

# 1. Learning And Applying Knowledge

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Involves learning and applying the knowledge that is learned. This includes sensory experiences (e.g. watching, touching, listening), foundation learning (e.g. copying, rehearsing, learning to write) and applying knowledge (e.g. solving problems and making decisions).

SCORING: YOU ARE ABLE TO USE HALF-POINTS

## **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/perceptual), or sensory. *A variety of impairments (attention, concentration, processing, and memory) may impact on ability to learn and apply knowledge. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

### **0 The most severe presentation of impairment/s**

E.g. no voluntary response to stimuli, does not recognize people, unable to learn. Frequent inappropriate responses.

### **1 Severe presentation of impairment/s**

E.g. limited and/or inappropriate response to stimuli. Some awareness of their surroundings and environment but responses are erratic or momentary or severely delayed. May recognize familiar people in certain contexts. Attempts to learn simple things with maximum assistance. Occasionally responds to simple commands.

### **2 Moderate/ severe presentation of impairment/s**

E.g. inconsistent response related to type of stimulus. Can attend but is highly distractible and unable to focus on a particular task. Memory is moderately to severely impaired, and is unable to retain new information. May perform previously learned task with structure but is unable to retain new information. Recognises familiar people and tasks in most contexts. Occasionally responds appropriately.

### **3 Moderate presentation of impairment/s**

E.g. is frequently able to respond appropriately, but responses are robot-like. Appears oriented to setting but insight, judgement and problem solving are often poor. Memory is variable but able to learn more complex tasks with repetition and structured context. Frequently able to respond appropriately.

### **4 Mild presentation of impairment/s**

E.g. Able to recall and integrate past and recent events; shows carry over for new learning and needs no supervision when activities are learned but has high level difficulties for example, abstract reasoning, tolerance for stress, or judgement in unusual circumstances. Alert and able to learn but requires occasional structured context. Responds appropriately in most situations.

### **5 No impairment/s of structure or function**

All structures / or functions intact. Able to learn, and respond appropriately.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to learn and apply knowledge. Assess what the client actually does.*

**0 Does not learn and apply knowledge**

No ability to engage in purposeful sensory experiences, learn or apply knowledge. Total dependence in all activities.

**1 Severe limitation in learning and applying knowledge**

Maximum assistance required from another person to learn and apply knowledge. Able to demonstrate some engagement in purposeful sensory experiences by responding to sight, sound, touch, taste or smell. Unable to apply sensory experiences to undertake a structured activity.

**2 Moderate/ severe limitation in learning and applying knowledge**

Able to apply learning to a simple, familiar or structured activity, often not at a developmentally appropriate level and with constant verbal prompting and direction. Does not transfer learnt steps of activity to another activity by self.

**3 Moderate limitation in learning and applying knowledge**

Able to initiate and conduct learning and applying knowledge for familiar tasks in a structured environment with verbal prompting, supervision, and/or set-up. May need assistance for unfamiliar tasks or for transferring learnt tasks to another activity.

**4 Mild limitation in learning and applying knowledge**

Consistently able to perform routine tasks of learning and applying knowledge but lacking in quality (proficiency) or requires extra time. Needs very minimal assistance (structure and direction) for new learning or in unfamiliar situations.

**5 No limitation in learning and applying knowledge**

You must also make a rating of

PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 2. Functional Walking And Mobility

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The ability to move around by walking, wheeling oneself, crawling, either at home or in the community, in order to carry out everyday functions. Includes use of stairs, ramps and escalators and high-level mobility activities such as skipping, hopping, climbing, jumping and running. While this may include using equipment such as crutches, or a walking frame or a manual wheelchair that the individual pushes him/herself, it excludes using powered wheelchairs or scooters which are covered under **Scale 6: Using Transport**.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/perceptual), sensory, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, genitourinary/ reproductive, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability to walk or mobilise. Considering all the impairments an individual may have that affect walking and mobility, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to move around by walking, wheeling oneself, crawling, climbing, running, or jumping. Assess what the client actually does.*

**0 Does not walk or move self around at all**

**1 Severe limitation in walking or moving self around**

Maximum assistance required from another person/s.

**2 Moderate/ severe limitation in walking or moving self around**

Needs a person to give moderate hands on assistance e.g. steadying or guidance, or constant verbal cueing.

