

Name: _____ Date: _____

Independent Living Assessment Instrument

I. Independent Living Assessment (Verbal)

Goal: *To discriminate ability for safe independent living within an apartment setting*

A. Hygiene, personal cleanliness, and clothing

1. How did you dress today?
2. Did the weather outside influence your choice of clothes?
3. Do you like to take a bath or a shower?
4. Can you describe your routine for bathing or showering and dressing to me?
5. How do you shop for clothes? Do you like to go by yourself or with a friend?
6. When is it important to wash your hands?
7. How often do you brush your teeth?
8. How often do you wash your hair?
9. How do you handle hygiene when you have your period?

B. Apartment cleanliness and care

1. Do you do all of your own housekeeping? If you need help with it, who do you ask and how?
2. What would you do if your toilet backed up onto the bathroom floor?
3. Where is the garbage kept?
4. What would you do if you saw bugs in your apartment?
5. Who would you call if:
 - a. The sink was clogged?
 - b. Something was broken?
 - c. The heat was not working?
6. Do you have a special day to do your laundry? Do you do it with assistance or independently?

C. Kitchen skills

1. What are your favorite meals to cook?
2. Tell me about the word *nutrition*.
3. Do you shop for food on your own or with another person?
4. Can you show me where you keep:
 - a. TV dinners?
 - b. Hamburger, other meats?
 - c. Cheese?
 - d. Unopened cans of fruit?
 - e. Open cans of food?
 - f. Milk?
 - g. Cereal?

5. What happens to food when the refrigerator breaks?

6. How can you tell if food is spoiled?

7. Can you show me how you:

a. Wash dishes?

b. Broil a steak?

c. Bake a chicken?

d. Boil eggs; water?

e. Clean floor?

f. Store paper products?

g. Clean refrigerator?

D. Body care, first aid, emergencies, and safety

1. What happens when you are sick?

2. What would you do if you cut your finger and it was bleeding?

3. When might you need to call the emergency number?

4. When do you stay home from work because you are not feeling well?

5. Do you have a doctor whom you see when you are not feeling well? When have you needed to call him or her?

6. If someone has a seizure, what could you do?

7. What would you do if you smelled smoke or suspected a fire?

8. If there were a fire in your building, what would you do?

9. Are there precautions you can take to avoid having a fire occur in your apartment?

10. When someone knocks at your door, do you open it right away?

11. If someone were breaking into your apartment, what would you do?

12. When someone buzzes your apartment, do you check to see who it is before allowing them to enter the building?

E. Use of Public Transportation, Community Resources, and Leisure Time

1. How often do you take the metro bus?

2. How did you learn the routes that you use?

3. How do you find out about new activities?

4. Do you travel alone at times? Are there times when you prefer going with a friend?

5. How do you get to the grocery store? Is there a convenience store nearby for quick trips?

6. How do you spend evenings home alone when nothing special is going on?