PC PART
PERSONAL CARE PARTICIPATION ASSESSMENT & RESOURCE TOOL

summary sheet




Please take a few minutes to fill out the PC PART summary sheet. This will give you an overview of the assessment.

Copy the global scores from the worksheets onto the summary sheet. Identify risks and suggest possible approaches to the problem areas.

The summary sheet can be detached for copying, faxing and filing where it can be easily accessed by team members.

PC PART
PERSONAL CARE PARTICIPATION ASSESSMENT & RESOURCE TOOL

PLACE ID STICKER HERE

PC PART
PERSONAL CARE PARTICIPATION ASSESSMENT & RESOURCE TOOL




INFORMANT #1

NAME

RELATIONSHIP

INFORMANT #2

NAME

RELATIONSHIP

ASSESSORS

NAME	PROFESSION	SIGNATURE	DATE

NAME: DATE:

A. CLOTHING	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
1. Dressing: Top	Do you get your top dressed? SELF / WITH HELP / NO / NA	Does... get his/her top dressed? SELF / WITH HELP / NO / NA	Properly dressed? YES / NO	Take off top & put it back on. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
2. Dressing: Bottom	Do you get your pants on? SELF / WITH HELP / NO / NA	Does ... get his/her pants on? SELF / WITH HELP / NO / NA	Pants on properly? YES / NO	Check whether able to put on pants. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
3. Dressing: Footwear	Do you get your socks, shoes, slippers on? SELF / WITH HELP / NO / NA	Does ... get his/her socks, shoes, slippers on? SELF / WITH HELP / NO / NA	Socks/shoes/slippers on properly? YES / NO	Take your shoe and sock off and then put it back on. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
4. Selection appropriate for environment	Do you get dressed appropriately for the weather? SELF / WITH HELP / NO / NA	Does ... get dressed appropriately? SELF / WITH HELP / NO / NA	Clothes are clean and appropriate for environment? YES / NO	It is raining and cold outside, tell me what you would wear to go out. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
5. Laundry	Do you get your clothes washed regularly? SELF / WITH HELP / NO / NA	Does ... launder clothes regularly? SELF / WITH HELP / NO / NA	Absence of laundry? YES / NO	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

B. HYGIENE	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
1. Toileting	Do you use the toilet OK? SELF / WITH HELP / NO / NA	Does ... use the toilet OK? SELF / WITH HELP / NO / NA	Not soiled? OK / NOT OK	Dry toilet transfer, (on and off). OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
2. Bladder Control	Do you have control of your bladder? If no, do you keep your pants dry? SELF / WITH HELP / NO / NA	Does ... keep his/her pants dry? SELF / WITH HELP / NO / NA	Do clothes appear dry? OK / NOT OK	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
3. Bowel Control	Do you have control of your bowel? If no, do you keep your pants unsoiled? SELF / WITH HELP / NO / NA	Does ... have control of his/her bowel? SELF / WITH HELP / NO / NA	Is clothing clean? OK / NOT OK	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
4. Grooming: Hair	(i) Do you get your hair washed? SELF / WITH HELP / NO / NA	Does .... get his/her hair washed? SELF / WITH HELP / NO / NA	Well groomed? OK / NOT OK	If dishevelled, explore perception of this. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
5. Grooming: Teeth	(ii) Do you get your teeth/dentures cleaned? SELF / WITH HELP / NO / NA	Does .... get his/her teeth/dentures cleaned? SELF / WITH HELP / NO / NA	Teeth not obviously dirty? OK / NOT OK	If bad breath, or teeth grossly unkempt, explore perception of this. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
6. Grooming: shave/menstruation	Do you attend to shaving/menstruation? SELF / WITH HELP / NO / NA	Does .... attend to shaving/menstruation? SELF / WITH HELP / NO / NA		If there is concern in this area, explore perception of this. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

NAME: DATE:

B. HYGIENE… CONT.	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
7. Bathing	Do you get washed properly? SELF / WITH HELP / NO / NA	Does... get washed properly? SELF / WITH HELP / NO / NA	Appears clean? OK / NOT OK	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
8. Bath transfers	Are you able to get in/out of the bath or shower? SELF / WITH HELP / NO / NA	Is ... able to get in/out of bath or shower SELF / WITH HELP / NO / NA		Check that can get in and out of the bathing facility. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

