Cognitive Performance Test (CPT) Revised Manual 2018

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The Cognitive Performance Test (CPT) Revised Manual 2018
is the current version of the CPT
and supersedes all previous CPT manuals.

I.
Cognitive Performance Test Overview

What is the CPT?

The Cognitive Performance Test (CPT) is a *standardized* occupational therapy assessment initially developed as a research instrument to assess cognition in daily task performance and change over time in people with Alzheimer's disease (AD). Reliability and validity were established as part of a longitudinal study of AD progression conducted by the National Institute on Aging (Burns, 1990; Burns et al., 1994). The test, originally based on Allen's cognitive disability theory, has evolved to identify cognitive performance distinct from the original Allen Cognitive Levels (Allen et al., 1992). Through administration of the CPT's IADL performance-based test, inferences are drawn on cognitive function and processes that mediate goal-directed activity. The CPT practice model incorporates using an occupational profile, evaluation, family observation, and direct intervention services. It provides an ecological assessment process for determining real world functioning and evidence-based profiles for intervention.

The CPT consists of seven subtasks (Medbox, Shop, Toast, Phone, Wash, Dress, Travel) for which the task cues and working memory requirements are systematically varied. It differs markedly from traditional occupational therapy assessments, which highlight specific tasks that clients can or cannot perform. All CPT subtasks are administered in one 45-minute session, in a private clinic setting with required environmental properties and standardized props. Each CPT subtask repeatedly measures the same construct, client's level of working memory and executive functions (e.g., task planning, problem solving, divided attention, new learning). At each higher level, subtask cues are increasingly complex, requiring more organized and complex working memory. Occupational therapists first offer the task details, including distracter props, then reduce protocol-based task performance requirements to respond to errors with task concepts and object cues. Each subtask is rated with a performance-level score (i.e., 6, 5.0, 4.5, 4.0, 3.5, 3.0, 2.5) and ended as soon as the performance score is identified. A common misconception is that the task needs to be finished, as in completing an ADL, before it can be scored. The CPT total score represents an average of subtask scores and is interpreted within its half-level profile system. CPT Profiles delineate the predicted function and needs around total scores at the half-level (see Table 1).

CPT total decimal mode scores represent an average performance or mean score and should not be confused with the Allen "modes of performance" interpretive system. The mode system proposes discrete indicators of isolated cognitive functions and IADL capacities at each even decimal-mode. These indicators do not align with CPT scores in the upper range (i.e., CPT Profiles 5 & 4), where significant variability in cognitive domain functions and IADL capacities are

known. Allen scores scale to level 6 (normal abilities) whereas CPT scores scale to 5.6. Therefore, Allen interpretations in levels 5 and high 4 describe impairments inconsistent with the CPT.

Table 1: CPT Cognitive-Functional Profiles

CPT Profile	Characteristics of Functional Cognition
5.6	Relevant information can be activated and used purposefully to carry out complex activities and IADL independently. May have other cognitive or behavioral concerns.
5.0	Mild functional decline due to deficits in executive control functions (task planning, problem solving, divided attention, new learning). Difficulties may manifest in the performance of IADL, including managing finances, job performance, driving, or following a complex medication/co-morbidity regime. Check-in support and assistance with IADLs may be needed. ADLs typically show no change.
4.5	Mild to moderate functional decline due to significant deficit in executive control functions; difficulty with divided attention and solving problems. Complex tasks are performed with inconsistency or error. With IADLs, the person struggles to manage the details. ADLs may show decline in ability to self-initiate. Independent living poses significant risk for mismanaging meals, finances, medications and co-morbidities. Driving poses safety risks, with impaired ability to divide attention between environmental cues. IADL assistance and/or in-home assistance is needed. Assisted living environments provide a good fit.
4.0	Moderate functional decline; from abstract to concrete thought processes. The person relies on familiar routines and environments and uses what they see for cues as to what to do. IADLs need to be done by or with others. ADLs are remembered but typically the quality shows decline. The person benefits from structure and simple routines and may benefit from day activity programs. Hazardous activities require supervision or restriction. The person is not safe to live alone.
3.5	Moderate functional decline; concrete thought processes. ADLs require set-up and often direction during performance. Needs 24-hour care; may benefit from supportive residential placement. May benefit from simple sequencing and repetitive activities to focus attention. May benefit from 1-1 simple socialization such as singing/ listening to music, and pets.
3.0	Moderate to severe functional decline; Increased cues needed during tasks. One-to-one assistance for all activity. Sensory deprivation; may benefit from sensory programs.
2.5	Severe functional decline; from object-centered to movement/sensory processes. Poor use of familiar objects. Total assist with ADL. May be resistant with cares. Little speech. Sensory deprivation; may benefit from sensory programs.
1.0	Late-stage dementia. Unresponsive to surroundings. Comfort/hospice approach to care.

