

MEAL PREPARATION

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:	Assessment End Date:	Carried Out By:
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Details

Meal Preparation Issues History:

Issues Identified By:

Planned Meal/Snack:

Special Diet Precautions:

Description of Kitchen Activity(ies) assessed:

Environmental Components

Physical Layout	_____
Tools & Appliances	_____
Flooring, Lighting, etc.	_____
Others (specify):	_____

Physical Components - Mobility in Kitchen

Mobility Aid	_____
Access	_____
Navigation of Obstacles	_____
Positioning for Task	_____
Endurance	_____
Others (specify):	_____

Physical Components - Gross Motor Skills

Lifting/Carrying	_____
Reaching	_____
Bending	_____
Pushing/Pulling	_____
Others (specify):	_____

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Physical Components - Fine Motor Skills

Grasp/Release _____

Manipulation _____

Bilateral Coordination _____

Others (specify): _____

Cognitive Components

Attention _____

Memory _____

Initiation _____

Sequencing _____

Mental Flexibility _____

Insight/Judgment _____

Others (specify): _____

Perceptual Components

Visual Acuity _____

Scanning/Searching/Locating _____

Spatial Relations _____

Body Awareness _____

Others (specify): _____

Summary and Recommendations

Client's Impression of Own Performance:

Analysis & Recommendations:

Needs

Need	Post to C/P	Processed	Comments
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Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----