APD Condensed CA/PS Assessment

Updated: April 1, 2026

Activities of Daily Living (ADLs)

Mobility

Ambulation

Need level: ☐Independent ☐Minimal assist ☐Substantial assist ☐Full assist

Assist types: ☐Hands-on ☐Confined to bed

Frequency: ☐None ___ times per day ___times per week ___ times per month ☐Always

Duration: ___ Minutes each time

Required: ☐Inside ☐Outside

Notes:

Transfers

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Eating

Need level: ☐Independent ☐Minimal assist ☐Substantial assist
☐Full assist

Assist types: ☐Hands-on ☐Set-up ☐Cueing

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Elimination

Bladder

Need level: ☐Independent ☐ Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐ None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Required: ☐Catheter care ☐Ostomy care

Notes:

Bowel

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Required: ☐Digital stimulation ☐Enemas ☐Ostomy care
☐Suppository insertion

Notes:

Toileting

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on ☐Cueing

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Required: ☐Cleansing ☐Changing ☐Removing

Notes:

Cognition

Self-Preservation

Need level: ☐ Independent ☐ Minimal assist ☐ Substantial assist
☐ Full assist

Assist types: ☐Hands-on ☐Cueing ☐ Reassurance ☐Redirection
☐Support ☐Monitoring

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Decision making

Need level: ☐Independent ☐Minimal assist ☐Substantial assist ☐Full assist

Assist types: ☐Hands-on ☐Cueing ☐Redirection ☐Support ☐Monitoring

Frequency: ☐None ___ times per day ___times per week ___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Ability to make self understood

Need level: ☐Independent ☐Minimal assist ☐Substantial assist ☐Full assist

Assist types: ☐Hands-on ☐Reassurance ☐Redirection ☐Support ☐Monitoring

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Challenging behaviors

Need level: ☐Independent ☐Minimal assist ☐Substantial assist
☐Full assist

Assist types: ☐Hands-on ☐Cueing ☐Redirection ☐Monitoring

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Bathing and personal hygeine

Bathing

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on ☐Cueing ☐Stand-by

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Personal hygiene

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Dressing and grooming

Dressing

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Grooming

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Instrumental Activities of Daily Living (IADLs)

Housekeeping and laundry

Housekeeping

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Laundry

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Meal preparation

Breakfast meal

Need level: ☐Independent ☐Minimal assist ☐Substantial assist
☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Lunch meal

Need level: ☐Independent ☐Minimal assist ☐Substantial assist
☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Dinner/supper meal

Need level: ☐Independent ☐Minimal assist ☐Substantial assist
☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Medication/oxygen management

Need level: ☐Independent ☐Minimal assist ☐Substantial assist
☐Full Assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week
___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Shopping and transportation

Shopping

Need level: ☐Independent ☐Minimal assist ☐Substantial assist ☐Full assist

Assist types: ☐Hands-on ☐Food ☐Clothing ☐Medicine

Frequency: ☐None ___ times per day ___times per week ___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Transportation

Need level: ☐Independent ☐Assist ☐Full assist

Assist types: ☐Hands-on

Frequency: ☐None ___ times per day ___times per week ___ times per month ☐Always

Duration: ___ Minutes each time

Notes:

Miscellaneous notes

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or 503-945-5600. We accept all relay calls.

OREGON DEPARTMENT OF Human Services

Aging and People with Disabilties
Medicaid Services and Supports
500 Summer St. NE, E-10
Salem, OR 97301-1076
503-945-5600
odhs.info@odhs.oregon.gov
www.oregon.gov/odhs