Assessing the Task and Daily Routines for the Person with Cognitive Impairment: Questions to Ask

Here are some questions to ask ourselves about the task and daily schedule to assess how well they 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, we do not need to know anything about the brain to ask them. The questions are organized under general intervention concepts that address common needs among persons with cognitive impairment.

A "Yes" answer suggests the task is meeting the needs and desires of a person with cognitive impairment. The answers to these questions can suggest effective intervention strategies that modify the task or timing of tasks to help the person feel comfortable and successfully accomplish the task. The task and daily routines include activities of daily living as well as fun and leisure activities.

More information is on the last page of this handout.

A. TASK STEPS: Look for evidence to ensure the task steps are not:

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

1. Does the caregiver break the task down into steps?
2. Does the caregiver perform, adapt, or assist with the steps that are most difficult for this person?
3. Is the pace of the steps adapted to her?
4. If it is necessary, are task steps spread out over time (e.g., washing different parts of her body at different times of the day)?
5. Are complex task steps simplified (e.g., she washes only one arm, rather than both arms)?
6. Are the task steps familiar to her (e.g., a bath instead of a shower)?
7. Are the task steps concrete enough (e.g., showing her pants and blouse rather than simply asking her to get dressed)?

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B. MODIFICATION OF STEPS: Look for modification of task steps:

- To make them less difficult for this person
- Over time to fit changes in his cognitive abilities and resulting in changes in needs or preferences

1. Does the order of the task steps meet his needs and preferences? (e.g., When necessary, does he remove his clothes after stepping into the shower because the wet clothes obviously need to be removed? Does washing his feet first get him used to the water or match the way he used to wash himself?)
2. Are particular needs or preferences met by modifying the way a task is done (e.g., modesty or temperature sensitivity addressed by covering him so that no part of his body, or only one part at a time, is exposed while dressing and bathing)?
3. Are physiological, emotional, and cognitive changes accommodated (e.g., a towel draped over him so the spray from the shower nozzle doesn't touch his skin directly)?
4. Is the location of each task step adapted to him (e.g., his hair washed in the bedroom with a wet washcloth rather than in the shower)?

C. MODIFICATION OF OBJECTS: Look for:

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

1. Are objects modified to accommodate changes in her needs (e.g., zippers replaced with Velcro, or foods that are difficult to chew or swallow replaced with finger foods and soft foods)?
2. Do the modifications keep the objects as similar as possible to what she is used to (e.g., buttons changed to snaps rather than Velcro, or soft food that looks normal rather than pureed food that is unrecognizable)?
3. Do modifications reduce the need for significant range of motion when necessary (e.g., overhead shirts replaced with button shirts)?
4. Are emerging anxieties or preferences accommodated (e.g., women's pants replaced with skirts when anxiety about removing pants becomes acute, or dry shampoo used to keep her hair from getting wet)?
5. Are changes in sensory or perceptual functions accommodated (e.g., shower nozzle covered with a washcloth when skin sensitivity to the water spray makes the spray uncomfortable or frightening)?
6. Are emotionally pleasing objects used to increase the appeal of the task? (e.g., ice cream eaten during a bath or candy during a shower; or towels used that are particularly soft or colorful)?

D. TIMING: Look for:

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

1. Are the daily order and time of routines as normal and familiar to this person as possible (e.g., getting out of bed, eating breakfast, washing, and dressing done in the same order and at the same time as they were done throughout most of his adult life)?
2. Are the daily order and time of routines appropriate for him now (e.g., eating breakfast in bed if he cannot be up for long periods of time; waking up later now)?
3. Are the daily order and time of routines the same each day?
4. Is there a familiar and appropriate pace of daily routines (e.g., getting out of bed, eating breakfast, washing, and dressing done without pauses, so the logic of the sequence is obvious to him)?
5. Have the past few hours before each task been typical for him and not upsetting?
6. Is there enough time between tasks to allow for rest and recuperation?
7. Is enough time allowed to complete the task successfully and comfortably for him?
8. Is the task performed as often as is appropriate?

E. CONSISTENCY: Each time the task is performed, is it:

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

1. Is the same caregiver (as much as possible) assisting this person each time the task is done?
2. Is the caregiver helping with the task the same way each time?
3. Have the task steps become routine and predictable?
4. Are the same task objects used each time?
5. Is the task done in the same order with other tasks each time?
6. Is the task done at the same time each day?
7. Is the task done at the same place each time (e.g., she gets dressed in the morning on one side of the room and undressed at night on the other side)?

F. TASK GOALS: Look for:

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

1. Are this person's goals clearly identified (e.g., to feel safe, warm, relaxed, and comfortable)?
2. Are the caregiver's goals clearly identified (e.g., for him to be clean)?
3. Is the caregiver clearly aware of what is necessary for the person vs. what is desired for him (e.g., the need for a wound to be clean for health reasons vs. his whole body washed to meet cultural expectations)?
4. Will modifying expectations of the caregiver adequately meet the goals of both the caregiver and this person (e.g., bathing once a week instead of twice a week)?
5. Will not doing the task or doing an alternative to the task adequately meet the goals of both the caregiver and this person (e.g., a bed bath rather than a shower)?
6. Will doing only part of the task adequately meet the goals of both the caregiver and this person (e.g., washing only the lower half of his body)?
7. Will modifying the task meet enough of the goals of both the caregiver and this person (e.g., washing his hair with a damp washcloth rather than getting his hair dripping wet)?
8. Is an adequate amount of time allowed for the task to meet the goals of both the caregiver and this person?

More about these Questions

This handout lists questions a caregiver can ask to discover how well the way the task is set up is accommodating the strengths and needs of a person with cognitive impairment. The questions are based on very specific changes to the brain and ways in which the timing and structure of the task can make it easier or harder for the person to perform tasks of daily living.

Task structure has a major impact on behaviors, on the amount of distress and fatigue a person experiences, and on how easily and successfully a caregiver can assist the person with cognitive impairment. These questions help explore why a person is in distress, having trouble performing a task, or engaging in a particular behavior. They also suggest intervention strategies.

The caregiver is expected to ask these questions to her/himself or to other caregivers, but NOT to the person with cognitive impairment. The questions can be asked informally by family and other caregivers or more systematically with formal recording by professionals.

The “Cognitive Impairment Assessment Protocol (CIAP)” presents these questions more formally as an assessment instrument in two formats: a Yes/No and a four-point response format.

The “Cognitive Impairment Intervention Protocol (CIIP)” presents a variety of intervention options for each question on the CIAP.

The CIAP and CIIP consist of four parts, each with a series of questions and intervention options: Cognition, Environment, Caregiver interactions, and Task and Daily Routines. The questions here are part of the Task and Daily Routines CIAP and CIIP.

The questions are meant to be asked either as a general assessment or while the caregiver is helping with a task. The answers to these questions can help a caregiver modify the task, environment, or communication strategies in order to be more helpful by accommodating the person’s feelings, abilities and cognitive difficulties. When they are asked during a task, the caregiver can intervene immediately and respond to subtle changes that occur minute by minute in the person’s cognitive abilities.

These questions apply to any task (for example, daily housekeeping chores, hygiene, leisure activities) and the schedule of events or activities in any setting.

Answers to all of these questions can help determine which interventions might be most effective in helping the person to be happier and function more independently.

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