California Department of Aging, Multipurpose Senior Services Program MSSP Site Manual

Appendix 19d • Functional Needs Assessment Grid

Client:										:			Date:	
ADL/IADL FUNCTIONING		Safe Functioning Level							Current Help				Instructions for ADL/IADL Functioning	
		at	ing	_ e	_ 8	Ŧ	al		đ	elp	lelp	Help	Safe Functioning Level:	Mark the box indicating the level at which the client can safely perform the function.
*ADLs		Independent	Verbal Cueing	Stand-by Assistance	Hands-on Assistance	Dependent	Para Medical	Device	Formal Help	nal H	No F	Needs More Help	Current Help:	Mark the box(s) indicating the type (if any) of help the client currently receives.
										Informal Help	Needs No Help		Needs More Help:	Mark the box if the client needs more help than currently receiving
											z	Re		Comments
Eating*														
Dressing*														
Transferring*														
Bathing*														
Toileting*														
Grooming*														
Medications														
Stair Climbing														
Mobility Indoor														
Mobility Outdoor														
Housework														
Laundry														
Shopping & Errands														
Meal Prep & Cleanup														
Transportation														
Telephone														
Money Man	nagement													
Ś				Needs				Needs		Is	Additional Comments:			
Equipment Needs				Yes (Yes or No			
	Tub Shower Handheld Shower			<u> </u>	Grab Bar/Toilet							-8		
						Grab Bar/Shower Grab Bar/Tub								
	Bath Bench/Chair					Raised Tollet Seat Bedside Commode								
	Smoke Alarm				Be									
Ľ Ľ	Emergency Alarm Unit Other:				Incontinence Suppl			les						