

24 HOUR ADL RECALL

PREPARATION

Interviewer: Let's see how your daily routine could be impacting or complicating your skin health. Let's start from the time you wake at the beginning of day until you go to sleep again. Select (U) Up, (S) Sitting, or (L) Laying.

QUESTIONS

Do you rely on a wheelchair? _____ Power? _____ Tilt? _____ Manual? _____

Do you sleep in a bed? _____ Couch? _____ Reclining Chair? _____ Chair? _____

Does caregiver assist with transfers? _____

What time do you go to sleep? _____ Do you elevate your legs? _____

AVERAGE TIME. UNDERSTAND THE LINK TO CO-MORBIDITIES. EXAMPLE: SLEEPS IN CHAIR AND HAS EDEMA

What time do you wake after sleeping? _____ Is your sleep continuous? _____

How many times do you wake? _____ Hours awake: _____ Total Hrs of Sleep: _____

Empairements to sleeping? _____

What do you do when you wake up? _____

How long are you in this position? _____ U/S/L Where? _____

What is your next position? _____

How long are you in this position? _____ U/S/L Where? _____

What is your next position? _____

How long are you in this position? _____ U/S/L Where? _____

What is your next position? _____

How long are you in this position? _____ U/S/L Where? _____

Do you lay down during the day? _____ Where? _____

Caregiver information

24 Hours Total time in Position

Time in Bed? _____ Repositioned? _____ How often? _____

Time in Chair? _____ Repositioned? _____ How often? _____

Time in Wheelchair? _____ Repositioned? _____ How often? _____

Time in Position? _____ Time? _____

Time in Position? _____ Time? _____

Assistive Devices

Lying: _____

Sitting: _____

Standing: _____

Equipment Needs
