Caregiver Activity Guide to Promote Occupational Function in Individuals with Alzheimer's Disease

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CAREGIVER ACTIVITY GUIDE TO PROMOTE OCCUPATIONAL FUNCTION IN INDIVIDUALS WITH ALZHEIMER’S DISEASE

by

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A Scholarly Project

Submitted to the Occupational Therapy Department of the University of North Dakota

In partial fulfillment of the requirements for the degree of Master’s of Occupational Therapy

Grand Forks, North Dakota
May 12, 2007
This Scholarly Project Paper, submitted by Erica Holsen, MOTS and Lacey Konickson, MOTS in partial fulfillment of the requirement of the Degree of Master’s of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Deb Byram-Hanson, MA, OTR/L

Date

Apr 14, 2007
PERMISSION

Title Caregiver Activity Guide to Promote Occupational Function in Individuals with Alzheimer’s Disease

Department Occupational Therapy

Degree Master’s of Occupational Therapy

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ACKNOWLEDGEMENTS

The authors express appreciation and gratitude to Deb Byram-Hanson, MA, OTR/L for her dedication and time spent with assisting us in developing and completing this project. We would also like to thank our families and friends for sticking by us and providing us with encouragement and support throughout this process. We could not have gotten through this without them.
CHAPTER I
INTRODUCTION

Alzheimer's disease is the most common form of dementia for people aged 65 years and older and affects 4.5 million Americans. Of these individuals, 70% are being cared for in their home by family members (Basler, 2005). Family members that are caring for individuals with Alzheimer's disease have to adapt their daily occupations and routines to accommodate for their loved one's decline in function. With the increase in caregiver responsibility, the likelihood of caregivers experiencing burden increases (Jarrott, Zarit, Parris Stephens, Townsend, & Green, 2005). Additionally, the individual with the disease is losing their ability to participate in their own occupations and routines due to their declining physical function and cognition.

As individuals with Alzheimer's disease lose cognition, they experience limited engagement in meaningful occupations. This may be due to caregivers who tend to limit their loved ones participation in these occupations to prevent the possibility of potential psychological and/or physical harm (Egan, Hobson, & Fearing, 2006). Additionally, the individual suffering from the disease may limit their engagement in meaningful occupations to prevent the possibility of embarrassment. Occupations make up a piece everyone's identity and when lost, this significantly impacts the self concept of the individual (Ohman & Nygård, 2005). It is important to encourage and facilitate continued engagement in meaningful activities of individuals suffering from Alzheimer's disease to support feelings of accomplishment and pleasure.
Occupational therapists have the knowledge and ability to play a vital role in the process of assisting caregivers with identifying potential activities that individuals with Alzheimer’s disease can engage in and be safe from physical and/or psychological harm (Egan, Hobson, & Fearing, 2006). It may be difficult for caregivers to push their loved one into participating in meaningful occupations because they are unaware of how important it is to continue to engage in activities. Occupational therapists, on the other hand, know why it is important to engage in these activities and how it can improve quality of life of the individual suffering from the disease and the caregiver.

The Model of Human Occupation (MOHO) and the Cognitive Disabilities Frame of Reference can be utilized to provide a framework for a caregiver activity guide (Forsyth & Kielhofner, 2003; Bruce & Borg, 2002). The MOHO offers a framework to understand how individuals with Alzheimer's disease and their caregivers organize and function in their social and physical environments within the sense of diminishing cognitive capacity. This Model suggests that occupational functioning is characterized by volition, habituation, and performance capacity (Forsyth & Kielhofner, 2003). The influence of environment is also considered in this model.

The Cognitive Disabilities Frame of Reference was developed by Claudia Allen and its purpose is to assess the client’s current cognitive level while identifying any functional limitations and provide needed adaptations for continued participation in everyday activities (Bruce & Borg, 2002). Allen has developed six levels of cognition, which can be utilized to identify an individual’s current level of cognition and therefore assist the therapist in identifying and adapting possible activities to fit the individual’s needs and abilities.
This scholarly project will present a caregiver activity guide that can be used by occupational therapists and caregivers of individuals with Alzheimer’s disease living in the community. Chapter II includes a review of literature that provides credible and relevant information regarding Alzheimer’s disease, caregivers, the MOHO, and the role of occupational therapy when working with individuals with Alzheimer’s disease. Chapter III consists of the methodology used to in designing the caregiver activity guide. Chapter IV presents the completed caregiver activity guide, including instructions and forms. Finally, Chapter V will consist of a summary, limitations, and recommendations for use of the caregiver activity guide. This chapter will also provide the reader with further work that may be needed to be done to address the limitations of the proposed product.
CHAPTER II
LITERATURE REVIEW

Alzheimer’s Disease

Alzheimer’s disease is the most common form of dementia for people aged 65 years and older and affects 4.5 million Americans. Of these individuals 70% are being cared for in their home by family members (Basler, 2005). Dementia is caused by a permanent or progressive decline in several dimensions of intellectual function that are severe enough to interfere with a person’s normal daily activities and social relationships (Bonder & Wagner, 2001; Reed, 2001). According to the American Psychiatric Association (as cited in Reed, 2001) the features that are associated with dementia include memory impairment and at least one of the following: aphasia, apraxia, agnosia, or an interruption in executive functions. The DSM-IV (as cited in Reed, 2001) identifies 11 types of dementia, which include, dementia of the Alzheimer’s type, vascular dementia (multi-infarct dementia), dementia as a result of HIV disease, dementia due to head trauma, dementia due to Parkinson’s disease, dementia due to Huntington’s disease, dementia as a result of Pick’s disease, dementia due to Creutzfeldt-Jakob disease, and dementia due to multiple causes. For the purpose of this review of literature dementia of the Alzheimer’s type will be the main focus.

Alzheimer’s is a progressive brain disease that results from degeneration of neurons, particularly in the subcortical gray matter and cerebral cortex of the temporal
and partial lobes of the brain that inevitably results in loss of cognitive function (Merriam-Webster, 2006; Porth, 2002; Reed, 2001). The American Psychiatric Association (as cited in Reed, 2001) indicates that the age of onset for this disease is categorized in two different categories, which are classified as early onset and late onset. Early onset occurs before 65 years of age. Late onset occurs after 65 years of age. Alzheimer’s disease is not officially diagnosed until an autopsy has been performed where neuritic plaques and neurofibrillary tangles have been observed and identified (Bonder & Wagner, 2001). The cause of Alzheimer’s disease may be a combination of other factors. These factors include; “deficiency in neurotransmitter acetylcholine, especially in the frontal and temporal lobes; presence of the protein amyloid; environmental factors; slow-acting viruses; exogenous toxins such as aluminum; head trauma earlier in life; or genetic immunologic factors” (Reed, 2001, p.735).

Current literature identifies three stages of impairment that characterize the progression of Alzheimer’s disease (Bonder & Wagner 2001; Porth 2002; Thomas, Egan, Varadara, Wight, Morelli, Fithian, et. al., 1997). These stages include the mild stage (stage I) often lasting 2 to 4 years; the moderate stage (stage II) often lasting several years; and finally, the severe stage (stage III) usually lasting 1 to 2 years (Bonder & Wagner, 2001; Porth, 2002). Claudia Allen’s work on cognitive disabilities (Bruce & Borg, 2002) also informs the cognitive processes expected in each stage (Bruce & Borg, 2002). Allen has developed a structure for measuring cognitive capacity that is in response to the sensory cues utilized by individuals when processing information. Her model suggests that individuals’ progress through six distinct levels, each of which is characterized by specific behaviors related to the information processing capability.
Allen (as cited in Cole, 1998) identifies Level 6 as the highest level of cognitive functioning with no disability present. In Level 5, cognitive disabilities become noticeable. Additionally in this level, a mild decline in functional performance is seen and deficits in abstract thought process begin, such as short-term memory, judgment, reasoning, and planning. Persons identified in Level 4 display a moderate decline in functional performance and their thought processes shift from abstract to concrete. At level 3, a moderate to severe decline in functional performance can be observed and during task performance, increased cuing is needed. Severe functional decline can be observed in level 2. These individuals have lost the ability to recognize objects and understand their proper use. Level 1 represents the lowest level of function and those in this level are dependent in all activities of daily living (Maddox & Burns, 1997).

Allen and Blue (as cited in Bruce & Borg, 2002) report that cognitive levels will assist the therapist in predicting what a person with cognitive impairment will be able to do, in addition to the severity of their functional disability. With this information, professionals are able to develop and implement interventions that best fit the individual’s need. Warchol (2005) asserts that by administering a cognitive assessment that measures function and remaining abilities, like Allen’s Cognitive Level Test, she was able to develop customized treatment plans that emphasized remaining abilities while compensating for deficits. Because of its value in educating cognitive processes experienced by individuals, Allen’s work will be considered alongside the classic stages of Alzheimer’s progression.
Stage I

Stage I of Alzheimer’s disease often lasts two to four years. However, the disease may not be diagnosed for four or more years because the symptoms are similar to those of normal aging. In stage I of this disease, Bonder and Wagner (2001) identified limitations of client factors in the areas of executive functions and language. Porth (2002) adds that those in this stage may exhibit decreased energy and drive, changes in temperament and personality, and may become disorientated to place and time. Stage I of Alzheimer’s disease coincides with Level 5 and the higher modes of Level 4 of Allen’s cognitive levels as evidenced by the similarities in deficits identified. In addition to those deficits mentioned above in this stage of the disease, Allen has identified emotional and behavioral changes in individuals with in Level 5. When considering interventions and treatment it is important to take a closer look at each of the deficits in client factors in this stage of Alzheimer’s disease.

Those executive functions that are affected in stage I of this disease are memory, judgment, problem solving, planning, and abstract thinking (Geldmacher, 2006). The loss of short-term memory is one symptom of Alzheimer’s disease identified in stage I. Geldmacher (2006) reports individuals in this stage are known to have the ability to remember events that occurred earlier in their life however, due to the loss of short-term memory, they are unable to learn and recall new information unless it is taught and carried out in the same environment. Burns and Levy (2006) specify differences in working and procedural memory in relation to individuals in Level 5. Warchol (2005) reports that a highly valued task may be learned in this stage of Alzheimer’s disease and only after it has been practiced repeatedly in the same environment, which is using
procedural memory. When this new information is learned, the individual will have a difficult time carrying it over to a new environment or circumstance (Warchol, 2005). Other changes in short-term memory loss, as indicated by Porth (2002), include forgetting important and unimportant details, such as where things are placed and remembering appointments. Individuals in stage I of Alzheimer’s disease display problems with judgment and have poor problem solving skills (Maddox & Burns, 1997). These individuals have a difficult time engaging in routine tasks due to their decreased ability to problem solve and use good judgment (Russell, Segal, & White, 2006). Allen (as cited in Cole, 1998) concurs that deficits in functional performance for individuals in Level 5 can be seen when anticipation and planning is required. Experimentation to problem solving is done in this level through the use of trail and error. Those in this stage are concrete thinkers and have a difficult time seeing the consequences of the actions or inactions (Cole, 1998).

Language and communication are affected in this stage. Until a memory lapse occurs, individuals in this stage may converse normally (Russell, Segal, & White, 2006). Level 5 reports that language is affected as evidenced by the reduction of vocabulary due to the difficulty in finding appropriate words during conversations and having a difficult time remembering names of familiar people (Maddox & Burns, 1997). Self expression is often difficult in this stage. Deficits in communication are also apparent in this stage (Russell, Segal, & White, 2006). According to Warchol (2000), individuals in this stage experience a decline in their reading comprehension and have a difficult time following diagrams. However, it is important to note that even if there are deficits in language and communication an individual in this stage of Alzheimer’s disease can respond to
emotional reactions of others and humor (Russell, Segal, & White, 2006).