C. NUTRITION	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
1. Eating: weight	Have you kept your usual weight, or if changed – is this OK? SELF / WITH HELP / NO / NA	Has ... maintained his/her weight? If no, is this change OK SELF / WITH HELP / NO / NA	Clothes fit well? YES / NO	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
2. Eating: choking/coughing	Do you eat and drink without coughing or choking? SELF / WITH HELP / NO / NA	Does ... eat and drink without coughing or choking SELF / WITH HELP / NO / NA		Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
3. Meal planning	Do you get adequate meals planned? SELF / WITH HELP / NO / NA	Does ... get adequate meals planned? SELF / WITH HELP / NO / NA		Tell me what you usually eat at the beginning, middle and end of the day? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
4. Meal preparation	Do you make or get your meals OK? SELF / WITH HELP / NO / NA	Does ... make or get adequate meals? SELF / WITH HELP / NO / NA		Make a drink (tea, coffee or cold drink) and heat up a food item. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
5. Groceries	Do you get your groceries? SELF / WITH HELP / NO / NA	Does ... get groceries? SELF / WITH HELP / NO / NA	Adequate groceries present? YES / NO	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
6. Food-restrictions	Do you have any food restrictions? If yes, do you understand and follow them? SELF / WITH HELP / NO / NA	Does ... understand and follow any food restrictions? SELF / WITH HELP / NO / NA	Absence of restricted foods or drinks? YES / NO	Tell me about your food restrictions? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
7. Stove	Do you cook without burning pots, the counter or yourself? SELF / WITH HELP / NO / NA	Does ... cook without burning pots, the counter or him/herself? SELF / WITH HELP / NO / NA	Absence of burn marks on the counter top? YES / NO	Turn on the left rear element (distract with a task) and then turn it off. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
8. Spoiled food	Do you know not to eat spoiled food? SELF / WITH HELP / NO / NA	Does ... know not to eat spoiled food? SELF / WITH HELP / NO / NA	Absence of spoiled food? YES / NO	How can you tell if food has spoiled? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

NAME: DATE:

D. MOBILITY	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
1. Mobility	Do you get around in your home OK? SELF / WITH HELP / NO / NA	Does... get around in the home OK? SELF / WITH HELP / NO / NA		Able to mobilise around objects in the room? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
2. Bed	Do you get in and out of bed? SELF / WITH HELP / NO / NA	Does ... get in and out of bed? SELF / WITH HELP / NO / NA		Get in and out of bed? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
3. Falls	Do you get around without falling? SELF / WITH HELP / NO / NA	Does ... get around without falling? SELF / WITH HELP / NO / NA		Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
4. Steps or stairs	Do you get up and down steps OK? SELF / WITH HELP / NO / NA	Does ... get up & down steps OK? SELF / WITH HELP / NO / NA	Home steps not grossly unsafe? YES / NO	If steps present, test stair mobility together with usual aid or help. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
5. Outside mobility & safety	Do you feel comfortable getting around outside alone? SELF / WITH HELP / NO / NA	Do you feel comfortable when ... gets around outside? SELF / WITH HELP / NO / NA		Test outdoor mobility. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
6. Driving	Do you drive a car safely? SELF / WITH HELP / NO / NA	Does ... drive a car safely? SELF / WITH HELP / NO / NA		Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
7. Transport	Do you get to and from your appointments? SELF / WITH HELP / NO / NA	Does ... get to and from his/her appointments? SELF / WITH HELP / NO / NA		Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
8. Wandering	When you go out, do you remember where to go, and get there without getting lost? SELF / WITH HELP / NO / NA	When ... goes out, does he/she remember where to go, and gets there without getting lost? SELF / WITH HELP / NO / NA		Describe how you would get to a familiar location. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
9. Orientation	Do you remember your appointments? SELF / WITH HELP / NO / NA	Does ... remember his/her appointments? SELF / WITH HELP / NO / NA		Describe how you keep track of your appointments. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

E. SAFETY	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
1. Medication use	Do you take medications; if yes, do you know what they are and when to take them? SELF / WITH HELP / NO / NA	Does ... take medications, if yes, does ... know what to take and when? SELF / WITH HELP / NO / NA	Are medications described present, with no additional prescriptions? YES / NO	Tell me what medications you take and when you take each of them. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
2. Alcohol and other substance abuse	Do you live without drinking too much alcohol or using non-prescription drugs? SELF / WITH HELP / NO / NA	Does ... live without drinking too much or using drugs? SELF / WITH HELP / NO / NA	Absence of signs of alcohol/drug abuse? YES / NO	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

NAME: DATE:

E. SAFETY … CONT.	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
3. Illness / crisis management	With the usually available help do you cope with a minor illness? SELF / WITH HELP / NO / NA	With the usually available help does ... cope with a minor illness? SELF / WITH HELP / NO / NA		If you had a stomach upset with vomiting and diarrhoea for 24 hours, what would you do? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
4. Emergency help	Have you been managing without needing emergency help repeatedly? SELF / WITH HELP / NO / NA	Does ... manage without needing emergency help repeatedly? SELF / WITH HELP / NO / NA	Working smoke detector present? Phone present? YES / NO	What would you do if you have a fire on your stove? Show me how you would call the fire department? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
5. Smoking	Do you smoke without causing burns or fires? SELF / WITH HELP / NO / NA	Does ... smoke without causing burns or fires? SELF / WITH HELP / NO / NA	Absence of burn marks from cigarettes? YES / NO	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
6. General hazards	Is your home free of hazards? SELF / WITH HELP / NO / NA	Is ...'s home free of hazards? SELF / WITH HELP / NO / NA	Absence of loose mats, extension cords, steps, clutter YES / NO	List hazards, and how they are dealt with. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

F. RESIDENCE	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
1. Money management	Do you get your bills paid? SELF / WITH HELP / NO / NA	Does ... get his/her bills paid? SELF / WITH HELP / NO / NA	Absence of unpaid bills? YES / NO	Describe how your bills are paid. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
2. Home security	Do you live without being concerned about your security in the home? SELF / WITH HELP / NO / NA	Does ... live without you being concerned about his/her security in the home? SELF / WITH HELP / NO / NA	Are the doors locked? YES / NO	If you hear some-one rattling at your door at night, what might be happening? What would you do? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
3. Basic personal information	Do you know your address, telephone number and who to contact to get help? SELF / WITH HELP / NO / NA	Does ... know his/her address, telephone number and who to contact to get help? SELF / WITH HELP / NO / NA	Is there a phone-book/list by phone etc? YES / NO	Tell me your name, address, and how to get . hold of your contact person. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
4. Shopping for personal needs, household items etc	Do you get your shopping done for personal needs and household items? SELF / WITH HELP / NO / NA	Does ... get shopping attended to? SELF / WITH HELP / NO / NA	Personal and home supplies present? YES / NO	Clarify the situation through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
5. Temperature	Do you keep warm in winter and cool in summer? SELF / WITH HELP / NO / NA	In winter does... keep warm, and in summer does … keep cool? SELF / WITH HELP / NO / NA	Appropriate temperature or clothing for season? YES / NO	If it was very cold in winter, or very hot in summer, what would you do? OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

G. SUPPORTS	SELF-REPORT	INFORMATION FROM KEY INFORMANT	OBSERVATION	STANDARD TASKS (NB DONE WITH USUAL HELP)	GLOBAL SCORE
1. Adequate	Do you think that you have enough supports provided by others? SELF / WITH HELP / NO / NA	Do you think ... has enough supports provided by others? SELF / WITH HELP / NO / NA		Clarify through discussion and list supports, including tasks done, hours spent and times when this occurs. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK
2. Stability - ability of caregiver to cope	Do you think that ... will be able to continue to do everything that he/she does for you now? SELF / WITH HELP / NO / NA	Can you continue to do all of the things you need to do to meet ...'s needs? SELF / WITH HELP / NO / NA	Caregiver managing OK? YES / NO	Clarify through discussion. OK / NOT OK	OK BY SELF / OK WITH HELP / NOT OK

NOTES:

summary sheet

PLACE ID STICKER HERE

DATE: / /

AREAS OF FUNCTION	OK BY SELF	OK WITH HELP	NOT OK	RISK HIGH,MED OR LOW	LIST OPTIONS FOR DEALING WITH PROBLEM	DONE (DATE)
A. CLOTHING						
1 Dress: top						
2 Dress: bottom						
3 Dress: footwear						
4 Selection of clothing						
5 Laundry						
B. HYGIENE						
1 Toilet: transfer						
2 Bladder control						
3 Bowel control						
4 Groom: hair						
5 Groom: teeth						
6 Groom: shave menst'n						
7 Bathing						
8 Bath transfer						
C. NUTRITION						
1 Eat: weight						
2 Eat: choke						
3 Meal: plan						
4 Meal: make						
5 Groceries						
6 Food: restriction						
7 Stove						
8 Spoiled food						

AREAS OF FUNCTION	OK BY SELF	OK WITH HELP	NOT OK	RISK HIGH,MED OR LOW	LIST OPTIONS FOR DEALING WITH PROBLEM	DONE (DATE)
D. MOBILITY						
1 Mobility						
2 Bed						
3 Falls						
4 Steps						
5 Outside						
6 Driving						
7 Transport						
8 Wandering						
9 Orientation						
E. SAFETY						
1 Medications						
2 Substance abuse						
3 Illness						
4 Emergency help						
5 Smoking						
6 Hazards						
F. RESIDENCE						
1 Money management						
2 Security						
3 Personal information						
4 Shopping						
5 Temperature						
G. SUPPORTS						
1 Adequate						
2 Stability / can cope						