

**VDSS MODEL FORM - ADCC**

**PARTICIPANT ASSESSMENT**

Name : \_\_\_\_\_ Age : \_\_\_\_\_ Assessment Date : \_\_\_\_\_

Physician: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Social Environment** (marital status, living arrangements, availability of friends/family/other to provide services to participant): \_\_\_\_\_  
\_\_\_\_\_

**Economic Condition:** \_\_\_\_\_

**Hygiene: BATHES:**     Self     Moderate Assistance     Total Assistance

**MOUTH CARE:**  Self     Moderate Assistance     Total Assistance

**DRESSING:**  Independent     Supervision     Total Assistance

**Urinary/Bowel Habits:**  Independent     Supervision     Wears Attends     Urinal

**Bladder Control:**  Continent     Incontinent     Device Other \_\_\_\_\_

**Bowel Control:**     Continent     Incontinent     Device Other \_\_\_\_\_

**Transferring:**  Independent     Supervision     Assistance     Wheelchair to chair

**Ambulation:**  Independent     Supervision     Assistance  
Mechanical help (cane, walker) \_\_\_\_\_

**Primary Diagnosis:** \_\_\_\_\_

**Secondary Diagnosis:** \_\_\_\_\_

**Sleeping Patterns :** Night-Time \_\_\_\_\_

Napping \_\_\_\_\_

**Medications:** Types of Meds

Reason for Taking

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**Nutrition:** Type of Diet \_\_\_\_\_

Likes. Dislikes, Limitations \_\_\_\_\_

Appetite \_\_\_\_\_

Supplements \_\_\_\_\_

Assistance Required \_\_\_\_\_

Difficulties (swallowing) \_\_\_\_\_

Other \_\_\_\_\_

**Mental Status/Behavior:** Orientation \_\_\_\_\_

\_\_\_\_\_

Problems \_\_\_\_\_

\_\_\_\_\_

Aggressive, wanderer, etc. \_\_\_\_\_

\_\_\_\_\_

**Communication:** Sight \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Able to Communicate Needs \_\_\_\_\_

Devices \_\_\_\_\_

**Hobbies/ Interests :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information:** \_\_\_\_\_

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