What are CPT Profiles?

The CPT uses a half-level profile system for interpretation (5.6; 5.0; 4.5; 4.0; 3.5; 3.0; 2.5; 1) based on extensive outcome evidence generated by the CPT (see references).

It is important to understand the difference between the score on the test versus the Profile. ***Example:*** Profile 4.5 reflects the level of executive dysfunction that interferes with IADL. Therefore, CPT total scores *around* 4.5 (e.g., 4.4, 4.5, 4.6, 4.7) will generally line up with that Profile, where the person already has or needs assistance with IADL. **Always report the total averaged CPT score** *(do not round up or down to a half-level Profile)*. CPT total scores provide a baseline measure and means for tracking change with serial assessment. Use clinical reasoning to select the relevant profile and clients will also fall in between. The client's own occupational profile combined with their performance on the CPT are key to explaining their function and determining needs. Table 1 lists the typical corresponding issues of concern for each CPT Profile.

What are CPT Administration Requirements?

A private clinic set up with the environmental properties and standardized props is required. **CPT props cannot be changed or substituted** as the specific properties are an important part of the standardization. CPT props are meant to be basic and universal, such that the test has a relatively low bar or ceiling for normal adult performance.

All subtasks are administered at one time**.** CPT subtasks are repeated measures of the same construct of working memory and executive control *(i.e., task planning, problem solving, divided attention, new learning)*; **the score is based on an average performance across time.** The occupational therapist first offers the whole task and its details, then reduces the performance requirements or adjusts the task props as difficulty with task concepts and object cues is observed. Once the performance pattern is identified (scored), the subtask is tactfully ended, and the therapist moves to the next task. The full battery takes approximately 45 minutes to administer. The CPT kit of standardized props is available at Maddak.com and their vendors including the AOTA store.

CPT Use by Practice Setting

The CPT is a complex dynamic assessment that requires the OTR to adapt administration procedures based on client response and clinical presentation. Although standardized, clinical reasoning is used to impose the dynamic interactions and task reductions that lead to task scores. CPT total scores serve as supporting evidence for the issues identified in the Profiles, but these require individualized interpretations made by the OTR.

CPT Profiles are selected and individualized based on multiple client factors that include diagnosis, prognosis, comorbidities, and resources for care. This includes an assessment of how caregivers are performing within that role.

In outpatient and acute care, clients often present with concern for cognitive and functional impairment but without a formal diagnosis.

In acute care, the OTR determines the service delivery and whether to invest the time with CPT when an acute event is resolving, such as a delirium or fall. CPT can be used to diagnose function at the time of service, but with qualifying that the person may not be at baseline and may improve, and that a follow-up outpatient reassessment and/or a formal diagnostic workup for dementia may be indicated. **The CPT is not a bedside evaluation.** If the client is too ill to come to the standardized clinic, then the CPT is not indicated.

In outpatient clinics the service provides a baseline or serial diagnosis of function and may include the family or caregivers who observe and participate in the session. This is a complex, comprehensive service that requires the OTR to provide the standardized assessment process simultaneous with client and caregiver education.

In the TCU/SNF the CPT is commonly used as a tool to help determine appropriate placement after discharge. As in acute settings, the person may not be fully at baseline, and future reassessment may be indicated.

Schedule 1 hour for the CPT consultation. Use Common Procedural Terminology® code 96125 "Standardized Cognitive Performance Testing." This 1-hour service code, which can only be billed once per day, can include education and plans for care. 96125 also includes face-to-face time, time interpreting test results, as well as time to prepare the report; either 1 or 2 hours of service can be billed. Note: OTs should check with their companies to ensure 96125 is covered under payer policy.