Porth (2002) indicates a mild change in personality during stage I of this disease. Some of these changes include a lack of spontaneity, social withdrawal, and a loss of previous sense of humor. Russell, Segal, and White (2006) report that individuals in this stage may become apathetic, withdrawn, and avoid others. It is also possible that those in this stage may become easily anxious, agitated, and irritated when in large groups. Additionally, those in this stage may become easily angered when frustrated, confused, tired, or surprised. According to Maddox and Burns (1997) individuals in Level 5 may experience anxiety when engaging in conversations that are difficult for them to follow. This in turn could lead to the individual becoming angry and could lead to arguments and confrontations with others.

Those in this stage of Alzheimer’s disease typically do not have difficulty with awareness of time and place (Maddox & Burns, 1997). However, they may become disoriented to place and time when in unfamiliar settings and under stress. It is important to be aware of the possibility of the individual becoming disoriented to time and place. This is because they may be engaging in an activity that requires the individual to be completely aware of what is going on around them that at all times.

The individual in stage I of Alzheimer’s disease is able to complete activities of daily living independently (ADL’s) (Maddox & Burns, 1997; American Occupational Therapy Association, 2002). However, due to the deficits previously mentioned engagement in instrumental activities of daily living (IADL’s), work, leisure, and social participation are affected. These individual have a difficult time cooking when timing is involved, managing their money because they seldom save for emergencies or future
expenses, shopping due to not purchasing needed items for meals, cleaning, and filling prescriptions, and their ability to drive is also impaired (Maddox & Burns, 1997).

Due to the beginning loss of short-term memory in this stage, increased stress has been noted to be a factor while engaging in the worker role. Ohman, Nygård, and Borell (as cited in Egan, Hobson, & Fearing, 2006), found that individuals with dementia experienced stress in their occupation of work. One stressor was found when new learning was required through modified work. The time demands that are held in the occupation of work are sources of stress for these individuals as well. In addition to this, individuals’ performance of modified work tasks in the old work environment was a constant reminder of their losses. For the individuals who want to maintain the worker role, time demands on performance is a source of stress due to the deficits in higher level cognitive function (Egan, Hobson, & Fearing, 2006). Additionally, work is affected due to inability to anticipate the consequences of self-centered behavior (Maddox & Burns, 1997).

Leisure and social participation are also impacted. Burgener and Dickerson-Putman (as cited in Egan, Hobson, & Fearing, 2006), reports individuals with Alzheimer’s disease identifies a loss in leisure occupations that require problem solving and abstract thinking such as playing a game of cards. While experiencing agnosia, the individual may display a decreased ability to perform in activities of daily living, instrumental activities of daily living, work, leisure, and social participation that require the ability to recognize or comprehend sensory information. These changes in personality can affect social and leisure interactions that were once enjoyed by the person in this stage of Alzheimer’s disease. Additionally, the individual’s ability to engage in
social relationships is affected due to their inability to anticipate the consequences of self-centered behavior (Maddox & Burns, 1997).

Individuals in stage I of Alzheimer’s disease may function in the community independently. However, it is important to remember that those at this stage are experience a decline in their cognition and that there may be danger around every corner for someone that is not paying attention to their surrounding. As the individual move into stage II of this disease there is an increase in the decline of cognition and they become more dependent on others for assistance.

*Stage II*

Stage II of Alzheimer’s disease often lasts several years. In this stage, increased decline in executive functions, communication, and personality are observed (Russell, Segal, & White, 2006). There is also evidence of increases in physical problems and the decline of health. Stage II of Alzheimer’s disease coincides with Level 4 and Level 3 of Allen’s cognitive levels as evidence by the similarities in deficits identified. In addition to those deficits mentioned above, Allen has identified that judgment, reasoning, and abstract thinking are very impaired at Level 4 (Maddox & Burns, 1997). When considering interventions and treatment it is important to take a closer look at each of the deficits in client factors in this stage of Alzheimer’s disease.

As in stage I of this disease those executive functions that are affected in stage II are memory, judgment, reasoning, problem solving, and abstract thinking. However, in this stage the impairments found in these areas are much greater to those found in the first stage. Russell, Segal, and White (2006) and Maddox and Burns (1997) suggest that those in this stage of the disease and in Level 4 have an extremely difficult time remembering
recent events. Unlike stage I though, those in stage II and Level 4 experience difficulty remembering their own history due to the progression of deterioration of brain function. Those at this stage experience an increased difficulty with remembering names and faces of familiar family members and friends. Additionally, they can no longer remember their own address and phone number (Russell, Segal, & White, 2006).

Ala, Berck, and Popovich (2005) completed a study assessing the ability of individuals with Alzheimer’s disease in recalling important personal information. The results of the study indicated that individuals with Alzheimer’s disease lose their ability to remember important personal information as their disease progresses. Increased dependence on others is needed for individuals at this stage of the disease when experiencing memory difficulty to ensure tasks are completed fully.

As in stage I of this disease, judgment is increasingly affected in stage II. The individual identified in Level 4 may make impulsive decisions based on limited and superficial information (Maddox & Burns, 1997). Those individuals that are functioning at this level may make decisions or actions that were not thought out and the possible consequences were not considered. Individuals functioning at Level 3 typically are not cautious and display little awareness of possible dangerous situation (Maddox & Burns, 1997). It is important that caregivers for individuals at this stage are aware of their loved ones decreased judgment and they make the needed changes to tasks and the environment to prevent the possibility of injury.

At Level 4 ones ability to reason and solve problems is impaired. Maddox and Burns (1997), state that the individual at this cognitive level is able to complete tasks when they are simple and straightforward. However, when components of the task are
vague, the task may be to confusing or ignored all together by the individual at this level. Additionally, the ability to recognize potential hazards or dangers is increasingly affected at this stage of the disease.

Individuals at stage II of the disease are no longer able to think clearly or logically (Russell, Segal, & White, 2006). Abstract thinking is no longer occurring at this stage. Rather, concrete thinking is occurring. Individuals functioning at Level 4 of Alzheimer’s disease use visual cues rather than verbal cues for behavioral cues or to complete tasks. Nygård (2004) completed a study looking at what strategies individuals in the mild to moderate stage of Alzheimer’s disease used to compensate for problems associated with performing daily occupations. The study found that individuals with this disease used visual cues in their environment to assist them with orientating themselves. When tasks require too much interpretation and preparation, the individual’s ability to perform at this level is faulty. This is because he/she makes decisions based on visual, superficial, and limited information (Maddox & Burns, 1997). Individuals at this stage of the disease are no longer able to follow written or oral directions and have a difficult time following other people’s logic (Russell, Segal, & White, 2006).

Individuals currently identified in stage II of Alzheimer’s disease experience increased difficulty with communication. The caregivers of these individuals may see them as being intellectually, functionally, and/or socially impaired. This leads to over-accommodating behaviors or under-accommodating behaviors, which poses the person as incompetent or incapable of engaging in meaningful communication (Small, Perry, & Lewis, 2005). According to Russell, Segal, and White (2006) individuals at this stage have a difficult time with speaking, understanding others, reading, and writing. The
individual in this stage will process information slowly and display difficulty with understanding and expressing verbal communication (Warchol, 2005). If information is verbally simplified and given visually, the individual at this stage will have an easier time understanding. Those in this stage and Level 4 may also repeat stories, gestures, and words of others during conversations. They may ask the same question over and over again throughout the day. Those functioning at Level 4 may have a difficult time engaging in conversation because they are unable to follow or remember what was being said and they may talk about things that are no longer done (Maddox & Burns, 1997).

When an individual is functioning at Level 3 they will have increased difficulty with engaging in conversation. This is due to their increased difficulty with finding the right words and comprehending the conversation (Maddox & Burns, 1997). When having difficulty with understanding communication and language, the individual with Alzheimer’s disease may elicit negative emotional responses and changes in personality.

According to Russell, Segal, and White (2006) increased changes in personality is experience by individuals in stage II of this disease. Those in this stage may become apathetic, withdrawn, agitated, anxious, aggressive and/or threatening, confused, and restless. Individuals in this stage may continue to withdraw from situations as their abilities decline. The individual functioning at Level 4 may become agitated or anxious as the ability to function becomes more difficult and as they fail to understand complex information. As the individual losses the ability to interact or function as before, there is increased possibility that they may react with anger and frustration (Maddox & Burns, 1997). For individuals in this stage of the disease, wandering is a common and
dangerous behavior that occurs. Wandering often occurs as a result of confusion, agitation, and restlessness (Porth, 2002).

Additionally, Russell, Segal, and White (2006) identified individuals in stage II may experience suspiciousness, paranoia, hallucinations, and delusions. The individual in this stage may become suspicious or paranoid with their family and friends. They may accuse their spouse of having an affair or accuse family members of stealing from them. The individual in this stage may hear, smell, see, or taste things that are not there which are all indicative of someone who is having hallucinations or is delusional (Russell, Segal, & White, 2006). During Level 3 misperceptions about what is happening often occurs. These misperceptions can lead to suspiciousness, paranoia, and delusional ideas of what has or could occur (Maddox & Burns, 1997).

Those physical problems that are apparent with individuals at this stage of the disease are muscle twitching and urinary and fecal incontinence. According to the Family Caregiver Alliance (2004) incontinence occurs as the disease progresses. Sometimes accidents happen as a result of environmental factors. Some of these factors that could contribute to incontinence are; the individual can not remember where the bathroom is located or can not get to it on time. It is important to understand that due to the decline in cognition and function, individuals with this disease have a difficult time engaging in daily occupations and require assistance for activities that are too difficult for them to perform independently.

Individuals in stage II of Alzheimer’s disease require assistance form others to perform activities of daily living (Russell, Segal, & White, 2006). Individuals at this stage are able to eat independently, however due to their decrease in memory they require
cues to remember to eat enough and drink enough liquids. Additionally, individuals are able to dress themselves independently, however may require assistance with dressing appropriately for the weather. Individuals at this stage are able to groom themselves, however errors can be seen, more time is needed to complete the task, and in order to achieve quality, visual and verbal cues may be required (Maddox & Burns, 1997).

Without assistance from others self-care tasks may become infrequent.

Individuals at Level 4 should not be driving due to their diminishing judgment, ability to plan, and reflexes. Those individuals at this stage that do drive often become lost, drive too slow or too fast, and fail to follow posted traffic signs (Burns, n.d.). Poor judgment can also result in shopping difficulties. The individual may become too impulsive when shopping or may not purchase enough of an item.

Individuals at this stage of the disease are not able to manage their own money as this is a complex task that requires problem solving and reasoning. This task is usually taken over by family members or caregivers to prevent the possibility of potential money loss (Burns, n.d.). Additionally, those that are experiencing difficulty with reasoning and problem solving may have a difficult time preparing meals. They may not be able to see the potential hazards that could arise when working with the range or oven. They may also not know what to do when a fire occurs.

Due to the decreased ability to communicate with others effectively, the individual at this stage of the disease is known to withdraw themselves from social situations. This could result in not engaging in leisure activities and not participating in family events. A review of literature completed by Egan, Hobson, and Fearing (2006) found that caregivers requested assistance with identifying ways to cope with their loved
ones difficulty participating in recreational activities. They also found that the caregivers stated that their previously active spouse that has Alzheimer’s disease now did nothing. Additionally, the individual at this stage is unable to read any written directions that are provided to him/her which would make cooking difficult.

In addition to communication, personality changes can result in the individual being isolated by others. This is due to the individual reacting inappropriately to others during social situations or exhibiting behaviors that may be taboo. When individuals do not understand Alzheimer’s disease they take the actions of the person with the disease offensively and limit their interaction with that individual.

For those individuals that experience incontinence they lose their ability to urinate and/or defecate on their own. This results in the inability to perform the activity of daily living of bowel and bladder management. Additionally, this dysfunction can result in the individual withdrawing themselves from others and decreasing or eliminating their engagement in meaningful leisure occupations.

Individuals in stage II of this disease require 24 hour supervision due to the change of their thought process from abstract to concrete. Individuals at this stage are not able to visually see the results of their actions prior to doing them therefore they are at a high risk of injuring themselves and underestimate the potential hazards within their environments. As the individual progresses into the final stage of the disease, stage III, many of the problematic behaviors diminish however there is increased involvement of the motor cortex in the brain deterioration (Bonder & Wagner, 1994).
Stage III

Stage III of Alzheimer’s disease is the final and most severe stage. According to Russell, Segal, and White (2006) report that the focus of this stage is on the individual’s personality completely deteriorating. Due to the loss of brain cells in all part of the brain, there is a lack of functioning in all systems of the body. Individuals in this stage experience worsening of cognitive symptoms and extreme deterioration of physical symptoms. Communication skills are greatly affected at this stage along with personality changes. Stage III of this disease coincides with Level 2 and Level 1 of Allen’s cognitive level due to the significant deficits associated with each.

Cognitive and memory problems continue to decline in this final stage of the disease. Individuals in this stage do not recognize familiar people, including their spouse, family members, and caregivers (Russell, Segal, & White, 2006).

When an individual is in stage III of this disease there are extreme increases in physical problems. The individual in this stage loses their ability to voluntarily control their own body. Russell, Segal, and White (2006) report that individuals that this stage of the disease are unable to control their own movements and movements become reflexive like those individuals functioning at Level 1. Their muscles become rigid and painful. They cannot walk, sit, stand, or hold their head up with out assistance. They are most likely bedridden. They have a difficult time swallowing. Additionally, individuals in this stage have complete urinary and bowel incontinence.

The individual in this stage of the disease experiences a considerable decline in health. They experience frequent infections, seizures, weight loss, and their skin becomes thin and tears easily (Russell, Segal, & White, 2006; Maddox & Burns, 1997).
Those experiencing infections may display a sudden increase in confusions or agitation. It is important to note whether the individual is experiencing increased feelings of discomfort, frequent urination, and urination has a fowl odor and is dark in color. Individuals in this stage have a difficult time fighting off infections due to their weak immune system so early detection of the infection is best (Burns, n.d.). Seizures may occur even if the individual has never experienced them before. Weight loss often occurs as a result of not eating enough. The individual in the final stage of this disease experiences difficulty swallowing there for they require more time when eating. They may stop or refuse to eat due to having a difficult time with swallowing and aspirating their food (Maddox & Burns, 1997). Due to the limited amount of movement the individual’s skin begins to breakdown. It is important that the caregiver perform passive range of motion exercises and repositioning to prevent the possibility of skin breakdown resulting in decubitus ulcers.

Communication skills are nearly gone at this stage of the disease. According to Warchol (2005) both receptive and expressive communication are severely impaired that the individual at this stage can only respond to tactile cues. Those functioning at Level 2 and Level 1 display spontaneous speech that is infrequent and makes little sense (Maddox & Burns, 1997; Burns, n.d.). Those at this Level 2 are unable to express if they are in physical pain or discomfort. Those individuals functioning at Level 1 display feelings of pain or discomfort by groaning or yelling. Individuals at this stage are no longer able to smile and may cry out if they are moved or touched even though they appear to be uncomfortable.
The final changes of this stage are when the body starts to shut down. The individual may refuse to eat or drink and quit urinating. They may also display little response to touch and to the environment. Even though organs are able to function correctly, the brain cannot interpret the input therefore sensory organs begin to shut down. Feelings of discomfort, constantly cold, and continued exhaustion are other signs that the body is shutting down (Russell, Segal, & White, 2006).

When in this stage of the disease the individual is completely dependent on others for their self-cares. The individual does not engage in social interaction at this stage because they are unable to communicate effectively. Additionally, they are unable to express whether they are in pain or uncomfortable (Maddox & Burns, 1997). Individuals at this stage are unable to ambulate and are bedridden. They are able to make simply movements, like lifting an arm, during self-cares. However, it is important that the caregiver perform passive range of motion exercises and continual repositioning to prevent the possibility of further complications. Individuals in this stage have lost all bowel and bladder ability and can no longer feed themselves independently.

Caregivers

Of the 4.5 million individuals with Alzheimer’s disease living in America, most reside in their own home and depend on family to provide assistance with daily activities and self-care. During this time, caregivers can develop and experience social, emotional, and financial burdens (Gonyea, Connor, Carruth, & Boyle, 2005). Jarrott et al. (2005) identify two types of caregivers, formal and informal. Formal caregivers are professionals who are paid to provide services to individuals living in the community or within a skilled nursing facility. These individuals are skilled in the services that they
provide. Formal caregivers can be identified as certified nursing assistants, licensed practical nurses, registered nurses, respite care, support specialist, etc.

Informal caregivers according to Brachtesende (2004) are spouses, adult children, other family members, and friends that provide unpaid care and support to individuals living in the community. These individuals need assistance to maintain their own independence as long as possible. The informal caregiver is most likely untrained in caregiving. However, they provide the same assistance, such as; bathing, toileting, dressing, transferring, medication management, etc., as the formal caregiver would in skilled nursing facilities or home health care settings (Brachtesende, 2004).

There is a significant amount of stress experienced with caregiving, and burden is thought to be the outcome of this stress. Gonyea, Connor, Carruth, and Boyle (2005) completed a study focusing on measuring caregiver burden, caregiver depressive symptoms, and caregiver self-efficacy. The results of this study showed that caregivers, on average, indicated a mild degree of depressive symptoms, a moderate sense of self-efficacy, and a moderate level of caregiver burden. Caregiver burden is experienced in all three stages of Alzheimer’s disease and it is important to know and understand the sources of these burdens so needed adaptations can be made early.

The level of burden experienced in stage I of Alzheimer’s disease is minimal due to the individual with the disease functioning at a higher level of independence. As the individual moves into stage II of the disease, the caregiver begins to feel increased burden due to the decline in independent functioning and increased problem behaviors by the individual with Alzheimer’s disease. When moving into stage III of this disease, caregivers burden can increase or decrease depending on the choices made by the
Because of the physical, emotional, financial, and social effects burden can have on a caregiver, it is important to look further into the burdens experienced and their effects in each stage of Alzheimer’s disease by the caregiver.

Caregiver burden experienced in stage I can be a result of having to make difficult decisions regarding their loved one’s independence and dealing with the functional decline. When having to make difficult decisions regarding how much they should let their loved one continue to do, caregivers may experience feelings of stress (Burns, n.d.). In addition, caregivers experience burden as a result of having to deal with their own emotional reactions to the changes in their loved one’s cognition.

In stage II of the disease process, caregiver burden can be a result of many more factors due to the progression of the disease and decrease in function of the individual with Alzheimer’s disease. Those factors that lead to caregiver burden in this stage of the disease are; the loss of the caregivers own occupations, social isolation, financial, time spent taking care of loved one, overload experienced, and worry/strain felt. With these factors in mind one has to consider the possible physical and psychological toll they can have on the caregiver (Brachtesende, 2004).

The losses of the caregivers own occupations are a source of burden identified with Alzheimer’s disease. Caregivers of individuals with Alzheimer’s disease report that they experience sleep deprivation, poor eating habits, decreased engagement in physical exercise, and failure to care for self when ill, for example staying in bed or making/going to medical appointments (Family Caregiver Alliance, 2003).

Employment is associated with caregiver burden due to the increased amount of assistance the loved one needs in this stage of the disease. According to Metropolitan
Life Insurance Corporation (as cited in Brachtesende, 2004) absenteeism, rate of turnover, and loss of productive employees who are caregivers cost employers in the United States up to $29 billion a year. The National Alliance for Caregiving and AARP (as cited in Brachtesende, 2004) also report that one fifth of caregivers temporarily leave their job due to caregiving.

Financial hardship can be a source of burden due to the cost of caring for an individual with Alzheimer’s disease and for those caregivers that leave their job to care for their loved one. According to Harrow, Mahoney, Mendelsohn, Ory, Coon, Belle, and Nichols (2004), informal caregivers experience financial burden when caring for an individual with Alzheimer’s disease. In 1997 the annual caregiving cost per care recipient with mild to moderate dementia amounted to $23,436 for informal costs and $8,064 for formal service.

In addition to financial hardship, social isolation is also a source of burden. According to Knittweis (1999) 60% of caregivers do not participate in socialization or hobbies because they feel caregiving comes first. Some caregivers have been noted in saying that they have fewer visits from family and friends, do not go on vacations anymore, and spend less time on the phone, in church, and engaging in their hobbies.

When an individual with Alzheimer’s disease progresses into the mid to late stage of the disease, the level of care from their caregiver significantly increases. Caregivers spent more time supervising their loved one during IADLs than ADLs. On average five hours of supervision per day were spent with the individuals IADLs and only 1-3 hours of supervision were spent on the individuals ADLs. Caregivers remaining time of supervision spent with the individual varied from 10 minutes in mild dementia to 10.5
hours for moderate and almost 14 hours for individuals who had severe dementia (Egan, Hobson, & Fearing, 2006).

Caregivers have difficulty pursuing their regular occupations while meeting the demands of caregiving. Caregivers found it important by having respite care for assistance to relieve them from the cognitive and emotional burdens that go along with caregiving. When respite care helps, the caregiver uses that time to catch up with their individual occupations of household chores or to meet the needs of other family members (Egan, Hobson, & Fearing, 2006).

As the disease progresses into stage II, there is an increase in loss of function and problem behaviors. These changes in the individual with Alzheimer’s disease leads to the caregiver having to provide more care to their loved one in addition to completing their own daily occupations. Jarrott et al. (2005) found that overload was a source of burden experienced by informal caregivers. The researchers also found that when formal help was provided informal caregivers reported decreased overload.

As the individual progresses with the disease, the caregivers’ communication and cueing need to become stronger. Martin-Cook, Davis, Hynan, and Weiner (2005), found that 13 percent of caregivers found cueing a burden. To reduce the burden from cueing, communication between the individual and caregiver needs to be strong. According to Small, Perry, and Lewis (2005), when caregivers’ communicative behavior was perceived as more respectful and caring, less controlling, and more supportive of their spouses’ competence, communication with their spouses was significantly smoother. When individuals with Alzheimer’s disease in this study felt more supported and respected as individuals, their behavior became less burdensome to caregivers, which in
turn enhanced the caregivers’ well-being. Jarrott et al. (2005) also completed a study measuring caregiver distress through the opinion of informal caregivers. The researchers found that the caregiver experiences of worry/strain and anger were positively associated with change in memory and behavior of the individual with Alzheimer’s disease.

Model of Human Occupation

The Model of Human Occupation (MOHO) offers a framework to understand how individuals with Alzheimer's and their caregivers organize and function in their social and physical environments within the sense of diminishing cognitive capacity. This model suggests that occupational functioning is characterized by volition, habituation, performance capacity, and environment (Forsyth & Kielhofner, 2003).

Forsyth and Kielhofner (2003) identify volition as what influences our daily lives by choosing activities, and by making occupational choices. Drive and motivation is what volition begins with. In the core of volition are thoughts and feelings that give one the sense of enjoying, valuing, and feeling Volition consists of personal causation, values, and interests. A person's personal causation is seen through awareness of present and potential abilities and how to decipher what one wants. An individual holds values of themselves, which influences one in choosing an occupation. Values are composed of what is right, important, and good, they also specify what is worth doing, how one should perform, and what goals or aspirations one holds. Interests come from the experience of pleasure and satisfaction when one engages in occupations. When one is in the ultimate enjoyment of doing an activity they go into a state of flow. According to Wright, Sadlo, and Stew (2006), flow is the highest state of well-being a person can experience. When an individual is having a flow experience, they are in a state of mind where time seems to
pass quickly because they are so engrossed and enjoying what they are doing. Worries and negative thoughts disappear because they are focusing on only the occupation they are participating in.

