

Gathering Information to Determine Functional Capacity Levels

Participant Name:..... Date:.....

DCA caller:.....

Intro: “To help us to better understand your current situation, I’d like to ask you some questions about how you manage now”

Are there any activities or tasks that you need help with? Yes No

What are these?

Do you use any equipment to perform these activities or tasks? Yes No

What equipment do you use and what do you use it for?

Equipment	Purpose of use

What services do you currently receive and what do they do for you:

Services	What they do	Type of assistance (see below)	Amount of assistance (see below)

Types of assistance	Amount of assistance
<ul style="list-style-type: none"> - physical with one person - physical with two people - prompting - supervision - equipment 	<ul style="list-style-type: none"> - others perform all of the task - maximal assistance (constant) - moderate assistance (intermittent) - minimal assistance (occasional)

Are there any of these tasks that you think you could possibly do if you had some training?