

A

A. Activity of daily living (ADL)		D. Mental functions	
1. Eating		1. Memory	
2. Bathing		2. Orientation	
3. Dressing		3. Understanding	
4. Grooming		4. Judgement	
5. Urinary continence		5. Behavior	
6. Faecal continence			
7. Using the bathroom			
B. Mobility		E. Instrumental activities of daily living	
1. Transfers		1. Cleaning the house	
2. Walking inside		2. Preparing meals	
3. Walking outside		3. Shopping	
4. Putting on prosthesis or orthosis		4. Doing the laundry	
5. Moving around in a wheelchair		5. Using the phone	
6. Using the stairs		6. Using public transportation	
		7. Taking medication	
C. Communication		8. Managing the budget	
1. Seeing			
2. Hearing			
3. Talking			

B

DISABILITIES	RESOURCES	HANDICAP	STABILITY*
	0. Subject himself 1. Family	2. Neighbour 3. Employee	4. Aides 5. Nurse
	6. Volunteer 7. Other		
A. ACTIVITIES OF DAILY LIVING (ADL)			
1. EATING			
<input type="checkbox"/> 0 Feeds self independently <input type="checkbox"/> -0.5 With difficulty			
<input type="checkbox"/> -1 Feeds self but needs stimulation or supervision OR food must be prepared or cut or pureed first	Does the subject presently have the human resources (help or supervision) necessary to overcome this disability?		<input type="checkbox"/> 0 <input type="checkbox"/> -1 <input type="checkbox"/> -2 <input type="checkbox"/> -3
<input type="checkbox"/> -2 Needs some help to eat OR dishes must be presented one after another	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> - <input type="checkbox"/> + <input type="checkbox"/> •
<input type="checkbox"/> -3 Must be fed totally by another person OR has a naso-gastric tube or a gastrostomy <input type="checkbox"/> naso-gastric tube <input type="checkbox"/> gastrostomy	Resources: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		