When an individual has a dysfunction in ability, volition is affected from the previous positive state to a state that becomes altered and threatened, thus leading to a downward spiral into helplessness and demoralization (Forsyth & Kielhofner, 2003). When causation interests and values are affected a breakdown of morale and motivation can occur. When an individual is facing the early stages of Alzheimer’s disease they can feel a sense of something wrong with them. This can trigger the effect of feeling helpless, decreased motivation to participate in activities, and the feeling of not being able to achieve satisfaction and enjoyment in life. Caregivers can positively influence the individual by having activities for them that they are interested in doing. Caregivers can help the individual to find new ways to achieve satisfaction with occupations which in turn will maintain and increase the satisfaction that they have in their life. According to Ohman and Nygård (2005), individuals with Alzheimer’s disease daily occupations have a rich spectrum of motives and meanings for them. A main finding of this study was that participants’ occupations seemed to emphasize the importance of autonomy and of certain aspects of the participants’ identities.

Occupational behavior is organized by habituation and put into the recurrent patterns of behavior that make up our daily routines (Forsyth & Kielhofner, 2003). Once an individual has become accustomed with a habit it is hard to change or break that habit. Habituation is composed of habits and roles. Habits are learned ways of doing an
occupation, and roles are what a person sees themselves as, such as a student, a sister, or a mother (Forsyth & Kielhofner, 2003).

When one has Alzheimer's disease their habits and roles are significantly influenced and changed. They lose the habits they once had because they are unable to recall what they were. It is important for these individuals to maintain an ordinary lifestyle, supported by well-known habits and routines (Ohman & Nygård, 2005). Their role also changes i.e., from being a worker to not being able to hold a job and needing caregiving assistance from others. Caregivers are also influenced by the person with Alzheimer’s disease because their roles also change. They have to help carry out the persons previous habits to maintain familiarity, security, and identity in their life. Also, their role might change from being a spouse or daughter to the primary caregiver. The environment of which the activity is being performed allows an individual to learn habits and roles (Forsyth & Kielhofner, 2003). When habits and roles change a change in the environment is needed.

To be able to perform an occupation, performance requires cognitive abilities such as memory and planning (Forsyth & Kielhofner, 2003). An individual with Alzheimer's disease is going to have difficulties performing activities because they can forget what they are doing and why they are doing it. Caregivers need to support the individual with Alzheimer’s by providing them activities to perform occupations they once enjoyed. They will also have to guide the individual through the activity.

Each occupational environment offers opportunities, resources, demands, and constraints. How these environmental potentials affect the individual depends on the values, interests, personal causation, roles, habits, and performance capacities (Forsyth &
Davis, Hoppes and Chesbro (2005) indicate that procedural memory for motor tasks is highly dependent on the environment, and when that environment is enhanced by a familiar setting, a higher performance rate with the task is seen.

**Occupational Therapy’s Role**

The occupational therapist is able to offer a unique perspective relative to the caregiving role. The occupational therapist is able to consider the importance of environmental support, the understanding of personal capacity, and the core meaning of occupation to quality of life for both caregivers and the individuals with Alzheimer's disease. Occupational therapist's can provide and give assessments to the individual who has Alzheimer's disease. These assessments can be given at each stage of the disease as it progresses. According to the assessment results, the occupational therapist's can incorporate interventions to the individuals daily life, and can also make interventions for the caregivers to implement with their loved one. Once assessments have been completed the occupational therapist can develop a plan for occupational activity that fits the cognitive constraints of the individual with alzheimer's disease. Allen's cognitive levels not only measure the level of cognition the individual is at, but also identify sensory cues to which the individual is able to attend.

Occupational therapist's can also help set up an environment that gives structure and predictability allowing comfort to people who have Alzheimer's. Therapist's can help design the environment to the individuals abilities, interests, and comfort level. The environment can also be contured to the persons strengths and limitations after assessing functional communication skills. By providing sensory stimulation the individual requires within the environment they are residing in, function will increase and the
disabilities will be minimized. Environmental stimulation will need to be intensified because of the diminishing sensory abilities.

By addressing the person, the occupations, and the environment, the occupational therapist can help promote and maintain the individuals dignity. Occupational therapist's can work together with the families to identify environmental factors that facilitate maximum function while supporting peace of mind (Blessedell Crepeau, Cohn, & Boyt Schell, 2003). Education is a major role as occupational therapist's are able to provide to caregivers information as to what they should expect from their loved one. This information will serve to ease the caregiver burden, because as families understand more about the disease, and what they can expect in regard to cognitive function and behavior, they are able to adopt more realistic expectations of both themselves and their loved one.

A study completed by Toth-Cohen (2000) explored the perceptions of occupational therapist roles in providing education and support to caregivers of individuals with dementia. The results of the study indicated that the occupational therapist found it to be beneficial to create a practice concept that required collaboration between the therapist and family. This indicates that by acknowledging others as experts, including family with the intervention planning, gathering information from the family about the individual with the disease, and paying greater attention to the person and their families needs within their environment will result in more effective and beneficial interventions.

There is a need for an activity guide that will provide caregivers with specific activities that can be utilized in the area of occupation of IADLs, to engage Alzheimer victims in occupations meaningful to them in familiar forms and consist with roles,
routines, and habits of value to caregiver and individual with the disease. This activity
guide will focus on individuals in Stage I of the disease. It will provide the caregiver and
therapist with the information required to make needed adaptations to meaningful
activities for the individuals affected by this disease.
CHAPTER III

METHODOLOGY

The Harley E. French database was utilized in the search for information regarding the topic of Alzheimer’s disease, occupations/activities, caregivers, and occupational therapists roles. The Pub Med database was utilized as a search engine for literature consisting of information or research regarding Alzheimer’s disease, occupations/activities, caregivers, and occupational therapist roles. In addition, OTSEARCH and OT seeker were used to gather articles pertinent to occupational therapy and Alzheimer’s disease. Text books were also used in the gathering of needed information to support the assumption made.

The literature review found that family caregivers of individuals with Alzheimer’s disease experienced significant caregiver burden, caregiver depressive symptoms, and issues with caregiver self-efficacy with changes in their loved one’s cognition and behavior (Gonyea, Connor, Carruth, & Boyle, 2005; Jarrott et. al. 2005). With this information it was determined that caregivers of individuals with Alzheimer’s disease would benefit from assistance with decreasing the negative behaviours associated with this disease early in its progression.

Literature also suggested that caregivers have the opportunity to assist individuals with Alzheimer’s disease in experiencing autonomy and retaining their personal identity by supporting their active engagement in occupations (Ohman & Nygard, 2005). With
this information it was determined that an activity guide would be beneficial for caregivers of individuals with Alzheimer’s disease. This activity guide is intended to provide caregivers with possible activities their loved one could participate in every day and succeed.

Through the review of literature, it was determined that individuals with Alzheimer’s disease experience deficits and/or losses in all areas of occupation as the disease progresses. Egan, Hobson, and Fearing (2006) found that individuals in the early stage of Alzheimer’s disease reported losses in IADL’s due to their decrease in cognition and to prevent the possibility of potential embarrassment. It was determined that IADL’s were affected throughout all three stages of the disease. For this purpose, the caregiver activity guide focuses on assisting the caregiver with identifying valued occupations of their loved one in the area of IADL’s. With this product, caregivers will identify those IADL’s that their loved one valued or found meaningful through completing an activity checklist. With this information, the caregiver and therapist will be able to determine which activities could be adapted to fit the abilities of the individual with Alzheimer’s disease.

Occupational therapists have the skills to perform activity analysis which break down tasks to their smallest components so that removal of steps or adaptations can be made (Corcoran, 2003). By completing an activity analysis, the therapist is better able to see each component of the task and can adapt the activity to fit the individual’s abilities. This was taken into consideration when developing the caregiver activity guide. For each of the activities listed on the checklist, a worksheet in the form of an activity analysis was developed. This worksheet is completed by the caregiver and therapist to determine how
the activity is completed in the home, and any habits and/or routines the individual has when performing this activity. Completion of the worksheet provides the basis for home activity adaptations from the perspective of the occupational therapist.

It is important to address habits and routines used when participating in activities in an individual’s home environment because if the environment changes, then activities are not going to be completed in the same way. Warchol (2005) reports that individuals in the early stage of Alzheimer’s disease are able to learn a new task only if it is taught repetitively and within the same environment that it will be acted out in. She also went on to say that individuals at this stage of the disease have a difficult time carrying out activities in environments that are not familiar to them. With the activity analysis worksheet, the therapist is looking at the environment in which the individual has been and will be performing these activities because it is their natural environment and it is familiar to them. It is also important for individuals with Alzheimer’s disease to maintain a familiar lifestyle, and this can be supported by well-known habits and routines (Ohman & Nygård, 2005). The activity analysis worksheet provides the therapist with the information needed regarding any habits and/or routines used when completing these valued activities. The therapist can then make the needed recommendation for adapting the activity to fit the functional ability of the individuals with the disease and ensure habits and routines are emphasized during the activity.

It was also found that it is important to identify the level of cognitive function the individual with Alzheimer’s disease is experiencing (Warchol, 2005). With this information the therapist can develop treatment plans that are customized to their client which focus on remaining abilities and compensate for deficits. This information was
used to assist with the development of the final two worksheets of the caregiver activity
guide. With these worksheets, the caregiver and the therapist work together in
identifying which behaviors are present in the individual with Alzheimer’s disease that
are indicative of various levels of cognition in relation to activity. With all of the
information gathered, the therapist then makes needed recommendations for continuing,
modifying, or discontinuing engagement in the meaningful activity.
CHAPTER IV
PRODUCT

This chapter will consist of the purpose of the proposed product, how it will be presented, the Frame of Reference and model used to assist in the development of the product, a description of the product, and the product in its entirety. The purpose of this product is to assist caregivers in facilitating occupational engagement in their loved one with Alzheimer's disease. The proposed product will be presented as an activity guide in the form of a caregiver manual.

The Model of Human Occupation was used to guide the development of the caregiver activity guide. This model was previously discussed in the literature review and its implications to the product will be discussed later in this chapter. The Cognitive Disabilities Frame of Reference was also used to guide the development of the caregiver activity guide. This Frame of Reference was developed by Claudia Allen and its purpose is to assess the client's current cognitive level while identifying any functional limitations and provide needed adaptations for continued participation in everyday activities (Bruce & Borg, 2002). As mentioned in the literature review, Allen has developed six levels of cognition, by identifying which level an individual is currently functioning, therapists are better able to identify and adapt possible activities the client can participate and succeed. These strategies were used when developing this product.
An activity guide was developed to assist the therapist and caregiver with identifying valued occupations in the area of instrumental activities of daily living (IADL’s) for individuals in the early stage of Alzheimer’s disease. This guide is completed collaboratively by the caregiver and occupational therapist at the location of the occupational therapy session. This activity guide consists of four sections; IADL Checklist, Activity Analysis Worksheet, Cognitive Performance Capacity Worksheet, and Occupational Therapy Recommendations Worksheet.