CPT Construct and Measurement Properties

The CPT is a standardized cognitive-functional measure that identifies patterns of performance associated with long term memory stores. The specific tasks that are included, are less important than the manner in which clients respond to the task demands of varying complexity. The intent is to measure working memory/executive function processing capacities that underlie functional performance. The primary focus of the assessment is on the degree to which specifically defined deficits in working memory capabilities compromise performance in daily occupations.

Working memory refers to the whole framework of structures and processes used for the temporary storage and manipulation of information. **The central executive part of the prefrontal cortex at the front of the brain plays a fundamental role.** It both serves as a temporary storage

for short term memory where information is kept available for current reasoning processes, but it also "calls up" information from elsewhere in the brain. The central executive controls two neural loops, one for visual data and one for language. These neural loops temporarily hold data in mind until it is erased by the next job. **Working memory can be thought of as the ability to remember and process information at the same time.**

Episodic memory represents our memory of experiences and specific events in time, and in a serial form. It is the memory of autobiographical events (times, places, associated emotions, and other contextual knowledge) that can be explicitly stated. Episodic memory activity is concentrated in the hippocampus and temporal lobes of the brain. Once processed in the hippocampus, episodic memories are then consolidated and stored in the neocortex. The different elements of a particular experience are distributed in the various visual, olfactory, and auditory areas of the brain, but they are all connected together to form an **episode**, rather than remaining a collection of separate memories.

Semantic memory is a more structured record of facts, meanings, concepts, and knowledge about the external world that we have acquired. It refers to general factual knowledge, shared with others and independent of personal experience or the spatial/temporal context in which it was acquired. It includes such things as types of food, social customs, functions of objects, and understanding vocabulary and math. Much of semantic memory is abstract and relational and is associated with the meaning of verbal symbols. Semantic memory mainly activates the frontal and temporal lobes of the brain.

Procedural memory is the unconscious memory of skills and how to do things, particularly the use of objects and movements of the body such as sitting down in a chair. These memories are typically acquired through repetition and practice and are composed of automatic sensorimotor behaviors. Once learned, these automatic "body memories" allow us to carry out ordinary motor actions more or less automatically. Procedural memories are largely encoded and stored in the cerebellum and motor areas of the brain.

Impairments in these memory systems align with the presentation in the clinic. In CPT 5, episodic memory impairment for verbal and visual information is seen, but the client can compensate with directions repeated and because semantic memory is relatively intact. In CPT 4, both episodic and semantic memory are impaired. Attention is impaired for task details and competing cues, as is processing the conceptual information imposed during the test. This level of impairment relates directly to difficulty with IADL. In CPT 3, the person relies on procedural memory to use the objects imposed during the test. Difficulty initiating, and sequencing task steps is prominent here. Table 2 describes the practice applications for each Profile.

Table 2: CPT Neurocognitive Practice Model

CPT Profile	Complex Attention	Working-Memory Processes	Occupational Performance/Behavior	Rehabilitation Potential
CPT 5.6	Controlled and selective attention for multiple cues/concepts; Inhibition of irrelevant cues; Self-activated thoughts	Focused attention; Activation and retrieval of relevant knowledge	IADL, new and complex activity; May have other cognitive or behavioral concerns that interfere	Learns complex procedures, new activities and safety precautions through written & verbal methods; Teach the client
CPT 5.0	Attention for multiple cues/concepts, but may be slow or impulsive; Inhibition of irrelevant cues	Episodic recall impairments limit or slow the performance of complex and novel tasks	IADL with error if new or complex; May be impulsive or slow	Learns through hands-on teaching and verbal discussion of methods/safety precautions; Teach the client and teach the caregiver to monitor for errors and needs
CPT 4.5 and 4.0	Attention for familiar concepts/activity; Impaired/slowed simultaneous attention for multiple cues/details; Impaired inhibition of irrelevant cues; Self-activated thoughts may be skewed by attention and awareness deficits; Highly distractible	Both episodic and semantic memory impairments limit executive control, interfere with accurate/ safe performance of complex & hazardous tasks; Initiation/ frequency of ADL tasks may decline; Visual recognition cues facilitate performance	Concrete parts of IADL; ADL but may need setup and reminders; May not understand changes in abilities, something new, or activity restrictions; May or may not have deficit in self-awareness of disability	Learns concrete task steps through much repetition; Performance may not generalize to a different setting; Safety awareness inconsistent; Provide task-specific training for the client and teach the caregiver to provide setup, eliminate hazards, and to expect inconsistency; Provide daily routine & structure
CPT 3.5 and 3.0	Attention for familiar objects/ environments and the associated actions; uses implicit procedural cues	Severe impairments in explicit memory stores; Implicit stores for task procedures are accessed to perform familiar/repetitive actions; Minimal evidence of encoding or storage	Parts of ADL and repetitive use of objects; Often confused about time, place, person; Fear reactions common; Tangential speech	Uses familiar objects in familiar ways; Poor safety awareness; Teach the caregiver to provide setup/step-by-step help with simple verbal plus tactile cues to complete tasks; Eliminate hazards; Provide simple activity
CPT 2	External movements, touch, sounds; internal cues/sensations	Severe impairments in explicit memory stores; Implicit memory stores are accessed to respond to stimuli	Needs total care; Reflex responses, fear and rejection reaction responses are common; Little speech	May be able to move or ambulate to assist (or resist) caregivers; May feed self; Teach the caregiver total ADL care and feeding techniques, sensory activities & comfort care
CPT 1	Internal cues/sensations	Implicit memory stores are accessed to respond to stimuli	Needs total care; automatic/reflexive responses	Teach the caregiver total care and comfort care techniques

