

DESCRIPTION OF CLIENT'S DAILY ACTIVITIES

NAME: (Last, First, Middle Initial) _____

CASE #: _____

CIN # _____

INSTRUCTIONS: For each item below, first read the question to the client. Then after the client responds, put a check mark in the box which best approximates the answer to the question, and write the additional necessary information.

NOTE: For questions #2, #3 and #6, whether the answer was "yes" or "no", additional descriptive information should be completed so that the disability analyst will have more information about the extent of the person's physical and/or medical disability.

1. Living Arrangements:

Does client live alone? Yes No, lives with others. Please indicate with whom and the relationship, if any:

2. Food – Shopping and Cooking:

Does client do these activities on his/her own? Yes No, assisted by others.

Describe how frequently client shops and cooks and/or extent of assistance needed. Include any other pertinent information about this routine chore:

3. Care of Household:

Does client do the housekeeping? Yes No, assisted by others.

Describe how frequently this is done by either the client or by the person who assists, and the types of activities this chore includes and/or extent of assistance needed, and where applicable, who provides the assistance:

4. Personal Care Activities:

Does client take care of these activities? Yes No, gets assistance from others. If "no", and client does get help from another, indicate the extent of that help:

5. **Recreation/Leisure:**

How does client spend time (hobbies, sports, television, shopping, etc.)? Include a description of how the client chooses the activity and the extent of that activity:

6. **Travel:**

Does client drive a car? Yes No If "no", does client use public transportation? Yes No
Regardless of whether the client uses a car or public transportation, describe how frequently and how far the client travels and the amount of help needed, if any, from others:

7. Name of person(s) (e.g. neighbor, clergy, spouse, etc.) familiar with the client's daily activities:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone (area code) _____ Number _____	Phone (area code) _____ Number _____
Relationship: _____	Relationship: _____

Interviewer's Name: _____

County: _____

Title: _____

Phone Number: _____

Date: _____

NOTE: IF YOU HAVE MORE INFORMATION TO INCLUDE ABOUT THIS CLIENT, ATTACH ADDITIONAL SHEETS.