



Functional Assessment Guide

Direct assessment and Informant query

Patient: _____ Facility: _____

Severely impaired in all areas due to advanced stage of dementia

(Scoring the rest of this form is not required for patients with advanced dementia)

Caregiver provided info

Caregiver UNABLE to provide info

IADL	Intact	Needs Assistance	Impaired
Handling finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADL	Intact	Needs Assistance	Impaired
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait and transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IADLs Result: Finances = _____ Transport = _____ Medications = _____

ADLs Result: Eating = _____ Dressing = _____ Gait = _____

Direct Functional Assessment (stage): Advanced dementia, caregiver

Clinician Name: _____ Clinician Signature: _____

Date Completed: _____