Initial participant interview		
Information gained from		
Name of OT		
Date		
Patient Consent to Initial Interview .		
Identification checked		
Communication issues		
Orientation – Time	-Place	-Person
Floor – knee height:		
Overview of daily routine – what do	you do on a typical day?)
Individual Daily Activities		
Do you get out of bed? If not why not? By yourself or with help? How are you helped? Any adaptive equipment used? Bed height? Condition of equipment?		
neiped? Any adaptive equipment of	isea? Bea neight? Conditi	ion of equipment?
How do you get around? By yourse	elf or with help? How are	you helped? Any
equipment used? Do you tend to stay in your room or go to communal areas?		
Condition of equipment?		
How do you manage with transferr		•
are you helped? Type of chair? Cl	nair height? Condition of e	equipment?

How do you have a wash? Where do you have a wash? By yourself or with help?		
How are you helped? Any adaptive equipment used? Condition of equipment?		
How do you get dressed? By yourself or with help? How are you helped? Any		
adaptive equipment used? Condition of equipment?		
Are you able to eat and drink? By yourself or with help? How are you helped? Any		
adaptive equipment used? Condition of equipment?		
adaptive equipment used: Condition of equipment:		
How do you manage going to the toilet? Can you get there in time? Can you		
transfer on/off toilet/commode? By yourself or with help? Pads, catheter, self-		
managed or with help? Toilet height? Condition of equipment?		
What do you enjoy doing as a leisure activity? Do you need help to do this?		
What is the most important thing for you to be able to do?		
3 •		