

Mobility	<u>Ambulation</u>				
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>	<u>Required:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Confined to bed	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Ambulation Notes:					
Mobility	<u>Transfer</u>				
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>	
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time	
Transfer Notes:					
Eating	<u>Eating</u>				
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>	
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Set-up <input type="checkbox"/> Cueing	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time	
Eating Notes:					

Elimination	Bladder				
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>	<u>Required:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time	<input type="checkbox"/> Catheter care <input type="checkbox"/> Ostomy care
Bladder Notes:					
Elimination	Bowel				
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>	<u>Required:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time	<input type="checkbox"/> Digital Stim. <input type="checkbox"/> Suppository insertion <input type="checkbox"/> Ostomy care <input type="checkbox"/> Enemas
Bowel Notes:					
Elimination	Toileting				
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>	<u>Required:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time	<input type="checkbox"/> Cleansing <input type="checkbox"/> Changing <input type="checkbox"/> Removing
Toileting Notes:					

Cognition	<u>Self-Preservation</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Reassurance <input type="checkbox"/> Redirection <input type="checkbox"/> Support <input type="checkbox"/> Monitoring	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Self-Preservation Notes:				
Cognition	<u>Decision Making</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Redirection <input type="checkbox"/> Support <input type="checkbox"/> Monitoring	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Decision Making Notes:				
Cognition	<u>Ability to Make Self-Understood</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Reassurance <input type="checkbox"/> Redirection <input type="checkbox"/> Support <input type="checkbox"/> Monitoring	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Ability to Make Self-Understood Notes:				

Challenging Behaviors				
Cognition	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Redirection <input type="checkbox"/> Monitoring	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time
Challenging Behaviors Notes:				
Bathing				
Bathing & Personal Hygiene	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Stand-by	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time
Bathing Notes:				
Personal Hygiene				
Bathing & Personal Hygiene	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Stand-by	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time
Personal Hygiene Notes:				

Dressing & Grooming	<u>Dressing</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Stand-by	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time
Dressing Notes:				
Dressing & Grooming	<u>Grooming</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Stand-by	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time
Grooming Notes:				
Housekeeping	<u>Housekeeping</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	___ Mins. each time
Housekeeping Notes:				

Laundry	<u>Laundry</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Laundry Notes:				
Breakfast Meal Preparation	<u>Breakfast Meal Preparation</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Breakfast Meal Preparation Notes:				
Lunch Meal Preparation	<u>Lunch Meal Preparation</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Lunch Meal Preparation Notes:				

Dinner/Supper Meal Preparation	<u>Dinner/Supper Meal Preparation</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Dinner/Supper Meal Preparation Notes:				
Medication/O2 Management	<u>Medication/O2 Management</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Medication/O2 Management				
Shopping	<u>Shopping</u>			
	<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
	<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Medicine	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Shopping Notes:				

Transportation			
<u>Need Level:</u>	<u>Assist Types:</u>	<u>Frequency:</u>	<u>Duration:</u>
<input type="checkbox"/> Ind. <input type="checkbox"/> Min. Assist <input type="checkbox"/> Sub. Assist <input type="checkbox"/> Full Assist	<input type="checkbox"/> Hands-on <input type="checkbox"/> Arrange rides <input type="checkbox"/> Get in/out <input type="checkbox"/> Physical / Cognitive Assistance	<input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	_____ Mins. each time
Transportation Notes:			

Transportation