II.
CPT Administration Procedure

CPT administration involves the sequential elimination or inclusion of environmental recall and recognition cues as difficulty with performance is observed. Each subtask begins with the whole task and its details and within a specified context. The initial directions are given to the client who is directly standing or seated in front of the task props. The props are panned or pointed to as the means to present implied cues. Task directions can generally be repeated (see protocols).

***Confirmation of the client's questions regarding the correct performance procedure can be given at any time*.** When the client asks whether they should do something specific, *i.e*., "Should I butter the toast now?" **Say "*yes*" or "*that's right*"** if the question reflects the appropriate next step or idea. If the question is vague or reflects the wrong procedure, either repeat the task directions, use cueing (see below) as in **"do what you think,"** or grade down to the next interaction.

After the initial directions are given, observe the performance pattern and the **"Ifs"** described in the task protocol. ***The therapist finds the "If" that describes what the client is doing and then responds as indicated*.** CPT administration takes practice *with the manual* in order to learn all of the "Ifs" and corresponding responses of the therapist.

Once the OTR learns the performance patterns and associated responses, it becomes easy to administer the test from memory and use the score sheets only. **CPT score sheets can be copied for use with individual clients but are not part of the medical record or report.** The appendix includes a sample CPT template for use in documentation.

A. CPT Performance Patterns

The CPT imposes stated and implied goals, with written, verbal, and multi-step *contextual* task requirements, and ***patterns of performance*** are observed that relate to each CPT level. Multiple sub-goals are used within each task to detect and objectively measure and quantify executive dysfunction (*i.e*., CPT-Shop sub-goals include selection by size, price, and available money in the wallet). The problems with working memory (executive dysfunction) are reflected in performance errors with decision-making, problem solving, and sub-goal initiation. These difficulties are due to the inability to keep track of all of the relevant information imposed during the test, to stay on track long enough to produce the desired outcome *while inhibiting distractions* (i.e., distracter props; or what is familiar).

CPT performance levels range from intact performance (Level 6 or 5) to profound disability (Level 2). The manner in which the client responds to the task contexts and the

cognitive-functional demands of varying complexity is the primary concern. Table 3 describes the performance patterns associated with CPT subtask scores.

Table 3: Performance Patterns by CPT Score

CPT Task Score	CPT Task Performance Patterns
6 or 5/5	The client demonstrates efficient & error-free execution of the task.
5 out of 6	The client is able to process multiple written, verbal, visual, and contextual cues, but with relatively mild working memory/executive function impairments they may be slow, inefficient, impulsive, or make overt errors they can correct.
4.5 or 4.0	Executive Dysfunction manifests in testing: The client cannot act on multiple task details and contextual directions without task reductions and cues. Although the person retains the main goal of each task, they cannot pay simultaneous attention to the details, nor inhibit the distracter props. Semantic memory impairment interferes here.
3.5 or 3.0	Working memory/Executive function impairments are severe: The client relies on implicit procedural recognition cues to use the objects employed in the test but has trouble sequencing or loses sight of the intended outcome of the task.
2.5	The client touches or holds the objects but cannot perform the associated actions.

