

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

About this Domain (IADLs)

To identify the need for support with medication management, meal preparation, transportation, housework, telephone use, shopping and managing finances.

- The identified need could be due to capacity versus performance because of:
- Lack of knowledge
- Lack of skills
- Presence of disease symptoms, e.g., multiple sclerosis, mental illness, intractable seizures, etc.

Medication Management

Does the person need assistance with medication management?

- No
- Yes
- Sometimes
- Chose not to answer

Comments:

If 'Yes' or 'Sometimes' was selected, the following questions will be displayed:

- In regard to the ability to manage and take medications, this person:
- Needs no help or supervision
- Doesn't take medications
- Needs medication setup only
- Needs visual or verbal reminders only
- Needs medication setups and reminders
- Needs medication setups and administration

How does the person control their diabetes?

- Not diabetic
- No insulin required, diet controlled only
- Oral medications
- Sliding scale insulin and oral medications
- Scheduled daily insulin
- Scheduled daily insulin plus daily sliding scale

Challenges – What difficulties does the person have with medication management?

- Behavioral issues
- Cannot crush pills
- Cannot open containers
- Cannot fill syringe
- Disease/symptoms interfere with performing task
- Doesn't take medications due to cost
- Does not use correct dosage
- Forgets to take medication
- Has multiple prescriptions
- Takes outdated or expired medications
- Unable to read labels
- Unaware of dosages
- Uses multiple pharmacies
- Other: _____
- Other: _____

Comments:



Strengths – What does the person do well when managing medications?

- Able to manage multiple medications
- Able to open containers
- Able to put medications in mouth
- Able to use/give own injections
- Aware of frequency & dosages
- Aware of potential side effects
- Can crush pills
- Can fill/use syrin
- Takes medications as prescribed
- Understands purpose of medications
- Other: _____
- Other: _____

Comments:

Preferences – What does the person prefer related to medical management?

- Keep meds in room
- Medications delivered
- Pre-filled syringe
- Use a pill box
- Other: _____
- Other: _____

Comments:

Support Instructions – What helps the most when assisting the person with medical management?

- Manage their own need
- Cue to swallow medications
- Inform person of each medication given
- Open containers
- Organize/Label medications
- Put medications in lock box
- Place medication in person's hand/mouth
- Read labels to person
- Remind person to take medications
- Reorder medication
- Other: _____
- Other: _____

Comments:

Is training/skill building needed to increase independence?

- No
- Yes

Notes/Comments: _____

Medication Management I ADL has been reviewed and updated?

(Displays for reassessment only)

- Yes



Medication Management (Equipment)

Does the person have or need any adaptive equipment to assist with medication management?

- No
- Yes
- Chose not to answer

If 'Yes' was selected, the following questions will be displayed

Medication Equipment Status *(Check all that apply)*

| Type | Has and Uses | Has and does not use | Needs | Comments/Supplier |
|-------------------------------|-----------------------|-----------------------|-----------------------|-------------------|
| CompuMed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| Medi-minder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| Medi-set | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| Pill crusher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| Pill cutter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| Specialized medical equipment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| Syringe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| Other: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| Other: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

Notes/Comments: _____

Meal Preparation

Does the person have any difficulty preparing meals?

- No
- Yes
- Sometimes
- Chose not to answer

Comments:

If 'Yes' or 'Sometimes' was selected, the following questions will be displayed:

When doing simple meal preparation, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

Challenges – What difficulties does the person have with preparing meals?

- Behavioral issues
- Cannot cut/peel/chop
- Cannot plan meals
- Cannot reach stove
- Disease/symptoms interfere with performing task
- Does not know how to cook
- Food allergies
- Keeps spoiled food
- Leaves burners on
- Special diet
- Other: _____
- Other: _____

Comments:



Strengths – What does the person do well when preparing simple meals?

- Able to follow special dietary needs
- Assists with meals
- Aware of food allergies
- Can prepare a simple meal
- Can prepare food with cueing
- Can use the microwave
- Directs caregiver to prepare meal
- Has accessible kitchen
- Makes good meal choices
- Plans own menus
- Other: _____
- Other: _____

Comments:

Preferences – What does the person prefer related to meal preparation?

- Bland diet
- Foods from my culture
- Fresh fruits and vegetables
- Home-cooked meals
- Home delivered meals
- Kosher diet
- Large portions
- Multiple meals a day
- Other religious/ethnic foods
- Salt-free foods
- Small portions
- Sugar-free foods
- Vegetarian diet
- Other: _____
- Other: _____

Comments:

Support Instructions – What helps the most to assist the person in preparing meals?