**3 Moderate limitation in walking or moving self around**

Needs a person present for verbal prompts or supervision or set-up.

**4 Mild limitation in walking or moving self around**

Able to do but lacking in quality, or extra time required.

**5 No limitation in walking or moving self around**

Independently able to move around by walking, wheeling oneself, crawling, climbing, running, or jumping, either at home or in the community with or without the use of adaptive equipment such as a walking stick, or walking frame. Walks or moves around in reasonable time.

You must also make a rating of

**PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)**

### 3. Upper Limb Use

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The ability to use one or both upper limbs during activities of daily living including gross and fine manipulative skills and hand and arm use. This may include lifting and moving a heavy object while walking; picking up and using a pencil; grasping, using and releasing objects such as keys, buttons or taps; throwing and catching an object; pushing, pulling, twisting and turning objects.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

#### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/perceptual), sensory, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability use upper limbs (if only one upper limb is affected then rate the severity of impairments affecting this limb, if both are affected then rate both). Considering all the impairments an individual may have that affect upper limb use, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain. Affected arm equal to unaffected arm or norms.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to use both upper limb/s for tasks. Assess what the client can actually do. E.g. if the client can do all tasks independently with one arm, then score as 5.*

**0 Does not use upper limb/s**

Unable to lift, move, manipulate, use upper limb/s. Full assistance required.

**1 Severe limitation in using upper limb/s**

Maximum assistance required. Enough function to prevent further injury or to minimize functional restrictions e.g. shoulder can be slightly abducted to enable clothes to be put on. Client completes some of the movement required for activity.

**2 Moderate/ severe limitation in using upper limb/s**

Needs a person to give some hands on assistance, or requires constant verbal prompting. Can initiate gross motor movements, but difficulty with end of range movements and fine motor control e.g. consistently spills contents of cup; functional pencil grip but unable to write or form legible letters, can draw. Able to use upper limb for gross function only, such as stabilising/or able to perform fine grasp but cannot manage gross movements.

**3 Moderate limitation in using upper limb/s**

Requires verbal cueing, supervision or set-up. Generally, gross movements intact, poor fine motor / dexterity e.g. reaching for clothesline independently, requiring assistance to manipulate peg on line. Inconsistent completion e.g. picks up half full light weight cup with handles with occasional spills; illegible writing.

**4 Mild limitation in using upper limb/s**

Able to do but lacking in quality, or extra time required e.g. clumsy, unreliable grasp / release, reduced carrying capacity, weaker grasp, mildly reduced co-ordination and dexterity, reduced reach, decreased efficiency and fluency of movement. E.g. holds and raises standard full cup with external support (table; other arm); completes legible writing although may display decreased quality / slow speed / reduced fluency.

**5 No limitation in using upper limb/s**

Able to lift, move, manipulate, use hand and arm to complete functional tasks bilaterally or unilaterally. May or may not use aids or adaptive equipment such as prosthesis/ orthosis, or enlarged/ lightweight handle. Completes upper limb activities in reasonable time.

You must also make a rating of

PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 4. Carrying Out Daily Life Tasks And Routines

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The ability to undertake both simple and complex daily life tasks e.g., initiating a task, organising and managing time (time budget), choosing appropriate space and materials, monitoring endurance, sustaining performance to complete a task. This may include the ability to manage a variety of tasks in a given time.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/perceptual), sensory processing, psychological (beliefs, attitudes and feelings) or physical. *A variety of impairments may impact on may impact on ability to carry out daily life tasks and routines. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to carry out daily life tasks and routines. Assess what the client actually does.*

**0 Does not carry out daily life tasks and routines**

Totally dependent on others to carry out tasks and routines, or no self-management strategies.

**1 Severe limitation in carrying out daily life tasks and routines**

Requires maximum assistance to carry out tasks and routines. Some awareness of, or effort made towards, carrying out tasks and routines.

**2 Moderate/ severe limitation in carrying out daily life tasks and routines**

Requires moderate assistance to carry out tasks and routines. May initiate strategies with help but is unable to maintain them. Tasks may be completed occasionally but only with support, or constant verbal prompting required.