The IADL Checklist consists of possible activities that an individual with Alzheimer’s disease may participate in, value, and find meaning in. This checklist was developed based upon the volitional aspect of the Model of Human Occupation and the Cognitive Disabilities Frame of Reference. The therapist will ask the caregiver to identify those activities listed that their loved one participated in by checking the column next to the identified activity. Next, the caregiver will determine if they have observed, or feel their loved one is at possible risk while participating in the selected activity. Once these two steps have been completed, the caregiver will then rate how meaningful the identified activities are to their loved one on a scale of one to nine, with one being most meaningful and nine being least meaningful. Finally, the therapist will identify the top five choices from the checklist completed by the caregiver and use that information the next section of the activity guide.

The Activity Analysis Worksheet is used to identify the objects and their properties, space demands, social demands, sequence and timing, habits and routines, and required actions and communication skills used to complete the identified valued activity. The development of this worksheet was guided by habituation, performance capacity, and
environment, all of which are elements of the Model of Human Occupation. This worksheet is completed by the caregiver with assistance from the occupational therapist when needed. Information obtained from this worksheet will assist the therapist in knowing how their client completes the activity, the environment in which it is completed, and any other pertinent information that will assist in completion of later sections of the caregiver activity guide.

The Cognitive Performance Capacity Worksheet consists of a list of potential deficits and abilities that the individual with Alzheimer's disease may exhibit. This worksheet was guided by the performance capacity element of the Model of Human Occupation and the Cognitive Disabilities Frame of Reference. The behaviors listed are associated with those that can be found in individuals functioning at Levels 5 and 4 of Allen's Cognitive Levels. The caregiver is instructed to circle those deficits and/or abilities observed in their loved one while participating in the valued activity. This information will allow the therapist to obtain a better understanding of the behaviors the individual with Alzheimer's disease is displaying and assist with completion of the Occupational Therapy Recommendation Worksheet.

The Occupational Therapy Recommendations Worksheet is completed by the occupational therapist once all of the previous sections in the activity guide have been completed. This worksheet will provide the caregiver with cautionary features to be aware of, potential adaptations to the environment, and supportive behavior the caregiver can provide to their loved one to encourage continued engagement in the valued activity. This worksheet also provides room for the therapist to determine whether or not continued engagement is appropriate for the individual with Alzheimer's disease.
A Caregiver Activity Guide to Promote Occupational Function in Individuals with Alzheimer's Disease

Developed by:
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and Deb Byram-Hanson, MA, OTR/L
University of North Dakota
2007
**Activity Checklist**

<table>
<thead>
<tr>
<th>Activities your loved one may participate in.</th>
<th>Check which are of most value to your loved one and add any that are not listed.</th>
<th>Check those that you feel are of most risk to your loved one.</th>
<th>Rate the activities that you have chosen in order of importance from 1 being most important to 9 being least important.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding pet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming pet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking on the telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using the computer for emailing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing the laundry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacuuming</td>
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<td></td>
<td></td>
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<tr>
<td>Dusting</td>
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<tr>
<td>Sweeping</td>
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<tr>
<td>Gardening</td>
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<tr>
<td>Raking</td>
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<td></td>
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<tr>
<td>Snow removal</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Planning meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing meals</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Serving meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanup</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify the top 5 choices from the checklist above. Once the top 5 have been identified continue on to the next portion of the activity guide.

1. ____________________  
2. ____________________  
3. ____________________  
4. ____________________  
5. ____________________
Activity Analysis Worksheet

Activity: Caring for pet: Feeding Pet
What types of pets do you have?

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:
1. Food dish – How many dishes are used? What is the size of the dishes?

2. Do you use anything to put the food in the bowl?
   - Cup?
   - Bowl?
   - Scoop?
   - Other?

3. Type of food used and weight
   - Dry?
   - Wet?
   - Bagged?
   - Canned?

Space demands: What is the physical context in which the activity is being completed?
- Placement of food dish(es)
- Location of pet food
- Lighting/noise considerations
- Are there any other environments where this activity is done?

Social demands:
- Are there other people involved with this activity?
· Are there specific ways you feed your pets?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client. Then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Gather food and water dishes
2. Rinse out food and water dishes
3. Fill water dish
4. Put water dish where pet eats
5. Fill food dish
6. Put food dish where pet eats
7. Other:

Habits and Routines:
· Are there particular habits associated with feeding your pet? (i.e., feeding them at certain times of the day, filling the water dish before the food dish, etc.)

· Are there particular routines associated feeding your pet? (i.e., washing the food and water dish before filling them.)

Required actions:
· Motor skills:
  o Gross motor: (i.e., standing, bending, lifting, etc.)

  o Fine motor: (i.e., opening the food bag/can, etc.)

· Communication skills: (i.e., conversing with others, giving/following directions, etc.)
Cognitive Performance Capacity Evaluation

**Directions:** Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may not know what to do if out of pet food)
3. May be impulsive or hesitant (may put too much or too little food or water in the dishes)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may fill one dish but not the other or may take dishes to fill yet not fill them)
8. Unable to start and continue doing activity on their own
9. Shows difficulty with reading (difficulty reading the labels on the pet food bag or can)
10. Accidentally uses objects for other purposes
11. Cannot remember what an object is used for (may not remember to use the scoop, cup, or bowl to fill the food dish)
12. Others: ___________________________
Caregiver Activity Recommendations

Activity: *Feeding pet*

- [ ] Continue
- [ ] Discontinue
- [ ] Modify

Environmental Supports:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Caregiver Supports:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Precautions:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
Activity Analysis Worksheet

Activity: *Caring for pet: Grooming pet*
What types of pets do you have?

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What do you use to brush your pets fur?
   - Brush?
   - Comb?
   - Other?

2. Where do you wash your pet?
   - Bathtub?
   - Shower?
   - Sink?
   - Other?

3. What type of cleanser do you use to clean your pet?

4. Cups, bowls, washcloths, shower head, or other tools used to get your pet wet.

5. What do you use to dry off your pet?
   - Towel?
   - Hair dryer?
   - Other?

Space demands: What is the physical context in which the activity is being completed?
- Placement of brush/comb and cleanser

- Location of bathtub/sink/shower where you wash your pet

- Lighting/noise considerations

- Are there any other environments where this activity is done?
Social demands:
- Are there other people involved with this activity?
- Are there specific ways you groom your pet?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Brush/comb out your pet’s fur
2. Get bathtub/shower/sink ready for pet
3. Put pet in bathtub/shower/sink ready for pet
4. Get pet’s fur wet using cup/washcloth/shower head
5. Put cleanser on pet’s fur and rub it
6. Rinse off pet
7. Empty bathtub/sink
8. Dry off pet with a towel/hair dryer
9. Brush/comb out your pet’s fur
10. Other: _______________________

Habits and Routines:
- Are there particular habits associated with grooming your pet? (i.e., brushing/combing their fur every day, etc.)
- Are there particular routines associated grooming your pet? (i.e., doing it the same time each week, etc.)

Required actions:
- Motor skills:
  - Gross motor: (i.e., standing, bending, lifting, etc.)
  - Fine motor: (i.e., holding brush/comb, opening cleaners bottle, etc.)
• Communication Skills: (i.e., talking with others while grooming pet, informing the pet groomer of what you would like done, etc.)
Cognitive Performance Capacity Evaluation

Directions: Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may not know what to do if out of cleanser)
3. May be impulsive or hesitant (may put too much or too little water in the bathtub/sink or may put too much or too little cleanser on the pet)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may fill the bathtub/sink but may not bathe pet)
8. Unable to start and continue doing activity on their own
9. Shows difficulty with reading (difficulty reading the labels on the bottle of pet cleaners)
10. Accidentally uses objects for other purposes
11. Cannot remember what an object is used for (may not remember to use the bowl/cup/wash cloth to get pet’s fur wet)
12. Others: ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
Caregiver Activity Recommendations

Activity: **Grooming pet**

___ Continue
___ Discontinue
___ Modify

Environmental Supports:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Caregiver Supports:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Precautions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Activity Analysis Worksheet

Activity: Communication device use: Talking on the telephone

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What type of telephone do you use?
   - Cell phone?
   - Cordless phone?
   - Phone with cord?

2. Does the phone have push buttons or is it a rotary phone?

3. Where are familiar phone numbers located?
   - Phone book?
   - Posted on cards?
   - In address book?
   - Speed dial?
   - Other?

4. Taking messages: What tools are used to take a message?
   - Note pad?
   - Pen/Pencil?
   - Answering Machine?
   - Other?

Space demands: What is the physical context in which the activity is being completed?
- Location of telephone/answering machine?
- Placement of note pad/pens/pencils?
- Lighting/noise considerations
- Are there any other environments where this activity is done?
Social demands:

- Are there other people involved with this activity?

- Are there specific ways you answer your phone?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

**Calling someone:**

1. Finding the correct number for the person you want to contact
2. Picking up the receiver
3. Dialing the correct number
4. Waiting for someone to answer at the other end
5. Ask for the person you are trying to contact
6. Greet person on the other line
7. Engage in conversation
8. End conversation
9. Other

**Answering the phone and taking a message:**

1. Answer the phone with a greeting
2. Talk with the person on the other line or find the person whom the caller is looking for
3. If the person is not home take a message
4. Write callers name, phone number, and message on note pad
5. End conversation
6. Other

Habits and Routines:

- Are there particular habits associated with talking on the phone? (i.e., waiting for the phone to ring three times before answering, etc.)

- Are there particular routines associated talking on the phone? (i.e., answering the phone with saying your last name and residence, calling family/friend the same during the week, etc.)
Required actions:

• Motor skills:
  o Gross motor: (i.e., standing, bending, lifting, etc.)

  o Fine motor: (i.e., pushing buttons, holding receiver, writing with pen/pencil, etc.)

• Communication skills: (i.e., speaks with the person on the other line, shares information with the person on the other line, sustains conversation until both parties are done, etc.)
Cognitive Performance Capacity Evaluation

Directions: Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember who they are calling or to give someone a message)
2. Difficulty with planning and judgment (may not know what to say when answering the phone or how to initiate calling someone)
3. May be impulsive or hesitant (may answer the phone after one ring or may not answer the phone when ringing)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to talk on the phone)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with or may not be able to use a phone book in a different city)
7. Unable to keep their attention on the activity (may not be able to talk on the phone while participating in another activity)
8. Unable to start and continue doing activity on their own (may dial the correct phone number but may not talk to the person on the other line)
9. Shows difficulty with reading (difficulty reading the phone book or messages left from others)
10. Accidentally uses objects for other purposes
11. Cannot remember what an object is used for
12. Others: ____________________________

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Caregiver Activity Recommendations

Activity: Talking on the telephone

____ Continue
____ Discontinue
____ Modify

Environmental Supports:

Caregiver Supports:

Precautions:
Activity Analysis Worksheet

Activity: Communication device use: Using the computer for emailing

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. Type of computer:
   - Desktop?
   - Laptop?
   - Other?

2. Where is the computer located?
   - Desk?
   - Table?
   - Countertop?
   - Other?

3. Type of internet connection:
   - Dial-up?
   - Wireless?
   - Cable?

Space demands: What is the physical context in which the activity is being completed?
- Placement of computer (i.e., desk, table, countertop, etc.)

- Location of computer (i.e., office, kitchen, living room, etc.)

- Lighting/noise considerations

- Are there any other environments where this activity is done?

Social demands:
- Are there other people involved with this activity?
• Are there specific ways you go about emailing your friends?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Start up computer
2. Connect to the internet
3. Open email
4. Find the email address of person you want to send an email to
5. Insert email address into proper location
6. Write email
7. Send email
8. Repeat steps 4-7 if email more than one person
9. Log off email site
10. Disconnect from the internet
11. Shut down computer
12. Other: ____________________________________________

Habits and Routines:
• Are there particular habits associated with using the computer for emailing? (i.e., reading all of your email before sending emails, checking email address before sending email, etc.)

• Are there particular routines associated emailing? (i.e., checking and sending email once a day, making a list of people you want to email, etc.)

