THERAPYWORKS NW

Physical, Occupational & Speech Therapy

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ACTIVITIES OF DAILY LIVING

PARENT QUESTIONNAIRE

Child's Name: ______________________________ **Date:** ___________________

The following questions are designed to gain more information about your child's occupational therapy participation.

Please read the following statements and check "Can Do" if your child can complete the activity independently, "Can Partially Do" if they need some help, and "Cannot Do" if they require full assistance.

Activities of Daily Living

	Cannot Do	Can Partially Do	Can Do
Bathing			
Wash body completely	☐	☐	☐
Rinse body parts completely	☐	☐	☐
Dry body parts	☐	☐	☐
Transferring to and from bath	☐	☐	☐
Bowel / Bladder Management			
Intentional control of bowel movements	☐	☐	☐
Intentional control of urinary bladder (day / night)	☐ ☐	☐ ☐	☐ ☐
Toilet Hygiene	☐	☐	
Clothing management	☐	☐	☐
Maintain toilet position	☐	☐	☐
Transfer to and from toilet	☐	☐	☐
Clean body	☐	☐	☐
Dressing			
Select clothing appropriate to time of day, weather, occasion	☐	☐	☐
Obtain clothing from storage area	☐	☐	☐
Dress and undress in sequential fashion	☐	☐	☐
Fasten and adjust clothing / shoes	☐	☐	☐
Eating			
Manipulate food or fluid in the mouth and swallow	☐	☐	☐
Feeding			
Use of spoon without spillage	☐	☐	☐
Use of fork	☐	☐	☐
Cut soft foods with knife	☐	☐	☐
Drink from cup without spillage	☐	☐	☐

Personal Hygiene / Grooming	Cannot Do	Can Partially Do	Can Do
Style and brush hair	☐	☐	☐
Care for nails	☐	☐	☐
Brush teeth	☐	☐	☐
Apply paste to toothbrush	☐	☐	☐
Wash and dry hands completely	☐	☐	☐
Recognizes when nose is running, requests a tissue	☐	☐	☐
Blows nose	☐	☐	☐

Sleep and Rest: Please describe any routines that are performed such as grooming, getting PJ's on, reading or listening to music, saying goodnight to others.

Do you have any concerns about your child's activities related to obtaining restorative rest and sleep?

Social Participation: Please describe your child's level and interest in the following areas:

- Community participation (neighborhood, school, organizations):
- Family:
- Peer / Friend:

Education: Please describe areas of interest or difficulties in the following:

- Academic participation (math, reading):
- Non-academic (recess, lunchroom, hallway):
- Extracurricular (sports, band, dances):

Play and Leisure: Please describe your child's participation in the following types of play:

Exploration play (big muscle movement: running, climbing, hopping):

Pretend play (use of imagination and role play):

Games with rules (accepts predetermined rules to play games such as board or card games):

Constructive play (use of blocks or other materials to make something):

Symbolic play (use of objects, actions, or ideas to represent other objects, actions, or ideas as play. Ex: pushing a block around the floor pretending it's a car or holding it to his/her ear pretending it's a cell phone):

What types of activities are intrinsically motivating?