***DAILY TASK APPRAISAL FOR CAREGIVERS***

CaregiversPA, Penn State University

Caregivers may complete this appraisal for their loved ones. What type of assistance is needed? How much assistance is needed? What health conditions or sensory deficits impact the situation?

Upon completion, caregivers will have an idea of where help is needed. Take this completed tool with you (or have it available) when you talk to your health and human services professional(s) about long term care planning and services for your loved one.

**COMMUNICATION**

* No difficulty speaking, hearing, reading or writing
* Moderate impairment of communication. Accepts help.
* Severe impairment of communication faculties.
* Excessive difficulty in understanding or being understood.

Special areas of concern:

**MENTAL AWARENESS**

* No difficulty recalling recent events, facts, directions, time, place or person. Exercises good decision-making.
* Occasional memory lapses but capable f participating in decision-making with minor dependence on others.
* Memory loss and frequently disoriented. Often unable to make decisions without help.
* Severe memory loss and totally disoriented. Totally dependent upon others for decision making.

Special areas of concern:

**COMPREHENSION**

* No difficulty understanding spoken, written, visual directions or cues
* Moderate impairment of comprehension, needs assistance. Accepts help.
* Severely impaired comprehension. Needs repetition, explanations and cueing; can follow basic verbal directions / cues.
* Excessive difficulty in understanding, processing information and/or being understood; will follow physical cueing and physically leading directions.
* Does not comprehend spoken, written or visual instructions. Cannot follow cues.

Special areas of concern:

**MEDICATION**

* Responsible for taking own medications correctly.
* Sometimes confused with medications and needs periodic supervision of dosage.
* Needs daily supervision of medications.
* Totally dependent on others for proper medication regime

Special areas of concern:

**WALKING INDOORS**

* Walks around unassisted.
* Walks with mechanical aids, needs more time and may need help occasionally.
* Walks with difficulty and requires coaxing, and some supervision is needed.
* Unable to walk unassisted.

Special areas of concern:

**BEHAVIOR**

* Normal, functional behavior patterns and moves with purposeful direction.
* Moves in aimless fashion in pursuit of indefinable or an unobtainable result, e.g. looking for visitors who are not coming.
* Disabling behaviors such as delusions or hallucinations that may cause emotional impairment.
* Behavior that indicates more severe emotional impairment. Extreme or erratic behavior patterns present. Inappropriate behavior, e.g., disrobing.

Special areas of concern:

**MENTAL SYMPTOMS**

* Good morale and self-worth, able to cope with and adapt to changes. Free from any mental symptoms that may hinder function.
* Occasional mood changes with symptoms such as anxiety, depression, phobias or paranoia that are beginning to hinder function.
* More severe mood changes with symptoms that hinder function. May pose some health and safety risks.
* Serious mood changes. Symptoms such as anxiety, depression, phobias or paranoia indicating possible danger to self or others.

Special areas of concern:

**SAFETY**

* Aware of and practices routine safety measures.
* Requires some teaching initially or reminders of safety measures.
* Does not regularly practice normal safety precautions and may be dangerous to self and others.
* Ignores or is unaware of safety practices which create a danger to self and others.

Special areas of concern:

**FINANCES**

* Manages financial matters independently. Budgets, writes & cashes checks, pays bills.
* Manages some day-to-day purchases but needs help with banking, insurance, taxes. Accepts help.
* Difficulty handling all financial tasks and increasingly dependent. Accepts help
* Incapable of handling financial matters. Refuses and denies needing help.

Special areas of concern:

**MEALS**

* Prepares or obtains meals independently. Eats without assistance.
* Needs others to prepare meals or assist with meals on short term basis. Eats without assistance.
* Requires more assistance with meal preparation and some assistance eating.
* Needs constant assistance with meal preparation and eating.

Special areas of concern:

**DRUG OR ALCOHOL USAGE**

* Uses only prescription drugs prescribed by physicians.
* May use alternative drugs or alcohol along with prescription medications.
* Patterns of inappropriate use of drugs and/or alcohol but has not caused disturbances. Accepts help.
* Frequently uses drugs and/or alcohol inappropriately. Displays inappropriate behavior. Refuses help.

Special areas of concern:

**TOILETING**

* Needs no help with toileting.
* Needs minimal help with toileting.
* Needs regular help with toileting and has occasional episodes of wetting or soiling.
* Soils or wets while awake, and is totally dependent on others for toileting.

Special areas of concern:

**TRANSPORTATION**

* Travels independently on public transportation, drives own car or arranges own transportation.
* Travels on public vehicles with some help from others, arranges own transportation.
* Wants to go out but requires others to make transportation arrangements.
* Requires extensive supervision when going out. Often is resistant to going out.

Special areas of concern:

**SOCIAL RELATIONSHIPS**

* Maintains good interpersonal relationship with family and friends.
* Exhibits pattern of difficulties in maintaining relationships. Requires occasional counseling, encouragement and/or stimulation in dealing with these difficulties.
* Needs more counseling, encouragement and/or stimulation to maintain healthy relationships.
* Totally unaware of relationship issues. Not interested or concerned about others.

Special areas of concern:

**HOUSEKEEPING**

* Capable of doing own housekeeping.
* Performs light housekeeping tasks but cannot maintain acceptable level of cleanliness alone.
* Needs extensive regular help with all housekeeping.
* Does not participate in any housekeeping or refuses help in maintaining acceptable level of cleanliness.

Special areas of concern:

**GROCERY SHOPPING**

* Obtains own groceries and other items as needed.
* Obtains own groceries with some help from others.
* Cannot obtain food without regular help, yet expresses desire to do regular shopping.
* No interest in obtaining groceries and totally dependent upon others for food purchases.

Special areas of concern:

**DRESSING**

* Takes initiative and responsibility to dress unassisted.
* Needs minimal help, such as with buttons and tying. Responds to verbal cues.
* Needs more regular help. Does not always respond to repetitive cues to complete dressing. Needs substantial physical help with dressing functions.
* Unable to perform any tasks related to dressing.

Special areas of concern:

**GROOMING**

* Grooms self without help.
* Grooms self with minor help.
* Needs regular help or supervision to groom self.
* Unable to groom self and totally dependent on others.

Special areas of concern:

**BATHING**

* Bathes without help.
* Needs some supervision or needs minimal help to bathe.
* Needs regular assistance to bathe as well as frequent verbal cues.
* Cannot bathe and does not respond to repetitive verbal cues.

Special areas of concern:

**LAUNDRY**

* Does own laundry and cares for clothing alone.
* Needs minimal help yet is able to participate in major portion of laundry tasks.
* Unable to carry out all laundry functions. Needs some help.
* Does not do any of own laundry and is totally dependent on others.

Special areas of concern:

**TELEPHONE USE**

* Able to look up telephone numbers, dial phone and converse understandably.
* Uses telephone with difficulty. May need electronic aid. Accepts help.
* Unable to use telephone yet maintains interest in using phone.
* Unable, unwilling and totally disinterested in using telephone.

Special areas of concern:

**QUESTIONS AND AREAS FOR DISCUSSION:**

**Be realistic in your evaluation and as objective as you can be. If possible, have your loved one participate in the assessment. Consider how each area affects your loved one.**

**Are there assistive devices, services or household modifications that would significantly change function? Would a change of housing impact and improve functioning?**

**Compliments of:**

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**YOUR GATEWAY TO SENIOR CARE!**