**3 Moderate limitation in carrying out daily life tasks and routines**

Requires minimal assistance (verbal prompting, supervision or set-up) to carry out all tasks and routines. Strategies are initiated independently but are inconsistent. Tasks may be completed sometimes but are not maintained over time.

**4 Mild limitation in carrying out daily life tasks and routines**

Able to perform tasks and routines but lacking in quality or extra time required. Initiates strategies independently most of the time with occasional lapses and subsequent limitation of activity. May require minimal supervision, prompting or assistance to carry out unfamiliar or complex tasks.

**5 No limitation in carrying out daily life tasks and routines**

May use aids or adaptive equipment.

You must also make a rating of

PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 5. Transfers

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The ability to move or transfer one's body position with the intent of achieving an outcome. Includes bed mobility, changing body position and transfers e.g. standing, kneeling, getting in and out of a car, getting in and out of the bath, and adjusting position in a wheelchair.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

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#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to transfer. Assess what the client actually does.*

**0 Does not transfer**

All transfers must be undertaken by carer(s). Carer may use equipment (e.g. hoist). Client is not able to assist with these transfers at all.

**1 Severe limitation in performing transfers**

Requires maximum assistance to be mobile in bed, change body position and transfer with or without adaptive equipment. E.g. requires two carers to transfer; or one carer providing maximum assistance with or without a hoist; or maximum assistance to do pressure relief. However, in these examples the individual can offer some of the mobility required such as rolling to side, or adjust body position to assist with transfers.

**2 Moderate/ severe limitation in performing transfers**

Requires hands on assistance or constant verbal prompting to be mobile in bed, change body position and transfer with or without adaptive equipment. E.g. assistant need to assist transfer into hoist, or to be present to operate hoist.

**3 Moderate limitation in performing transfers**

Verbal prompting or supervision, or set-up required to be mobile in bed, change body position and transfer with or without adaptive equipment.

**4 Mild limitation in performing transfers**

Able to do but lacking in quality or extra time required.

**5 No limitation in performing transfers**

Independent in bed mobility, changing body position and transfers with or without the use of adaptive equipment such as self operated hoist for bath transfer, sliding board for car transfer, bedstick, or rails. Completes activities in reasonable time.

You must also make a rating of

PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 6. Using Transport

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Includes ability to be a passenger or driver (meet and hold a licence if required), to use public transport, private transport or commercial transport (i.e. bus, train, tram, car, van, truck, taxi, scooter, wheelchair, bicycle, aircraft, or watercraft) which includes safe and appropriate use of a restraint. This scale includes seating and using transport as a driver or passenger. It does not include transferring into and out of a vehicle (see **Scale 5. Transfers**), or managing money to use public transport (see **Scale 9. Domestic Life – Outside House**).

**\*Exception: driver versus public transport user. If the client has never been a driver, just rate the client in relation to public transport use and using transport as a passenger. If you are unsure if the client will be a driver or public transport user, then don't rate using this scale until you have made this decision with the client. Rate the scale when you are ready to work towards the goal of being a transport user or driver.**

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/ perceptual), sensory, voice/ speech, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, genitourinary/ reproductive, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability to use transport. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to use transportation.*

*Assess what the client actually does.*

**0 Does not use any transportation**

E.g. can only be transported in emergency vehicle (e.g. ambulance).

**1 Severe limitation in using transportation**

E.g. not licensed or able to drive a car, power scooter or wheelchair. Or severe difficulty using transport as a passenger (e.g. can't get body into seated position, requires two people to provide maximum assistance), and/or can only tolerate travel for short periods of time.

**2 Moderate/ severe limitation in using transportation**

E.g. not licensed or able to drive a car, power scooter or wheelchair. Or moderate/ severe difficulty using transport as a passenger (requires another person to assist hands on or provide constant verbal cueing). Able to tolerate travel periods of less than 1 hour.

**3 Moderate limitation in using transportation**

E.g. not licensed or able to drive a car. Or able to drive a power scooter or wheelchair independently (usually not be able to manage maintenance and battery charging) in home environment but not in the community. May order special transportation on some occasions. Can tolerate travel periods of 1 hour.

