

People with Disabilities Check-Sheet

This check-sheet is to help you identify which daily living activities are affected by your disability. We strongly recommend you let the support people in your life help you with this. This check-sheet can also be used to help your doctor and assessor understand the daily activities you need help with.

If you have a physical impairment you need to compare yourself to someone who is healthy. Include all support. Sometimes people forget the amount of support they get because it has become part of their routine. Remember to also note tasks where you take a significantly longer time than someone who is healthy.

If you have a mental impairment, you may be able to do physical tasks but you might need emotional support or counselling to get things done. For example, if you have depression and someone has to check on you to make sure you have gotten out of bed and eaten, that is assistance no matter if it is a friend or paid caregiver.

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The doctor and assessor are asked to note all the places where your ability to perform daily living tasks is restricted. They are also asked to note whether the assistance required (whether or not you actually get the assistance you need) is continuous or periodic. Use the following definitions:

- **Continuous assistance** - my condition is constant, it affects me most or all of the time for an activity.
- **Periodic assistance** - use this category only if you have days where you are not affected by your disability. You must tell your doctor and assessor how often your condition affects you, and for how long. If they say you need periodic assistance, MHSD will assume it is too infrequent to make you qualify unless it is clearly stated otherwise.

Daily Living Activities (Organized by categories used by MHS in the PWD form - note the categories are different in sections two and three of the PWD Application.)

For most physical activities, you must consider whether you can normally do the basic movements required (for example, being able to wash the shower or bathtub requires kneeling down, bending and reaching). Check off the following items that are affected by your disability:

- reaching arms above my head
- reaching arms to body parts
- reaching arms out in front of body
- bending to retrieve items from the floor
- kneeling down
- getting up from kneeling position
- carrying, lifting
- pulling, turning
- _____
- _____

Check the following that are affected by your mental health disability (Consider these items as requirements for having enough mental focus and ability to perform daily living tasks):

- maintaining concentration
- learning disabilities
- being able to recall information
- confusion
- remembering the time or date
- staying on task
- communicating orally or written
- being withdrawn/isolated
- experiencing delusions/thought disorders
- coping with anxiety
- coping with depression
- being able to problem solve (plan, organize, or use appropriate judgment)
- hostility
- _____
- _____

Check the following items that are affected by your disability:

Personal Self Care

- cutting nails
- dress myself
- standing in the shower
- reaching arms above my head to wash my hair
- reaching arms to body parts
- shaving
- brushing my teeth or remembering to brush my teeth
- brushing my hair or remembering to brush my hair
- getting into or out of bed
- finding a comfortable position to lie in
- getting into or out of chairs
- getting into or out of the tub
- standing in the shower
- going up and down stairs
- how long I can sit in one position
- getting on and off the toilet

Housecleaning

- washing counters and sink
- cleaning bathtub
- cleaning toilet
- washing dishes
- putting dishes away
- sweeping/mopping floors
- carrying laundry
- doing laundry
- folding laundry
- being able to maintain acceptable sanitary conditions
- cleaning oven, fridge
- vacuuming
- dusting

Shopping

- walking around the store
- being able to be in a store that is crowded
- reading/understanding labels and prices

Shopping continued

- moving groceries from shelves to cart, cart to cashier
- being able to wait in line without becoming frustrated, angered
- carrying groceries to transportation
- carrying groceries into house
- buying appropriate, affordable food/supplies/clothing
- paying for purchases

Meal Preparation/Cooking

- chopping, peeling, and other actions of food preparation
- standing at sink and stove
- using a can opener
- opening jars
- understanding recipes/cooking instructions on labels
- hearing water boil
- remembering to attend food on the stove/in oven
- lifting food from cupboard to counters
- lifting/carrying pots
- meal planning
- safe handling and storage of food
- making good nutritional choices
- putting food in my mouth
- being able to chew and/or swallow
- trusting that food is edible
- not throwing up after a meal
- sensing spoiled food

Managing Finances

- remembering to pay bills on time
- keeping track of bills
- returning items I don't need or can't afford (re: mobility, anxiety, etc.)
- reading bills
- budgeting for groceries, bills and other necessities
- controlling impulse buying
- using a bank machine
- writing cheques, understanding my bank statements

Management of Medication

- counting my pills for the day
- remembering to take medication
- filling/refilling prescriptions
- safe handling and storage of my medication

Mobility Outside the Home (or Transportation)

- standing at bus stops
- figuring out the bus schedule
- figuring out where to get off the bus
- sitting on the bus (re: agitation or pain, etc.)
- going up or down stairs or ramps
- walking on uneven pavement/ground
- driving
- walking _____ blocks before I have to stop and sit down and rest
- getting in and out of a vehicle
- require using a taxi
- live out of town _____ km
- Yard work
- snow removal
- arranging for transportation

Social Functioning

- being able to avoid dangerous situations to self or others
- poor social judgment
- unable to maintain relationships
- unable to respond to basic social cues
- problems interacting with others
- unable to get help from others
- difficulty making decisions
- unable to deal with unexpected demands
- being disruptive, aggressive, abusive
- withdrawn behaviour from family, neighborhood contacts, acquaintances, storekeepers, public officials, etc.
- bizarre behaviour
- being rejected by others
- being able to express how I feel

Social Functioning continued

- repetitive behaviour
- controlling impulses
- reducing agitation
- loss of motivation (initiative or interest)
- other _____

Communication

- hearing others face to face
- hearing over the telephone
- understanding the spoken word (conversation, tv, radio)
- understanding the written word (newspaper, written documents, resources)
- unable to use a computer/internet
- being able to speak to people I do not know
- being able to speak to people in appointments
- being able to speak loud enough to be heard by others
- unable to fill out forms
- speech impediment/stutter, etc.
- being able to control my responses when under stress/experiencing anxiety

You should note all assistance you have from anyone - family, friends, and anyone from your community whether they are paid or are volunteers. You should also note any assistance devices as listed on page 20 of the PWD form.

Additional Information:
