs 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 her/him get used to the water or match the way she/he used to wash?	NO	YES
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 so that a minimum of this person's body is exposed during dressing and bathing?	NO	YES
c. Are physiological, emotional, and cognitive changes accommodated, such as a towel draped over this person, so the spray from the shower nozzle doesn't touch her/his skin directly?	NO	YES
d. Is the location of each task step adapted to this person, such as washing her/his hair in the bedroom with a wet washcloth rather than in the shower?	NO	YES
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, such as zippers replaced with Velcro, foods difficult to chew or swallow cooked until soft, finger foods offered when using utensils or sitting is difficult?	NO	YES
b. Do the modifications keep the objects as similar as possible to what this person is used to, such as 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?	NO	YES
c. Do modifications reduce the need for significant range of motion, such as replacing shirts pulled over the head with shirts with buttons?	NO	YES
d. Are emerging anxieties or preferences accommodated, such as replacing a woman's slacks with a skirt when removing slacks becomes upsetting, or using dry shampoo to keep her/his hair from getting wet?	NO	YES
e. Are changes in sensory or perceptual functions accommodated, such as covering the shower nozzle with a washcloth when skin sensitivity to the water spray makes the spray uncomfortable, painful, or frightening?	NO	YES
f. Are emotionally pleasing objects used to increase the appeal of the task, such as soft and colorful towels for drying, or eating ice cream during a bath or candy during a shower?	NO	YES
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 she/he used to have throughout most of her/his 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 her/his adult life?	NO	YES
b. Is the daily time of routines appropriate for this person now, for example does a bath at midnight soothe her/him, while a morning bath is upsetting?	NO	YES
c. Is the time of each task the same every day?	NO	YES
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 her/his adult life, for example, getting out of bed, washing, dressing, and eating breakfast?	NO	YES
e. Is the daily order of routines appropriate for this person now, for example eating breakfast in bed rather than dressing before breakfast?	NO	YES
f. Is the order of routines the same each day?	NO	YES

g. Is there a familiar and appropriate pace of daily routines so the logic of the sequence is obvious to this person? For example, is the time between getting dressed and eating breakfast the same length as she/he is used to throughout her/his adult life?	NO	YES
h. Have the past few hours before each task been typical and not upsetting?	NO	YES
i. Is there enough time between tasks to allow for rest and recuperation?	NO	YES
j. Is enough time allowed to complete the task successfully and comfortably?	NO	YES
k. Is the task performed as often as is appropriate?	NO	YES
Comments:		

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

- With the same caregiver
- Done the same way
- At the same time of day
- In the same place

a. Is the same caregiver assisting each time the task is done?	NO	YES
b. Is the caregiver helping with the task the same way each time?	NO	YES
c. Have the task steps become routine and predictable to this person?	NO	YES
d. Are the same task objects used each time?	NO	YES
e. Is the task done in the same order with other tasks each time?	NO	YES
f. Is the task done at the same time each day?	NO	YES
g. Is the task done at the same place each time, such as getting dressed in the morning on one side of the room and undressed at night on the other side?	NO	YES
Comments:		

VI. TASK GOALS: Look for:

- What this person wants and needs from this task
- What the caregiver wants and needs from this task

a. Are this person's goals clearly identified, such as to feel safe, warm, relaxed, and comfortable?	NO	YES
b. Are the caregiver's goals clearly identified, such as for this person to be clean?	NO	YES
c. Does the caregiver distinguish what is necessary from what is desired, such as cleaning a wound for health reasons versus washing to meet cultural norms?	NO	YES
d. Will modifying caregiver expectations adequately meet the goals of both this person and the caregiver, such as bathing once a week rather than twice?	NO	YES
e. Will skipping the task or doing an alternative adequately meet the goals of both this person and the caregiver, such as a bed bath rather than a shower?	NO	YES
f. Will doing only part of the task adequately meet the goals of both this person and the caregiver, such as washing only the lower half of this person's body?	NO	YES
g. Will modifying the task adequately meet the goals of both this person and the caregiver, such as washing her/his hair with a damp washcloth rather than getting the hair dripping wet?	NO	YES
h. Is enough time allowed for the task to meet the goals of both this person and the caregiver?	NO	YES
Comments:		