**4 Mild limitation in using transportation**

If they are a car driver, e.g. has a car licence and able to drive a car but may require adaptations such as a spinner knob or hand controls, or seating adjustments such as lumbar roll or wedge support or restrictions (e.g. drive in local area only). Or able to drive a power scooter or wheelchair independently (may be able to manage maintenance and battery charging) in all home and community environments, but takes more time than is reasonable. Or can use some forms of public transport but may require seating adjustment by another person. Or can order modified taxi (e.g. maxi taxi). Can tolerate travel periods of more than 1 hour, but less than 2 hours.

**5 No limitation in using transportation**

If they are a car driver, e.g. has an unrestricted licence to drive a car and other vehicles as needed, but may require adaptations such as a spinner knob or hand controls, or seating adjustments such as lumbar roll or wedge. Or able to drive a power scooter or wheelchair independently (may be able to manage maintenance and battery charging) in all home and community environments. Can use all forms of public transport, and can manage own seating adjustment. Can be safely seated in accordance with Australian standards. Can tolerate any length of travel required.

You must also make a rating of  
PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 7. Self Care

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Self care consists of: washing and drying body, caring for one's body (e.g. cutting nails), toileting, grooming (e.g. shaving, brushing hair, applying make-up, cleaning teeth), dressing and undressing, eating and drinking, and looking after one's health (e.g. taking medication).

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/ perceptual), sensory, voice/ speech, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, genitourinary/ reproductive, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability to engage in self-care. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to perform the multiple activities involved in self-care. Assess what the client actually does.*

**0 Does not perform any self-care task**

Completely dependent. Does not indicate awareness of self-care process.

**1 Severe limitation in performing self-care activities**

Requires maximum assistance to perform self-care tasks. May demonstrate an awareness of the processing required for the activity. Individual may offer minimal movement to assist the carer, or maintain a posture.

**2 Moderate/ severe limitation in performing self care activities**

Able to perform self care tasks with hands on assistance from a carer, or constant verbal prompting. Client can perform some parts of the activity e.g. thread arms into jumper before carer puts over client's head.

**3 Moderate limitation in performing self care activities**

Able to perform self care tasks with verbal prompting or supervision or set-up.

**4 Mild limitation in performing self care activities**

Able to do but lacking in quality, or extra time required.

**5 No limitation in performing self care activities**

Able to perform all aspects of self care activities independently with or without use of aids or adaptive equipment e.g. raised toilet seat. Completes activities in reasonable time.

You must also make a rating of

PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 8. Domestic Life - Home

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Includes: completing regular household activities such as: preparing and serving meals; housework such as cleaning and laundry; food storage and managing rubbish; house and garden; pet care such as exercising the dog; using and maintaining household appliances. Domestic life also includes being concerned about the well-being of others in the house (e.g. children or a spouse), and assisting household members with their self-care.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/ perceptual), sensory, voice/ speech, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, genitourinary/ reproductive, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability to engage in domestic life inside the house. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to perform the multiple activities involved in domestic life. Assess what the client actually does.*

**0 Does not perform any domestic life activities**

**1 Severe limitation in performing domestic life activities**

Able to perform only one or two aspects of domestic life with maximum assistance from another person. Not able to offer care to others in the household.

**2 Moderate/ severe limitation in performing domestic life activities**

Able to perform domestic life activities with hands on assistance from another person such as steadying support, or constant verbal prompting. Is not able to offer care to others in the household.

**3 Moderate limitation in performing domestic life activities**

Able to perform domestic life activities with verbal prompting, or supervision or set-up. Is not usually able to offer care to others in the household.

**4 Mild limitation in performing domestic life activities**

Able to do but lacking quality or extra time required. Can usually offer care to others in the household.

**5 No limitation in performing domestic life activities**

Able to perform all aspects of domestic life with or without adaptive devices such as modified vacuum cleaner or visual prompts such as reminder signs (e.g. instructions to operate washing machine). Is able to offer care to others in the household. Completes activities in reasonable time.

You must also make a rating of

PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 9. Domestic Life - Managing Resources

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Includes: shopping and acquiring services to assist management of domestic life; and managing ones own money and economic resources including using money to purchase goods or pay bills, budgeting and using banking services.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/ perceptual), sensory, voice/ speech, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, genitourinary/ reproductive, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability to engage in domestic life. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to perform the multiple activities involved in domestic life. Assess what the client actually does.*

**0 Does not perform any domestic life activities**

**1 Severe limitation in performing domestic life activities**

Able to perform only one or two aspects of domestic life with maximum assistance from another person. Understands that money is used in service transaction, but assistance required to manage even basic money handling tasks.