- Manage their own need
- Cue to prepare snack/meal
- Follow prescribed diet
- Label/organize food products
- Make food accessible to person
- Prepare all meals
- Prepare meals for person to reheat
- Prepare special diet
- Throw out spoiled food
- Work out a menu with person
- Other: _____
- Other: _____

Comments:

Is training/skill building needed to increase independence?

- No
- Yes

Notes/Comments:

Meal Preparation IADL has been reviewed and updated?
(Displays for reassessment only)

- Yes

Transportation

Does the person have difficulty with transportation?

- No
- Yes
- Sometimes
- Chose not to answer

Comments: _____

If 'Yes' or 'Sometimes' was selected, the following questions will be displayed:

When moving about the community, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

Challenges – Does the person have difficulty with transportation?

- Behavioral issues
- Difficult to transfer
- Difficulty communicating with drivers
- Disease/symptoms interfere with performing task
- Needs escort if public transportation is used
- Needs to take walker/ wheelchair
- Needs to use vehicle with lift
- No car
- Unable to arrange own transportation
- Will not ride a bus
- Other: _____
- Other: _____

Comments:

Strengths – What does the person do well related to transportation?

- Can find and read schedules, phone #s
- Can ride bus without assistance
- Communicates needed information with driver
- Has a vehicle with a lift
- Has own car
- Has handicap parking sticker/license
- Knows bus routes
- Other: _____
- Other: _____

Comments:

Preferences – What does the person prefer related to transportation?

- Bus
- Taxi
- Para transit
- Use own car
- Other: _____
- Other: _____

Comments:

Support Instructions – What helps the person most related to transportation?

- Manage their own need
- Accompany person on bus / van
- Arrange medical transportation
- Drive person to appointments
- Make arrangements for par transit
- Orientation and mobility training for new routes
- Take portable oxygen tank
- Take wheelchair/walker
- Use supportive seating
- Use vest / harness
- Other: _____
- Comments: _____

Is training/skill building needed to increase independence?

- Yes
- No

Notes/Comments:

Transportation IADL has been reviewed and updated?

(Displays for reassessment only)

- Yes

Housework

Does the person need assistance with housework?

- No
- Yes
- Sometimes
- Chose not to answer

Comments: _____

If 'Yes' or 'Sometimes' was selected, the following questions will be displayed:

When performing “light” housekeeping, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

When performing “heavy” housekeeping, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

When doing their own laundry, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

Challenges – What difficulties does the person have with housework?

- Behavioral issues
- Allergies to dust, pollen, etc.
- Cannot make or change bedding
- Cannot operate washer/dryer
- Cannot see when surfaces need cleaning
- Does not have lawnmower
- Does not have vacuum cleaner
- Disease/symptoms interfere with performing task
- Has chemical sensitivities
- Unaware of need
- Other: _____
- Other: _____

Comments:

Strengths – What does the person do well related to housework?

- Able to make bed
- Able to sweep
- Can do dishes
- Can do light housekeeping
- Can do light personal laundry
- Can fold clothes
- Can instruct caregiver
- Can take out garbage
- Can wash windows
- Does housework with cueing
- Other: _____
- Other: _____

Comments:



Preferences – What does the person prefer when performing housework?

- Likes a neat house
- Wants items left where they are
- Other: _____
- Other: _____

Comments:

Support Instructions – What helps assist the person the most in performing housework?

- Manage their own need
- Change/wash linens weekly
- Chore services
- Clean bathroom as needed
- Cue to perform tasks
- Dust/vacuum as needed
- Mow lawn as needed
- Shovel snow as needed
- Sweep/mop floors as needed
- Take out garbage
- Other: _____
- Other: _____

Comments:

Is training/skill building needed to increase independence?

- No
- Yes

Notes/Comments:

Housework IADL has been reviewed and updated?

(Displays for reassessment only)

- Yes

Telephone Use

Does the person need assistance to use the telephone?

- No
- Yes
- Sometimes
- Chose not to answer

Comments: _____

If 'Yes' or 'Sometimes' was selected, the following questions will be displayed:

When "Answering" the phone, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

When "Calling" on the phone, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

Challenges – What difficulty does the person have with using the telephone?

- Behavioral issues
- Cannot dial phone
- Cannot get to phone
- Cannot hear phone ringing
- Difficulty hearing/understanding callers
- Disease/symptoms interfere with performing task
- No telephone
- Other: _____
- Other: _____

Comments:

Strengths – What does the person do well when using the telephone?

- Can dial phone
- Can take messages
- Can use PERS
- Can use phone book/411 service
- Can use relay service
- Can use speaker phone
- Other: _____
- Other: _____

Comments:

Support Instructions – What helps the most to assist the person with telephone use?

