

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.