**2 Moderate/ severe limitation in performing domestic life activities**

Able to perform domestic life activities with hands on assistance from another person such as steadying support, or constant verbal prompting. Has basic money management ability only.

**3 Moderate limitation in performing domestic life activities**

Able to perform domestic life activities with verbal prompting, or supervision or set-up. Has basic money management abilities, and can perform simple budgeting and banking activities.

**4 Mild limitation in performing domestic life activities**

Able to do but lacking quality or extra time required. Can manage all but the most complex financial management (e.g. investments).

**5 No limitation in performing domestic life activities**

Able to perform all aspects of domestic life with or without adaptive devices such as visual prompts or lists. Client can independently manage complex finances. Completes activities in reasonable time.

You must also make a rating of

PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 10. Interpersonal Interactions And Relationships

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Involves basic and complex communication. Includes interacting with and maintaining and managing people in a contextually, culturally and socially appropriate manner. This involves such things as showing tolerance and appropriate physical contact/ forming and terminating relationships and following social rules. Interactions can be formal (e.g. employer) or making transactions within a community (e.g. salesperson) or informal (e.g. family and friends) or intimate (e.g. sexual). These interactions can occur in familiar or unfamiliar situations or in situations of conflict or change, and involve both verbal and non-verbal communication e.g. devices or sign language, or body language.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/ perceptual), sensory, voice/ speech, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, genitourinary/ reproductive, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability to engage in interpersonal interactions and relationships. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. very frequent and intrusive hallucinations or severe pain or severe presentation of cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to engage in interpersonal interactions and relationships. Assess what the client actually does in relation to engaging in interpersonal interactions and relationships.*

**0 Does not engage in any interpersonal interactions or relationships**

Does not initiate or respond to any form of interaction with people, animals or the environment e.g. severely depressed, pre-intentional communication, comatose state, catatonic.

**1 Severe limitation in engaging in interpersonal interactions or relationships**

Requires maximum assistance to engage in any interpersonal interactions or relationships. Able to initiate an interaction but does not reciprocate appropriately. Vocalisations (word, noise) or facial expression usually not appropriate for the interaction. Non-intentional communication. Not able to engage in social relationships.

**2 Moderate/ severe limitation in engaging in interpersonal interactions or relationships**

Is able to initiate interaction to communicate basic needs e.g. reach out and grab person. May display challenging behaviours and relying on others to interpret message. Not able to sustain social relationships.

**3 Moderate limitation in engaging in interpersonal interactions or relationships**

Can initiate interactions. Clearly able to identify a basic need and get a basic message across either verbally or with a device. Able to target person to get need met, need is self-focussed. Has capacity to maintain place in social group with support. Some reciprocity and responsiveness e.g. able to communicate when needs met. Able to respond with automatic responses and brief phrases that are socially appropriate. Able to indicate enjoyment in a relationship. Poor understanding of boundaries and safe behaviour e.g. unsafe sexual behaviour, giving money away, or vulnerable to exploitation. Poor ability to adapt to conflict or change. Considerable assistance required to sustain social relationships e.g. support worker to maintain regular social contacts.

**4 Mild limitation in engaging in interpersonal interactions or relationships**

Able to initiate and respond to cues / communication in majority of interactions. Minimal assistance required to manage change and conflict. Able to seek out appropriate person to meet need. Can identify benefits of sustaining relationships and requires minimal assistance or prompting to sustain social relationships e.g. reminder phone call, regular monitoring. Accepts role and responsibilities in social group. Able to generalize skills with minimal support.

**5 No limitation in engaging in interpersonal interactions or relationships**

Able to initiate interaction without assistance. Understands reciprocity, able to engage in reciprocal conversations. Engages in safe behaviour. Manages conflict. Reflects, adjusts and evaluates. Adapts to change. Understands how to behave in different social situations. Able to independently sustain being part of social group. Engaged in positive relationships, a variety of social relationships, relevant to need. Generalises skills to a variety of social settings. May use a communication device.

