



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services
THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #24: Questions about the Task &

Daily Routines: An Assessment Checklist

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Introduction

This caring sheet lists questions a caregiver can ask to discover how well the way the task is set up is accommodating the strengths and needs of a person with cognitive impairment. The questions are based on very specific changes to the brain and ways in which the timing and structure of the task can make it easier or harder for the person to perform tasks of daily living.

Task structure has a major impact on behaviors, on the amount of distress and fatigue a person experiences, and on how easily and successfully a caregiver can assist the person with cognitive impairment. These questions help explore why a person is in distress, having trouble performing a task, or engaging in a particular behavior. They also suggest intervention strategies.

The caregiver is expected to ask these questions to her/himself or to other caregivers, but NOT to the person with cognitive impairment. The questions can be asked informally by family and other caregivers or more systematically with formal recording by professionals. (These questions are included in a more formal assessment instrument called the Cognitive Impairment Assessment Protocol or CIAP.)

The questions are meant to be asked either as a general assessment or while the caregiver is helping with a task. The answers to these questions can help a caregiver modify the task, environment, or communication strategies in order to be more helpful by accommodating the person's feelings, abilities and cognitive difficulties. When they are asked during a task, the caregiver can intervene immediately and respond to subtle changes that occur minute by minute in the person's cognitive abilities.



TASK & DAILY ROUTINES AND COGNITIVE IMPAIRMENT

Questions to Ask:

These are some questions to ask ourselves about the task and daily schedule to assess how well the daily routines meet the needs of a person with cognitive impairment. The daily routines include activities of daily living as well as fun diversionary activities.

The questions are based on specific changes in the brain and are organized under aspects of a task and schedule that a caregiver might be able to modify to help the person more successfully accomplish the task and to feel comfortable. “Yes” answers indicate the task is more likely to meet the needs and desires of a person with cognitive impairment.

The answers to these questions may suggest interventions to try with a particular individual on a particular occasion.

A. TASK GOALS: Look for:

- what this person wants and needs from this task
 - what the caregiver wants and needs from this task
1. What are this person’s goals (e.g., to feel safe and warm and comfortable)?
 2. What outcome does the caregiver want and need?
 3. How much of this task does the caregiver need to accomplish?
 4. How important to the caregiver is the completion of this task?
 5. Will not doing the task or doing an alternative to the task adequately meet the needs of the caregiver and this person?
 6. How quickly does the caregiver need to get the task completed?
 7. Can modifying the task meet enough of the goals of both the caregiver and of this person?
 8. Can modifying expectations of the caregiver adequately meet the needs of both the caregiver and this person?

B. TIMING: Look for:

- how the whole 24 hour day of this person is usually spent
 - how the past 48 hours or longer have been going for this person
 - what events/tasks usually precede this task
 - how similar this person’s daily schedule is to the schedule s/he used to have throughout most of her/his adult life
1. Is the flow of this person’s day appropriate for this person?



2. Are tasks spread out across the week and hours to allow for rest and recuperation?
3. Are tasks performed as frequently as necessary or possible?
4. Is there a familiar and appropriate pace of daily routines (e.g., waking up, eating breakfast, washing, and getting dressed done without pauses so the logic of the sequence is obvious to this person)?
5. Is there a familiar and appropriate order of routines (e.g., waking up, eating breakfast, washing, and getting dressed done in the same order as they were done throughout most of this person's adult life)?
6. Is the daily schedule as normal for this person as possible?

C. CONSISTENCY: Each time the task is performed, is it:

- done the same way
 - at the same time of day
 - with the same caregiver
1. Is the same caregiver (as much as possible) assisting this person each time the task is done?
 2. Is the caregiver helping with the task the same way each time?
 3. Have the task steps become routine with few surprises?

D. TASK STEPS: Look for evidence to ensure that the task steps are not:

- too many
 - too complex
 - too unfamiliar
 - too abstract
1. Is the task broken down into steps?
 2. Does the caregiver perform the steps that are most difficult for this person?
 3. Is the pace of the steps adapted to this person?
 4. If necessary are task steps spread out over time (e.g., washing different body parts at different times of the day)?
 5. Is the order of task steps arranged to suit this person?
 6. Are complex task steps simplified (washing one spot of the table over and over instead of washing the whole table)?
 7. Are the task steps familiar to this person (e.g., a bath instead of a shower)?
 8. Are the task steps concrete enough (e.g., showing this person pants and shirt rather than simply asking this person to get dressed)?

E. MODIFICATION OF STEPS: Look for:

- modification of task steps over time to fit this person's changing needs or preferences



1. Does the order of the task steps meet this person's needs (e.g., does it help this person to remove her/his clothes after stepping into the shower so the clothes get wet rather than before stepping into the shower, or to wash the feet first to get this person used to the water and process)?
2. Can particular needs or preferences be met by modifying the way a task is done (e.g., addressing modesty or temperature sensitivity by covering this person so that no part of the body or only one part at a time is exposed while dressing and bathing)?
3. Are physiological and cognitive changes accommodated (e.g., a towel draped over this person so the spray from the shower nozzle doesn't touch the skin directly)?
4. Is location of each task step adapted to this person (e.g., washing this person's hair in the bedroom with a wet washcloth rather than in the shower)?

F. MODIFICATION OF OBJECTS: Look for:

- adaptation of objects used during the task to fit this person's changing needs
 - accommodation of this person's needs for familiarity
1. Are changes in this person's needs assessed so modifications of objects can be made when necessary (e.g., zippers replaced with Velcro, or foods difficult to chew or swallow replaced with finger foods and soft foods)?
 2. Do the modifications keep the objects as similar as possible to what this person is used to (e.g., buttons changed to snaps rather than Velcro, or soft food that looks normal rather than pureed food that is unrecognizable)?
 3. Do modifications reduce the need for significant range of motion when necessary (e.g., over head shirts replaced with button shirts)?
 4. Are emerging anxieties or preferences accommodated (e.g., women's pants replaced with skirts when anxiety about removing pants becomes acute)?
 5. Are changes in sensory functions accommodated (e.g., covering shower nozzle with a wash cloth when skin sensitivity to the water spray makes the spray uncomfortable or frightening)?

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Sources:

- Weaverdyck, S. (1991). Assessment for Intervention Planning, and Intervention Based on Assessment of Dementia as a Cognitive Disorder. In D. Coons (Ed.) *Intervention in Dementia: Designing and Implementing Special Care Units*. Baltimore: Johns Hopkins University Press.
- Weaverdyck, S. (1990). Neuropsychological Assessment as a Basis for Intervention in Dementia. In N. Mace (Ed.) *Dementia Care: Patient, Family and Community*. Baltimore: Johns Hopkins University Press.

Caring sheets #1 and #2 list cognitive functions which are impaired from the brain damage in dementia. The questions in this caring sheet



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require no knowledge of the brain, but are based on brain functions as described in caring sheets #1 and #2. Caring sheet #21 lists questions for assessment of a person's cognitive functions.

Caring sheet #22 lists questions a caregiver can ask about the environment and caring sheet #23 lists questions about interactions between the caregiver and the person with cognitive impairment.

Answers to all of these questions can help determine which interventions might be most effective in helping the person to be happier and to function more independently.

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All Caring Sheets are available online at the following websites:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38498---,00.html (Michigan Department of Health and Human Services MDHHS), at <http://www.lcc.edu/mhap> (Mental Health and Aging Project (MHAP) of Michigan at Lansing Community College in Lansing, Michigan), and at <https://www.improvingmipractices.org/populations/older-adults> (Improving MI Practices website by MDHHS)

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