- Manage their own need
- Answer telephone for person
- Assist with TDD/TTY
- Dial telephone for person
- Leave phone within reach of person
- Set up speed dial
- Set up voice-activated dialing
- Other: _____
- Other: _____

Comments:

Is training/skill building needed to increase independence?

- Yes
- No

Notes/Comments: _____

Telephone Use IADL has been reviewed and updated?

(Displays for reassessment only)

- Yes

Shopping *(Ages 6 and up)*

Do you need assistance to use the telephone?

- No
- Yes
- Sometimes
- Chose not to answer

Comments:

If 'Yes' or 'Sometimes' was selected, the following questions will be displayed:

When managing shopping for food or other items, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

Challenges – What difficulties does the person have with shopping?

- Behavioral issues
- Cannot carry heavy items
- Cannot reach items
- Cannot read labels
- Cannot see/locate items
- Cannot shop online
- Disease/symptoms interfere with performing task
- Other: _____
- Other: _____

Comments:

Strengths – What is the person able to do when shopping?

- Able to arrange transportation
- Able to budget income and expenses
- Able to communicate with store personnel
- Able to make shopping lists
- Can carry small items
- Can navigate within the store
- Can see/identify needed items
- Other: _____
- Other: _____

Comments: _____

Preferences – What does the person prefer when shopping?

- Shop at a specific store
- Shop weekly
- Specialty items
- Use coupons
- Other: _____
- Other: _____

Comments:

Support Instructions – What helps the person most when shopping?

- Manage their own need
- Arrange to have groceries delivered
- Carry heavy packages for person
- Do all shopping for person
- Guide person within store, find/describe items
- Help person make grocery list
- Label items
- Put items away
- Read labels to person
- Take person to store
- Other: _____

Comments: _____

Is training/skill building needed to increase independence?

- No
- Yes

Notes/Comments:

Shopping IADL has been reviewed and updated?

(Displays for reassessment only)

- Yes

Finances *(Ages 6 and up)*

Do you need assistance with finances?

- No
- Yes
- Sometimes
- Chose not to answer

Comments: _____

If 'Yes' or 'Sometimes' was selected, the following questions will be displayed:

When handling personal finances, this person:

- Needs no help or supervision
- Sometimes needs assistance or occasional supervision
- Often needs assistance or constant supervision
- Always or nearly always needs assistance

Challenges – What difficulty does the person have with finances?

- Behavioral issues
- Cannot budget
- Cannot see/read bills or account information
- Difficulty keeping up with paperwork to maintain eligibility for health care and other benefits
- Difficulty differentiating between needs /wants
- Has no POA/needs
- Hides money
- Disease/symptoms interfere with performing task
- Vulnerable to financial exploitation
- Will not pay bills
- Other: _____
- Other: _____

Comments: _____

Strengths – What does the person do well related to finances?

- Can budget income and expenses
- Can use EBT card
- Can write checks and pay bills
- Has a payee
- Has auto payment plan
- Has direct deposit
- Has guardian/Power of Attorney (POA)
- Other: _____
- Other: _____

Comments: _____



Support Instructions – What helps the most to assist the person with finances?

- Manage their own need
- Arrange credit counseling
- Balance checkbook monthly
- Contact POA regarding finance issues
- Needs payee
- Pay bills for person
- Setup automatic payment plan
- Needs assistive/adaptive equipment to see paperwork
- Set up budget for person
- Set up utility payment plan
- Other: _____
- Other: _____

Comments: _____

Is training/skill building needed to increase independence?

- No
- Yes

Notes/Comments: _____

Finances IADL has been reviewed and updated?

(Displays for reassessment only)

- Yes



Referrals & Goals (IADLs)

What is important to the individual?

Referrals Needed:

- Assistive Technology _____ *(Displays if checked)*
- Equipment and Supplies _____ *(Displays if checked)*
- Housekeeping _____ *(Displays if checked)*
- Medication Management _____ *(Displays if checked)*
- Money Management _____ *(Displays if checked)*
- Occupational Therapist _____ *(Displays if checked)*
- Physical Therapist _____ *(Displays if checked)*
- Primary Health Care Provide _____ *(Displays if checked)*
- Skilled Nurse Visits _____ *(Displays if checked)*
- Shopping Assistance _____ *(Displays if checked)*
- Telephone Equipment Assistance _____ *(Displays if checked)*
- Transportation Services _____ *(Displays if checked)*
- Other **Specify:** _____ *(Displays when 'Other' is checked)*
- Other **Specify:** _____ *(Displays when 'Other' is checked)*

Assessed Needs and Support Plan Implications

Referrals & Goals (IADLs) have been reviewed and updated?

(Displays for reassessment only)

- Yes