You must also make a rating of

**PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)**

## 11. Work, Employment And Education

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Involvement in all aspects of paid or unpaid, full-time, part time or casual employment including (but not limited to) seeking, engaging, maintaining, and terminating employment role and monitoring one's own work performance. Non-paid employment refers to employment with formal work expectations of start and finish times and defined roles and responsibilities. This is in contrast to more informal participation in community service organisations and charity or volunteer activities that are included in **Scale 12. Community Life**. This also includes engaging in education, which may be informal education (e.g. home schooling), preschool education, school education, vocational training or higher education. Engaging in education has an expectation of attendance, and has defined roles and responsibilities.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/ perceptual), sensory, voice/ speech, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, genitourinary/ reproductive, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability to engage in work and employment and education. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Consider the client's performance in relation to the multiple activities involved in/related to this area such as job seeking (creating a CV, identifying appropriate jobs, interview practice), maintaining a job and terminating a job or going to school. Assess the individual's ability to perform these work and employment and education activities. Assess what the client actually does.*

**0 Does not perform any aspect of paid or unpaid employment or go to school**

**1 Severe limitation in performing any type of paid or unpaid employment or going to school**

Requires maximum assistance from another person to perform only one or two aspects of work activities. Can only work for short periods.

**2 Moderate/ severe limitation in performing any type of paid or unpaid employment, or going to school**

Able to perform most aspects of work activities with hands on assistance or constant verbal prompting. Can only work for parts of a normal shift.

**3 Moderate limitation in performing any type of paid or unpaid employment, or going to school**

Able to perform most aspects of work activities with any of the following (verbal prompting/ supervision/ set-up/ inappropriate work behaviours on some occasions/ only simple or familiar tasks). Requires extra breaks.

**4 Mild limitation in performing any type of paid or unpaid employment, or going to school**

Able to perform all aspects of work activities with extra time or work may be lacking in quality. May require extra breaks.

**5 No limitation in performing any type of paid or unpaid employment or going to school**

Able to perform all aspects of work and employment independently (may use aids or adaptive equipment) and in a timely manner. Can manage with normal breaks.

You must also make a rating of

PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## 12. Community Life, Recreation, Leisure And Play

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The ability to engage in community life. This involves investigating, choosing, performing and participating in community associations (e.g. social clubs or ethnic groups), ceremonies (e.g. weddings, or funerals), and religious or spiritual activities in any environment. This involves engaging in any activity for fun or enjoyment including play (e.g. informal or organised play), leisure or recreational activity (e.g. informal or organised sports, arts and culture, crafts, hobbies, socialising).

SCORING: YOU ARE ABLE TO USE HALF-POINTS

### **IMPAIRMENT of either Structure or Function (as appropriate to age):**

Impairments are problems in body structure (anatomical) or function (physiological or psychological) as a significant deviation or loss. Impairments may be mental (cognitive/ perceptual), sensory, voice/ speech, cardiovascular/ respiratory, digestive/ metabolic/ endocrine systems, genitourinary/ reproductive, neurological movement, or musculoskeletal. *A variety of impairments may impact on ability to engage in community life and recreation, leisure and play. Considering all the impairments an individual may have, assess the level of severity of these. Base your assessment on typical presentation of the individual's impairment/s in an appropriate environment.*

#### **0 The most severe presentation of impairment/s**

E.g. very dense hemiplegia or severe fixed contractures, or constant and intrusive hallucinations or unbearable pain or most severe presentation of cognitive impairment.

#### **1 Moderate/ severe presentation of impairment/s**

E.g. dense hemiplegia, or severely restricted range of movement or very frequent and intrusive hallucinations or severe pain or severe cognitive impairment.

#### **2 Moderate/ severe presentation of impairment/s**

E.g. moderate to severe hemiplegia, or moderate to severely restricted range of movement or frequent and intrusive hallucinations or moderate to severe pain or moderate to severe cognitive impairment.

#### **3 Moderate presentation of impairment/s**

E.g. moderate hemiplegia, or moderately restricted range of movement or somewhat frequent but rarely intrusive hallucinations or moderate pain or moderate cognitive impairment.

#### **4 Mild presentation of impairment/s**

E.g. mild hemiplegia, or mildly restricted range of movement (e.g. morning stiffness) or infrequent and non-intrusive hallucinations or mild pain or mild cognitive impairment.