Required actions:
• Motor skills:
  o Gross motor: (i.e., standing, bending, lifting, etc.)

  o Fine motor: (i.e., typing, clicking mouse, etc.)
• Communication skills: (i.e., shares information with others through emailing, sustains email conversation until both parties are done with the interaction, etc.)
**Cognitive Performance Capacity Evaluation**

**Directions:**
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given or may not remember the steps associated with sending an email)
2. Difficulty with planning and judgment (may have a difficult time planning what to type while emailing)
3. May be impulsive or hesitant (may email everyone in address book or may not email those you would normally email)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do email anyone)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may not complete email and send it)
8. Unable to start and continue doing activity on their own (may not be able to start computer or may not steps of the emailing process)
9. Shows difficulty with reading (has a difficult time reading emails sent)
10. Accidentally uses objects for other purposes
11. Others: ___________________________
Caregiver Activity Recommendations

Activity: Using the computer for emailing

____ Continue
____ Discontinue
____ Modify

Environmental Supports:

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Caregiver Supports:

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Precautions:

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Activity Analysis Worksheet

Activity: Community mobility: Driving

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What type of vehicle does your loved one drive?
   - Car (two door or four door)? ___________________
   - Truck (two, three or four door)? ___________________

2. Is your vehicle manual or automatic transmission?

3. What type of fuel is used to run the vehicle?
   - Gas? ___________________
   - Diesel? ___________________

4. Do you have insurance?

5. Does your loved one have a valid driver’s license?

6. Maps – Does your loved one use maps to plan out routes?

Space demands: What is the physical context in which the activity is being completed?
- Where does your loved one normally drive (town, country, large city, small city, etc.)?

- What time of day does your loved one drive (morning, mid-day, or evening)?

- Lighting/noise considerations

- Are there any other environments where this activity is done?
Social demands:
- Are there other people involved with this activity?
- Are there specific ways your loved one drives their vehicle?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Determine where you want to go
2. Go out to vehicle
3. Unlock vehicle doors
4. Open vehicle door and get it
5. Start vehicle
6. Fasten safety belt
7. Put vehicle in gear
8. Obey all traffic signs
9. Use blinkers when needed
10. Get to location
11. Turn off vehicle
12. Unfasten safety belt
13. Open vehicle door and get out
14. Lock doors
15. Other: ___________

Habits and Routines:
- Are there particular habits associated with driving (i.e., checking all mirrors before driving, changing the radio station, talking on the cell phone, etc.)?
- Are there particular routines associated driving (i.e., unlock doors of vehicle, get into vehicle, put steering wheel down, put on seat belt, and then turn on vehicle)?

Required actions:
- Motor skills:
  - Gross motor: (i.e., standing, bending, lifting, pushing, pulling, etc.)
o Fine motor: (i.e., turning key, turning radio station, using blinkers, etc.)

- Communication skills: (i.e., talks with the other individual(s) in the vehicle, asks for directions when needed, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given or may not remember routes)
2. Difficulty with planning and judgment (may have a difficult time planning what to do when at a stop light or may not judge the distance from your vehicle to the one in front of you at a stop light/sing)
3. May be impulsive or hesitant (may yield at stop signs or may wait too long at stop signs)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to drive)
6. Unable to familiarize self to the activity (may not be able to complete this activity if taking unfamiliar routes)
7. Unable to keep their attention on the activity (may not pay attention to traffic signs/lights, other vehicles, etc.)
8. Shows difficulty with reading (may have a difficult time reading maps, road signs, etc.)
9. Accidentally uses objects for other purposes (may use the shifter think it is the blinker)
10. Others: ____________________________________________
    ____________________________________________
    ____________________________________________

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Caregiver Activity Recommendations

Activity: Community mobility: Driving

_____ Continue
_____ Discontinue
_____ Modify

Environmental Supports:


Caregiver Supports:


Precautions:


Activity Analysis Worksheet

Activity: Home establishment and management: Doing the laundry

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. Dirty materials – What exactly is the nature of the materials to be washed? (i.e., clothing, towels, kitchen rags, bedding, etc.)

2. Laundry detergent/fabric softener/dryer sheets – What type of detergent is used?
   - Liquid?
   - Powder?
   - Other?

3. Washing machine – What is the washing machine set-up?
   - Front/Top loading?
   - Dial/button sets for machine?

4. Dryer – What is the set-up of the dryer?
   - Front/Top loading?
   - Dial/button sets for machine?

5. Hangers/Shelves/Table top for clothing folding or drying

6. Clothes basket/laundry bag or other tools that are used to transfer solid or clean materials from one place to another.

Space demands: What is the physical context in which the activity is being completed?
- Placement of washing machine and dryer
- Location of laundry detergent/fabric softener/dryer sheets
- Location of solid clothing
• Location of hangers/shelves/table top

• Lighting/noise considerations

• Are there any other environments where this activity is done?

Social demands:
• Are there other people involved with this activity?

• Are there specific ways you do your laundry?

• Why do you partake in this activity?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Gather solid clothing and other household items
2. Sort them according to colors and fabric type (Darks together, whites together, towels together, etc.)
3. Set washing machine to correct setting as indicated on the labels of the clothing
4. Turn on washing machine
5. Add laundry detergent
6. Add solid clothing and other household items
7. Close lid
8. Add fabric softener during the rinse cycle
9. Remove clean clothing and household items from washing machine
10. Sort them according to what needs to be air dried and what can be machine dried
11. Put machine dried clothing and household materials in dryer
12. Add dryer sheet
13. Shut door
14. Turn on dryer
15. With remaining clothing, hang on hangers or lay flat to dry
16. Once drying is completed, take clothing out of dryer
17. Fold or hang clothing up as you wish
18. Other: ____________________

Habits and Routines:
• Are there particular habits associated with doing the laundry? (i.e., folding the clothes a certain way, washing certain articles of clothing or household materials together, etc.)

• Are there particular routines associated with doing the laundry? (i.e., sorting clothes prior to the day you plan to wash them, taking clothes from the dryer, putting them on the table, and folding them, etc.)

Required actions:
• Motor skills:
  o Gross motor: (i.e., standing, bending, lifting, etc.)
  o Fine motor: (i.e., turning dials, hanging clothes on hanger, etc.)

• Communication Skills: (i.e., asking family members for their dirty laundry, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may not know what to do if out of laundry detergent)
3. May be impulsive or hesitant (may put too much or too little laundry detergent in with clothing)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may put clothing in the washing machine but not complete the next steps)
8. Unable to start and continue doing activity on their own
9. Shows difficulty with reading (difficulty reading laundry detergent bottle or tags on clothing)
10. Accidentally uses objects for other purposes
11. Cannot remember what an object is used for (may not remember what that the hanger is used to hang the clothing)
12. Others: ___________________________
Caregiver Activity Recommendations

Activity: *Doing the laundry*

- [ ] Continue
- [ ] Discontinue
- [ ] Modify

Environmental Supports:

Caregiver Supports:

Precautions:
Activity Analysis Worksheet

Activity: Vacuuming

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What do you use to vacuum your carpets?
   Vacuum cleaner: _______________________
   Hokey: ___________________________________________________
   Other: ___________________________________________________

2. Is your vacuum cleaner:
   Bag-less?_______________________________
   Up-right?_______________________________
   In the wall?_____________________________
   Other?_______________________________

3. Do you use any carpet fresheners before vacuuming?
   If yes, do you use:
   Powder?_______________________________
   Foam?_______________________________

Space demands: What is the physical context in which the activity is being completed?
- Placement of vacuum cleaner
- Location of carpet freshener
- Location of vacuum cleaner bags
- How many rooms do you use the vacuum cleaner in?
  - Are these rooms on the same level?
- Lighting/noise considerations
• Are there any other environments where this activity is done (vacuuming vehicles, etc.)?

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**Social demands:**

• Are there other people involved with this activity?

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• Are there specific ways you vacuum your floor?

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**Sequence and timing:** Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Move all of the furniture from its original spot
2. Sweep excess dust and dirt around each wall
3. Sprinkle/spray the carpet freshener on the carpet in each room you plan to vacuum
4. Wait for 5-10 minutes before vacuuming to let the carpet freshener settle
5. Take out the vacuum cleaner
6. Plug in the vacuum cleaner
7. Turn on vacuum cleaner
8. Start vacuuming the desired room
9. Once done, turn off vacuum cleaner
10. Unplug vacuum cleaner
11. Replace furniture to its original location
12. Wrap up cord or move to next room and repeat steps 6-10
13. Other: ________________________

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**Habits and Routines:**

• Are there particular habits associated with vacuuming? (i.e., moving the furniture as you are vacuuming, etc.)

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• Are there particular routines associated with vacuuming? (i.e., vacuuming every Tuesday of the month, vacuuming each room in the same order every time, etc.)

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Required actions:
- Motor skills:
  - Gross motor: (i.e., standing, bending, lifting, pushing, pulling, etc.)

- Fine motor: (i.e., plugging in vacuum cleaner, turning on vacuum cleaner etc.)

- Communication Skills: (i.e., asking family members for assistance with moving furniture, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may not know what to do if vacuuming cleaner bag is full)
3. May be impulsive or hesitant (may put too much or too little carpet freshener on the carpets)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may put carpet freshener on floors but not vacuum them or may take vacuum cleaner out but not vacuum the floors)
8. Unable to start and continue doing activity on their own
9. Accidentally uses objects for other purposes (Uses a broom instead of a vacuum cleaner)
10. Cannot remember what an object is used for (may not remember what that the vacuum cleaner bag is used for)
11. Others: ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

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Caregiver Activity Recommendations

Activity: Vacuuming

_____ Continue
_____ Discontinue
_____ Modify

Environmental Supports:

Caregiver Supports:

Precautions:
Activity Analysis Worksheet

Activity: Dusting

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What type of furniture do you dust?

2. What material do you use to dust:
   - Paper towel?
   - Dust rag?
   - Old piece of clothing?
   - Dust broom?
   - Other?

3. What type of chemicals do you use to dust:
   - Furniture polish?
   - Other?

4. Other objects and their properties used for dusting:

Space demands: What is the physical context in which the activity is being completed?
- Location of tools/materials used for dusting
- Placement of furniture dusted
- Number of rooms you usually dust
- Size of rooms that are dusted
- Lighting/noise considerations
• Are there any other environments where this activity is done (vehicle, etc)?

Social demands:
• Are there other people involved with this activity?

• Are there specific ways you dust?

• Why do you partake in this activity?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Gather tools/materials used for dusting
2. Remove and dust ornament/knick-knacks from shelves
3. Spray on furniture polish
4. Dust selves
5. Dust corners of walls with dust broom
6. Dust television
7. Move to next room and repeat steps 2-6
8. Other:

Habits and Routines:
• Are there particular habits associated with dusting? (i.e., using particular furniture polish/dusting spray on furniture, removing and dusting all ornaments/knick-knacks before dusting selves, etc.)

• Are there particular routines associated with dusting? (i.e., dusting the same day you vacuum, dusting each room in the same order, etc.)
Required actions:
- Motor skills:
  o Gross motor: (i.e., standing, bending, lifting, reaching, etc.)
  o Fine motor: (i.e., moving small objects from selves, etc.)
- Communication Skills: (i.e., asking family members for assistance, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may not know what to do if out of furniture polish or may not handle breakable ornaments/knick-knacks with care)
3. May be impulsive or hesitant (may put too much or too little furniture polish on furniture)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not remember the steps involved with engaging in this activity or may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may take ornaments/knick-knacks off the self but not put them back)
8. Unable to start and continue doing activity on their own
9. Accidentally uses objects for other purposes (uses broom used to sweep floors rather than dust broom)
10. Cannot remember what an object is used for (may not remember what that the dust rag is used for)
11. Others: ____________________________________________

__________________________________________________________________

__________________________________________________________________
Caregiver Activity Recommendations

Activity: Dusting

_____ Continue
_____ Discontinue
_____ Modify

Environmental Supports:

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_________________________________________________________________
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Caregiver Supports:

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Precautions:

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Activity Analysis Worksheet

Activity: Sweeping
What floor are you going to be sweeping?