Verbal Cueing, Verbal Directives and Demonstration are types of assistance used in progression depending on the client's performance:

VERBAL CUEING: Non-specific verbal assistance, *i.e*. "What do you do first?" "What do you do now?" "Do what you think is best." "Finish up." (See task directions for when to use cueing; sometimes the directions give a specific cue to say).

VERBAL DIRECTIVES: Specific verbal assistance, actually telling the client what to do, *i.e*. "Put the bread in the toaster." (See task directions for when to use verbal directives).

DEMONSTRATION: Physically demonstrating what the client should do.

B. Know When You Are Done

The OTR must develop skill in recognizing the performance pattern in order to *know when to discontinue each subtask*. A common misconception is that each subtask needs to be finished correctly by the client, as in completing an ADL. This misconception leads to excessive time in administering the test and to inaccurate scores and interpretations of performance.

Once the pattern of performance is identified (scored), the therapist tactfully moves on to the next subtask. **Example:** With CPT-Shop, clients who score at CPT 4 perform the main goals to pick and pay for a belt but are not able to act on the details of sizes, prices, and amount of money, simultaneously. Once the therapist identifies this pattern, the client's selection of the incorrect size or paying the wrong price from a different tag is not corrected and the task is ended.

C. CPT Scoring and Interpretation

Each CPT subtask performance is rated with a gross level score (e.g., 6.0; 5.0; 4.5; 4.0; 3.5; 3.0; 2.5). Subtask scores are then averaged (added and divided by the number of subtasks given) for a **total** score; report total scores to one decimal point and round up when the 3rd digit is 5 (i.e., 4.75 becomes 4.8). The CPT ceiling is 5.6 and generally reflects intact daily abilities. However, other cognitive or behavioral issues may be of concern here.

Interpretations of CPT scores are made within the context of the demands of the client's own activities and environments and within the context of their individual mediating factors. These could include the client's level of insight or awareness of disability; specific activities that the client does or needs or wants to do; experience and skill or lack of skill in specific tasks; excess disability due to motor or visual impairments or focal brain deficits; and the level of caregiver and environmental support. Diagnosis and prognosis or the client's specific brain pathology also influence the intervention plan. Thus, CPT interpretations will vary based on whether or not the cognitive-functional level is stable or changing (either improving or declining) *and* the idiosyncratic characteristics of the client.

D. Factors that Skew CPT Scores

Factors that skew CPT scores could include educational level, physical or visual impairments, language barriers, and cultural bias of the task. The CPT score is recorded accurately but qualified in the report by client factors.

Low and high education can impact performance, in particular with written cues, as with using the phone book and reading medication labels.

Cultural bias can occur when the client has little concept of a given CPT task. CPT subtasks were selected based on common IADL/ADL tasks performed by normal adults, and are *meant to be familiar in concept*, but not necessarily familiar by specific experience. For example, the auto mechanic who rarely cooked would be expected to be able to make toast, since normal adult capabilities would allow for generalization of what to do with the toaster, plug, outlet, bread, etc., when given these supplies. *Clients who have no concept of a given subtask could earn a skewed score*. Use of interpreters can also affect the accuracy of scores, as in over-interpreting task directions or adding information into the task protocol.

With a physical impairment, *the therapist can assist the client to move the objects in the ways that are identified by the client*. For example, if the client is physically unable to move the toaster after identifying the need to plug it in, the therapist can move the toaster for the client and plug it in. Conversely, care must be taken not to over adapt the CPT. For example; adaptations for a cognitive deficit such as left neglect is not made, since the impact of the cognitive deficit on occupational performance is what's measured.

With visual impairment, the adaptations made are based on the amount of vision available to the person as well as how long the person has been compensating for impairment. With severe impairment, techniques such as orienting the client to the props as in having them touch each object for the Wash subtask while saying what it is prior to giving the task directions can be tried. ***Clients who are functioning at higher levels can conceptualize the task*** and verbally process the requirements; they can also be observed to move objects into their limited visual field or demonstrate the ability to compensate. Magnifiers and reading glasses may be used. ***The props must not be changed or made larger.*** For the written cues, if the person is reading some of the information and trying to read all of it (i.e., as often seen with macular degeneration) the therapist can help read the cues but with caution not to over adapt: ***the combined effect of cognitive and visual impairment on function is what is being measured*.** The full battery may not be feasible and although the therapist reports accurately the average CPT score, the standard interpretations may vary due to a visual deficit client factor. The therapist may need to rely more on clinical judgment and functional history rather than the CPT.