#### **5 No impairment/s of structure or function**

All structures and functions intact. No pain.

**ACTIVITY LIMITATION (as appropriate to age):**

Activity limitation results from difficulty in the performance of an activity. Activity is the execution of a task by an individual. *Assess the individual's ability to perform community life activities and recreation, leisure and play activities. Consider what the client actually does in relation to community life such as contributing to a discussion in a service club, such as Rotary, or singing in a church choir. (The extent to which an individual chooses to participate is assessed in the 'Participation' domain on the next page).*

**0 Does not perform any community life activities, recreation, leisure and play activities**

**1 Severe limitation in performing community life activities, recreation, leisure and play activities**

Requires maximum assistance to engage in activity- e.g. requires an attendant pushing client in a wheelchair to march in a procession, or attendant to perform nearly all aspects of the community life activity; or carer lifts client into swing and pushes client.

**2 Moderate/ severe limitation in performing community life activities, recreation, leisure and play activities**

Requires constant verbal prompting or hands on assistance to engage in activity- e.g. an assistant required to assist the individual to assume the customary prayer position; or sustained physical guidance of movement to complete an activity.

**3 Moderate limitation in performing community life activities recreation, leisure and play activities**

Requires moderate verbal prompting or supervision or set up e.g. supervision to stand during a toast; or assistance provided by securing paper to table to complete artwork.

**4 Mild limitation in performing community life activities, recreation, leisure and play activities**

Able to engage in activity with slight modification to activity, or extra time is required or minor verbal prompting e.g. to perform a particular aspect of a ceremony at the specified time.

**5 No limitation in performing community life activities recreation, leisure and play activities**

Can perform activity/ activities independently with or without the use of aids or adaptive equipment e.g. needs training wheels to ride a bike.

You must also make a rating of  
PARTICIPATION RESTRICTION and DISTRESS/WELLBEING (see yellow card)

## Rate For All Clients

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### **PARTICIPATION RESTRICTION (as appropriate to age):**

Participation restrictions are difficulties the individual may have in the manner or extent of involvement in their life situation. Clinicians should ask themselves: “given their problem, is this individual experiencing disadvantage?”

SCORING: YOU ARE ABLE TO USE HALF-POINTS

#### **0 Unable to fulfil social, work, educational or family roles**

No social integration. No involvement in decision-making. No control over environment. Unable to reach potential in any situation.

#### **1 Severe restriction in fulfilling social, work, educational or family roles**

Very limited social integration. Very limited involvement in decision-making. Very little control over environment. Can only rarely reach potential with maximum assistance.

#### **2 Moderately severe restriction in fulfilling social, work, educational or family roles**

Limited social integration. Limited involvement in decision-making. Control over environment in one setting only. Usually reaches potential with maximum assistance.

#### **3 Moderate restriction in fulfilling social, work, educational or family roles**

Relies on moderate assistance for social integration. Limited involvement in decision-making. Control over environment in more than one setting. Always reaches potential with maximum assistance and sometimes reaches potential without assistance.

#### **4 Mild restriction in fulfilling social, work, educational or family roles**

Needs little assistance for social integration and decision-making. Control over environment in more than one setting. Reaches potential with little assistance.

#### **5 No restriction in fulfilling social, work, educational or family roles**

No assistance required for social integration or decision-making. Control over environment in all settings. Reaches potential with no assistance.

## Rate For All Clients

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### **DISTRESS/WELLBEING (as appropriate to age):**

The level of concern experienced by the individual. Concern may be evidenced by anger, frustration, apathy, depression, etc.

SCORING: YOU ARE ABLE TO USE HALF-POINTS

#### **0 High and consistent levels of distress or concern**

##### **1 Severe concern, becomes distressed or concerned easily**

Requires constant reassurance. Loses emotional control easily.

##### **2 Moderately severe concern**

Frequent emotional encouragement and reassurance required.

##### **3 Moderate concern**

May be able to manage emotions at times, although may require some encouragement.

##### **4 Mild concern**

Able to manage emotions in most situations. Occasional emotional support or encouragement needed.

##### **5 Able to cope with most situations**

Accepts and understands own limitations.