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:
1. What are you going to use to sweep the floor (i.e., broom, a Swiffer, etc)?

2. How are you going to collect the dirt swept up?
   Vacuum?
   Dust Pan?
   Other?

3. Where are you going to get rid of the dirt?
   Garbage Can?
   Throw it outside?
   Other?

Space demands: What is the physical context in which the activity is being completed?
- Where are you sweeping (i.e., kitchen floor, the deck, the bathroom, etc)?

- Location of products (i.e., broom, dust pan, garbage, etc)

- Lighting/noise considerations

- Are there any other environments where this activity is done?

Social demands:
- Are there other people involved with this activity?
• Are there specific ways you sweep a floor?

---

**Sequence and timing:** Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Gather broom, dust pan, and garbage 
   (or desired objects to complete the task)  
2. Take the materials to the room/floor you will be sweeping  
3. Put the garbage can and dust pan down  
4. Remove any objects on the floor such as rugs, or chairs  
5. Place those objects in another room  
6. Sweep the floor with the broom or other chosen object to sweep with  
7. Put the dirt in a pile  
8. Sweep the dirt into the dust pan  
9. Dump the dust pan into the garbage or desired object  
10. Other: ________________________

---

**Habits and Routines:**

- Are there particular habits associated with sweeping (i.e., shake out rugs before or after sweeping the floor, etc.)?

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- Are there particular routines associated with sweeping (i.e., sweep the rooms in a certain order, etc.)?

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**Required actions:**

- Motor skills:
  - Gross motor: (i.e., standing, bending, lifting, etc.)
  - Fine motor: (i.e., holding onto the dust pan/broom, etc.)
• Communication skills: (i.e., asking others to move furniture/objects/rugs from the floor in order for you to continue sweeping, etc.)
Cognitive Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment
3. May be impulsive or hesitant (may continue to sweep the floor over and over)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may start doing other things in the room they are sweeping)
8. Unable to start and continue doing activity on their own
9. Accidentally uses objects for other purposes (uses mop as a broom)
10. Cannot remember what an object is used for (unsure of how to use dust pan)
11. Others: ____________________________________________

____________________________________________

____________________________________________
Caregiver Activity Recommendations

Activity: Sweeping

- Continue
- Discontinue
- Modify

Environmental Supports:

Caregiver Supports:

Precautions:
Activity Analysis Worksheet

Activity: Gardening

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What will you plant in the garden (i.e. types of vegetables, types of flowers)?

2. What tools do you use when gardening:
   Hoe?
   Shovel?
   Rake?
   Tiller?

3. What do you use to water your garden:
   Sprinkler?
   Garden hose?
   Watering pot?

Space demands: What is the physical context in which the activity is being completed?

1. Where are you gardening?

2. Location of products (location of seeds, gardening tools, hoses, sprinkler, etc.)

3. Lighting/noise considerations

4. Are there any other environments where this activity is done?

Social demands:

1. Are there other people involved with this activity?

2. Are there specific ways you garden?
Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Buy the seeds you will be planting
2. Till the garden up
3. Decide what rows you will be putting the seeds into
4. Plant the seeds
5. Water the seeds
6. Weed the garden
7. When the vegetables are ripe or flowers have bloomed, pick them
8. Till the garden when all of the vegetables have been picked, or when the plants are dying
9. Other: _________________________

Habits and Routines:
1. Are there particular habits associated with gardening (i.e. planting the same seeds every year, tilling the garden twice before planting any seeds, etc.)?

2. Are there particular routines associated with gardening (i.e., plant cucumbers before corn, weeding the garden every other day, watering the garden every day etc.)?

Required actions:
- Motor skills:
  - Gross motor: (i.e., standing, bending, lifting, pushing, pulling, etc.)

  - Fine motor: (i.e., placing each seed in the row, pulling out weeds by hand, etc.)

- Communication skills: (i.e., asking the garden center for the seeds you need, contacting someone to till your garden, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may not buy enough seeds or may put too many seeds in the row)
3. May be impulsive or hesitant (may continue to plant seeds and mixing them in the rows)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not remember the steps involved with engaging in this activity or may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may start weeding instead of continue to water the garden)
8. Unable to start and continue doing activity on their own
9. Accidentally uses objects for other purposes (may use a shovel rather than a rack to weed the garden)
10. Cannot remember what an object is used for (may not remember what the hoe is used for)
11. Others: __________________________________________________________
    __________________________________________________________
    __________________________________________________________
Caregiver Activity Recommendations

Activity: *Gardening*

- [ ] Continue
- [ ] Discontinue
- [ ] Modify

Environmental Supports:

- 
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Caregiver Supports:

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- 
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Precautions:

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Activity Analysis Worksheet

Activity: Raking

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What are you raking:
   - Leaves?
   - Grass?

2. What type of rake are you using:
   - Long?
   - Short?
   - Wide base?
   - Plastic?
   - Metal?
   - Other?

3. Do you wear gloves?
   - What type of gloves?

4. How large is the yard?
   - How long will it take?
   - Will you break it up into sections?
   - Other?

5. Where will you dispose of the stuff you have raked:
   - Fire pit?
   - At a waste dump?
   - In a garbage bag?
   - Other?

Space demands: What is the physical context in which the activity is being completed?
- Where are you raking (your yard, front yard, back yard, etc.)?
- Location of products (rakes, gloves, garbage bags, etc.)
- Lighting/noise considerations
• Are there any other environments where this activity is done?

Social demands:
• Are there other people involved with this activity?

• Are there specific ways you rake?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Get rake
2. Put on gloves
3. Decide where you will rake
4. Take a break
5. Rake another section
6. Take a break
7. Rake the rest of the lawn
8. Put the rake away
9. Put the pile(s) that you have raked into a fire pit, or into a garbage
10. Put the gloves away
11. Other: _________________________

Habits and Routines:
• Are there particular habits associated with raking (i.e., raking after a storm, raking everything in a line, etc.)?

• Are there particular routines associated with mowing (i.e., the time of day, the part of the yard that gets raked first)?
Required actions:
  • Motor skills:
    o Gross motor: (i.e., standing, bending, lifting, etc.)
    o Fine motor: (i.e., holding onto the rake.)
  • Communication skills: (i.e., asking for assistance at the waste dump, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may rake during a windy day)
3. May be impulsive or hesitant (may rake uncontrollably until every little piece is picked up)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may start weeding the garden or picking up sticks with hands)
8. Unable to start and continue doing activity on their own
9. Accidentally uses objects for other purposes (uses a hoe rather than a rake)
10. Cannot remember what an object is used for (not sure what to do with the garbage bag)
11. Others: __________________________________________________________
    __________________________________________________________
Caregiver Activity Recommendations

Activity: Raking

____ Continue
____ Discontinue
____ Modify

Environmental Supports:


Caregiver Supports:


Precautions:


Activity Analysis Worksheet

Activity: Snow removal
Where are you removing the snow from? (Sidewalk, deck, driveway, etc)

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What do you use to remove the snow: (shovel, snow blower, etc)?
   - Shovel?_________________________________________
   - Snow blower?_____________________________________
   - Broom?__________________________________________

2. Do you need gas or diesel for the snow blower?_____________________________________

3. What type of outerwear do you use when completing this activity:
   - Jacket?________________________________________
   - Snow pants?_____________________________________
   - Boots?__________________________________________
   - Hat/scarf/gloves?_____________________________
   - Other?__________________________________________

Space demands: What is the physical context in which the activity is being completed?
- Where are you blowing snow (sidewalk, driveway, etc)?
  _____________________________________________

- Location of products (snow blower, snow shovel, gas/diesel, outerwear, etc)
  _____________________________________________

- Lighting/noise considerations
  _____________________________________________

- Are there any other environments where this activity is done?
  _____________________________________________

Social demands:
- Are there other people involved with this activity?
  _____________________________________________
• Are there specific ways you remove snow?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Dress for appropriate weather  
2. Gather materials  
3. Move unwanted objects from the sidewalk or driveway etc.  
4. Remove the snow with whatever equipment is necessary  
5. Take breaks when needed  
6. Put equipment away  
7. Other: ___________________________

Habits and Routines:  
• Are there particular habits associated with snow removal (i.e., removing the snow immediately after it has snowed, or waiting until a specific time, etc.)?  

• Are there particular routines associated with snow removal (i.e., remove the snow from the sidewalk before removing it from the driveway)?

Required actions:  
• Motor skills:  
  o Gross motor: (i.e., standing, bending, lifting, etc.)  

• Fine motor: (i.e., pushing the snow with the shovel, starting the snow blower, etc.)

• Communication skills: (i.e., contacting someone to come and remove snow from driveway or sidewalk, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may not dress appropriately for the weather)
3. May be impulsive or hesitant (may not take precautions to avoid slipping on ice or may be scared to shovel for fear of ice)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity
8. Unable to start and continue doing activity on their own (cannot remember the steps involved in initiating and completing the activity)
9. Accidentally uses objects for other purposes (uses a garden shovel rather than a snow shovel)
10. Cannot remember what an object is used for (may not remember how to use the snow blower)
11. Others:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Caregiver Activity Recommendations

Activity: Snow removal

_____ Continue
_____ Discontinue
_____ Modify

Environmental Supports:

Caregiver Supports:

Precautions:
Activity Analysis Worksheet

Activity: Planning meals
What meal are you going to make (i.e., breakfast, lunch, or dinner)?

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. Where will you get the recipe for the meal:
   - Cookbook?
   - Recipe box?
   - Internet?
   - Other?

2. What type of meal are you going to be making:
   - Appetizer?
   - Entree?
   - Main Course?
   - Dessert?
   - Snack?

3. What tools are used to write down what you need to make the meal:
   - Paper?
   - Pencil/Pen?
   - Dry erase board?
   - Marker?

Space demands: What is the physical context in which the activity is being completed?
- Where are you planning the meal (i.e., kitchen table, counter, office, etc.)?
- Location of products (i.e., pen, paper, table, chair, cookbooks etc)
- Lighting/noise considerations
- Are there any other environments where this activity is done?
Social demands:
- Are there other people involved with this activity?
- Are there specific ways you plan a meal?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordered the numbers or adding as needed:

1. Gather a pen and piece of paper
2. Gather cookbooks, recipe box, etc.
3. Sit down at a table
4. Decide what courses you will want to make
5. Pick out food dishes you would want to make
6. Write down the food dishes and page number for the recipe
7. Write down ingredients that you will need to buy
8. Other:

Habits and Routines:
- Are there particular habits associated with planning for a meal (i.e., planning it during a particular time of the day, etc.)?
- Are there particular routines associated with planning a meal (i.e., do you look in the cupboard to see what food items you have before planning a meal.)?

Required actions:
- Motor skills:
  - Gross motor: (i.e., standing, bending, lifting, etc.)
  - Fine motor: (i.e., making a grocery list, flipping through the cookbook pages.)
• Communication skills: (i.e., asking family member where cookbook is located, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (unable to plan when the meal should be made or unable to determine when to start making the meal)
3. May be impulsive or hesitant (may not be able to choose one dish to make)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may start looking for other meals to prepare and get off track)
8. Unable to start and continue doing activity on their own (may not remember the steps involved planning a meal)
9. Shows difficulty with reading (difficulty reading the recipes)
10. Accidentally uses objects for other purposes (making a grocery list in the cookbook or on the recipe card)
11. Cannot remember what an object is used for (may not know what the purpose of the pen and paper are)
12. Others: ________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Caregiver Activity Recommendations

Activity: *Planning meals*

- [ ] Continue
- [x] Discontinue
- [ ] Modify

Environmental Supports:

Caregiver Supports:

Precautions:
Activity Analysis Worksheet

Activity: Preparing Meals
What meal are you going to make?

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. Where are you getting the recipe from:
   - Cook book?
   - Recipe box?
   - Internet?
   - Other?

2. What are the ingredients involved with the recipe:
   - Dry ingredients?
   - Wet ingredients?
   - Other?

3. What tools are used to make the recipe:
   - Spatula?
   - Measuring Cups?
   - Mixer?
   - Bowls?
   - Oven?
   - Stove?
   - Pots?
   - Pans?
   - Other?

Space demands: What is the physical context in which the activity is being completed?
- Where are you preparing the meal (i.e., kitchen table, kitchen counter, etc)?

- Location of products (i.e., food, tools, etc.)

- Lighting/noise considerations
• Are there any other environments where this activity is done (outside, camping, etc.)?

<table>
<thead>
<tr>
<th>Social demands:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Are there other people involved with this activity?</td>
</tr>
</tbody>
</table>

• Are there specific ways you prepare a meal?

<table>
<thead>
<tr>
<th>Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wash hands and wipe off counters</td>
</tr>
<tr>
<td>2. Gather recipe</td>
</tr>
<tr>
<td>3. Gather ingredients</td>
</tr>
<tr>
<td>4. Gather tools that will be used</td>
</tr>
<tr>
<td>5. Preheat oven</td>
</tr>
<tr>
<td>6. Follow the recipe</td>
</tr>
<tr>
<td>7. Mix the ingredients</td>
</tr>
<tr>
<td>8. Bake or cook food</td>
</tr>
<tr>
<td>9. Set timer</td>
</tr>
<tr>
<td>10. Remove food from oven or stove top once done</td>
</tr>
<tr>
<td>11. Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Habits and Routines:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Are there particular habits associated when preparing for a meal (i.e., gathering all the ingredients before starting to prepare the meal, etc.)?</td>
</tr>
</tbody>
</table>

• Are there particular routines associated with preparing a meal (i.e., start making the dish that takes the longest first, etc.)?
Required actions:

- Motor skills:
  - Gross motor: (i.e., standing, bending, lifting, etc.)

- Fine motor: (i.e., measuring the ingredients, cutting, chopping, etc.)

- Communication skills: (i.e., asking for assistance with preparing the meal, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may burn dishes because they do not set timers)
3. May be impulsive or hesitant (may try to make more than one thing at a time or may be really cautious when slicing vegetables)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may start looking for other meals to prepare and get off track)
8. Unable to start and continue doing activity on their own (may not remember the steps involved with preparing a meal)
9. Shows difficulty with reading (difficulty reading the recipes)
10. Accidentally uses objects for other purposes (puts the frying pan in the oven)
11. Cannot remember what an object is used for (may not know how to work the mixer)
12. Others:__________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
Caregiver Activity Recommendations

Activity: Preparing meals

- Continue
- Discontinue
- Modify

Environmental Supports:


Caregiver Supports:


Precautions:


Activity Analysis Worksheet

Activity: Serving Meals
What are you serving?

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. How is the meal served:
   - Hot pad holder?
   - Cooling rack?
   - By hand?
   - On a cart?
   - Other?

2. Where are you serving the meal:
   - Kitchen table?
   - Dining room table?
   - The deck table?
   - Other?

3. What tools are used to serve the meal:
   - Plates?
   - Bowls?
   - Spatula?
   - Spoon?
   - Fork?
   - Knife?
   - Other?

Space demands: What is the physical context in which the activity is being completed?
- Where are you serving the meal (i.e., kitchen table, dining room, etc.)?
- Location of products (i.e., pot holders, oven mittens, cooling racks, etc.)
- Lighting/noise considerations
- Are there any other environments where this activity is done?
Social demands:
  • Are there other people involved with this activity?

  • Are there specific ways you serve a meal?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Gather hot pads and cooling racks if needed
2. Taking the food out of the oven or off of the stove
3. Putting the food in necessary bowls etc to serve
4. Bring food to the table
5. Serve the appetizers
6. Serve the main course
7. Serve the desert
8. Other:

Habits and Routines:
  • Are there particular habits associated with serving a meal (i.e., wash hands and then take the food out, serving guests before you, etc.)?

  • Are there particular routines associated with serving a meal (i.e., the order in which the items are served)?

Required actions:
  • Motor skills:
    o Gross motor: (i.e., standing, bending, lifting, etc.)

    o Fine motor: (i.e., gripping the pots with the pot holders.)
• Communication skills: (asking others if they would like more food or if you can get them anything else, engaging in conversation while serving the meal, etc.)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may not make enough for everyone or may put too much food on the plate)
3. May be impulsive or hesitant (may serve people food they do not want or may not know what to serve first)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may start another task rather than serve the meal)
8. Unable to start and continue doing activity on their own (may not remember the steps involved with serving a meal)
9. Accidentally uses objects for other purposes (may use a napkin as a pot holder)
10. Cannot remember what an object is used for (may not know what a cooling rack is and its purpose)
11. Others: ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
Caregiver Activity Recommendations

Activity: Serving meals

- Continue
- Discontinue
- Modify

Environmental Supports:

Caregiver Supports:

Precautions:
Activity Analysis Worksheet

Activity: Clean-up after meal

Objects used and their properties:
The objects and their properties that are required to carry out this activity are:

1. What is used to wash the dishes:
   - Dish soap?
   - Washcloth?
   - Sponge?
   - Sink?
   - Drying rack?
   - Dishwasher?
   - Dishwasher detergent?
   - Other?

2. Where do you put your garbage/biodegradable food:
   - Garbage can?
   - Garbage disposal?
   - Other?

3. What do you use to wash off your counters/stove/tables:
   - Washcloth?
   - Sponge?
   - Paper towel?
   - Wood cleaner?
   - Antibacterial spray?
   - Other?

Space demands: What is the physical context in which the activity is being completed?

- Where are you cleaning up after the meal (kitchen, deck, dining room, etc.)?

- Location of products (cleaning supplies, washcloths, etc.)

- Lighting/noise considerations

- Are there any other environments where this activity is done?
Social demands:
• Are there other people involved with this activity?

• Are there specific ways you clean-up after a meal?

Sequence and timing: Identify which aspects of the below sequence that would be appropriate for your loved one/client and then determine the sequence this activity is completed in your environment by re-ordering the numbers or adding as needed:

1. Fill sink with soapy warm water
2. Get a clean washcloth
3. Gather all dirty dishes
4. Dump garbage from plates into the garbage can
5. Set dirty dishes on counter next to sink/or put them in the dishwasher
6. Wash off table with warm soapy water and washcloth
7. Wash glasses
8. Wash silverware
9. Wash plates
10. Wash pots and pans
11. Dry dishes
12. Put dishes away
13. Put left over foods in a container and put in refrigerator
14. Other: _________________________

Habits and Routines:
• Are there particular habits associated with cleaning up a meal (i.e., rinsing off dishes before putting them in the dishwasher, washing all dishes and letting pots and pans soak, etc.)?

• Are there particular routines associated with preparing a meal (i.e., clearing off the table before getting the sink ready for the dishes, putting away all the leftovers before washing the dishes, etc.)?
Required actions:

- Motor skills:
  - Gross motor: (i.e., standing, bending, lifting, etc.)
  - Fine motor: (i.e., holding onto the washcloth when washing dishes, holding onto the silverware when washing them, etc.)

- Communication skills: (i.e., asking for assistance with cleaning off the table, washing the dishes, and/or putting the dishes away)
Performance Capacity Evaluation

Directions:
Below is a list of possible deficits and abilities that may be occurring with your loved one. Circle those that you have observed in your loved one while participating in this activity and add any additional observations that may not be on the list.

1. Poor short-term memory (may not remember cues/directions given)
2. Difficulty with planning and judgment (may wash all the dishes before putting the leftovers away or may start the dishwasher when it is half full)
3. May be impulsive or hesitant (may put knives in the sink with all other dishes or may be nervous to wash glass glasses for fear of breaking them in the sink)
4. Able to initiate and complete task (can follow each step associated with initiating and completing activity)
5. Anxiety and depression (feels overwhelmed or does not want to do anything)
6. Unable to familiarize self to the activity (may not be able to complete this activity if done at a different location other than the one they are familiar with)
7. Unable to keep their attention on the activity (may fill the sink with water but not wash the dishes)
8. Unable to start and continue doing activity on their own (may not remember what steps are involved with cleaning up after of meal)
9. Accidentally uses objects for other purposes (may use wood cleaner on the counters rather than antibacterial spray)
10. Cannot remember what an object is used for (may not know what the drying rake is for)
11. Others: ______________________________________
    ______________________________________
    ______________________________________

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Caregiver Activity Recommendations

Activity: Clean-up after meal

[ ] Continue
[ ] Discontinue
[ ] Modify

Environmental Supports:

________________________________________________________________________
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________________________________________________________________________

Caregiver Supports:

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Precautions:

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CHAPTER V

SUMMARY

The purpose of this caregiver activity guide is to assist caregivers in facilitating occupational engagement in their loved one with Alzheimer’s disease. This activity guide was developed to assist the therapist and caregiver with identifying valued occupations in the area of instrumental activities of daily living (IADL’s) for individuals in the early stage of Alzheimer’s disease. The information found from reputable sources through the review of literature, helped guide the development of the caregiver activity guide. There are four sections that make up the caregiver activity guide; IADL Checklist, Activity Analysis Worksheet, Cognitive Performance Capacity Worksheet, and Occupational Therapy Recommendations Worksheet. Through completion of the first three worksheets, the occupational therapist will be better able to make the needed recommendations for adaptations to the activity, if continued engagement is appropriate for that individual.

There are limitations to this product that one needs to be aware of and take into consideration. The first limitation is that the activity guide only focuses on the early stage of Alzheimer’s disease. This would limit those individuals in the later stages of the disease that may be living at home with their caregiver. The authors of the product feel it would be beneficial to expand the activity guide where it would focus on all three stages of Alzheimer’s disease.
Another limitation of the activity guide is that it focuses on one area of occupation. This limits the choices of activities that the caregiver can identify as being of value to their loved one and receive the needed recommendations for adaptation to the activities from the occupational therapist. To eliminate this limitation, it is recommended that the product be expanded to include the other areas of occupation as identified in the Occupational Therapy Framework.

It is intended that this activity guide be implemented in a home-health or outpatient occupational therapy setting. This activity guide was developed to be used by caregivers of individuals with Alzheimer’s disease living in the community. The activities and worksheets focus on the individual with Alzheimer’s disease home environment. Therefore, by completing and implementing the activity guide in a home-health or outpatient setting the recommendation made by the occupational therapist will be more beneficial. With this information, this product would not be helpful for individual’s living in a skilled nursing facility because they are not in their home environment and the ability to learn new activities is increasingly difficult for them.

It is concluded that this activity guide will be beneficial for caregivers of individuals with Alzheimer’s disease living in the community. This activity guide will assist in promoting continued occupational engagement in meaningful activities of the individual with this disease. This in turn, will lessen the likelihood of negative behaviors of the individual with the disease and caregiver burden.

An additional recommendation for this product is to explore the possibility of using this activity guide with individuals suffering from other medical conditions. It is also recommended that this activity guide be piloted measuring the effectiveness of the
activity guide in promoting occupational engagement. It is hoped that this product will be of great assistance for caregivers of individuals with Alzheimer’s disease in pursuit to facilitate continued occupational engagement in the home environment.
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