E. How Many and Which Subtasks to Administer

All seven subtasks should be administered in cases of mild to moderate cognitive disability, where a full assessment is necessary for accurate results. Another option is to administer the CPT5-subtask battery (*Medbox, Shop, Wash, Toast, and Phone*) which has validity for comparable outcomes (Schaber et al., 2016), although with fewer performances to average, the average score may be a few decimal points lower than a seven-subtask score. The sequence in administering subtasks can be varied according to the needs of the therapist for efficient administration, such

as ease in moving around the clinic from task to task; the OTR should develop a consistent administration protocol. It may be helpful to start with the more challenging tasks (e.g., Medbox and Shop), and end with the easier tasks or alternate the two.

A CPT 4-subtask battery (*Medbox, Shop, Wash & Phone*) is being used in the home as the home setting does not allow for using the full test. However, there is no empirical evidence that CPT scores obtained by home assessment predict the function associated at the Profile. Any CPT battery less than CPT5 should be referred to as a "Short CPT" or "CPT Screen." In response to the need for more portable props as with home assessment, an alternative to using belts in the Shop subtask was developed; the administration protocol is the same, but gloves are used instead. For clinic administration, the belts provide the best reliability, with the gloves used instead if the client needs to be seated, as in a wheel chair, or has significant visual impairment, or is already functioning in CPT levels 3 or 2.

It is important to realize that the CPT cannot be done with the client's personal belongings. Familiar environments and personal belongings promote function, and while this is an important consideration in intervention, administering the CPT without the standard props skews the score. For clients who function in the lower CPT levels (i.e., levels 3 and 2) and who live in restricted settings such as at home with 24-hour care, or in a facility where safety is much less of a concern, the therapist may choose to administer only portions of the test.

III.
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IV.
Appendix: CPT Template

CPT TEMPLATE

The Cognitive Performance Test (CPT) is a standardized performance-based assessment used to explain and predict capacity to function in various contexts and guide intervention plans. It measures and tracks the severity of a cognitive-functional disability as with neurocognitive disorders. CPT yields an average score based on executive processing performance across seven subtasks. Total scores are interpreted within its half-level profile system and delineate the predicted function and needs around scores at the half-level. The ceiling is 5.6 and typically represents normal daily abilities (may have other cognitive/behavioral concerns). Scores in low CPT 5 are associated with mild neurocognitive disorders; scores in CPT 4 and lower are associated with major neurocognitive disorders and severity level.

SUBJECTIVE: (Functional History Interview) *Report your interview here*

CPT SCORES:

Medbox:	/6
Shop:	/6
Wash:	/5
Toast:	/5
Phone:	/6
Dress:	/5
Travel:	/6
TOTAL:	/39

Cognitive Performance Pattern:

Describe here the performance associated with the score (may also leave this section blank and only report scores) Examples of statements:

Medbox: 4.5/6 – able to track AM vs PM box and setup the simple med; made errors in following 2/3 complex labels; not able to correct with cues

Shop: 4.5/6 – difficulty with simultaneous attention to details of sizes, prices and money; paid the price for a belt on the rack rather than the price of the belt selected

Wash: 5.0/5 – able to select soap from distracter props and complete the task at the sink behind

Average CPT SCORE: /5.6

ASSESSMENT/PLAN:

Start this section with identifying the CPT score and profile. Example:

"Ms. Jones' performance indicates a CPT cognitive-functional level of 4.7/5.6. She presents with mild to moderate deficits in working memory and executive control functions that impact complex and novel tasks." The OTR then applies the CPT Profile to the person's own activities in order to individualize intervention services; the standard profile can also be used.

CPT COGNITIVE-FUNCTIONAL PROFILES:

CPT PROFILE 5.6: NORMAL DAILY ABILITIES *(may have cognitive concerns)*

Relevant information can be activated and used purposefully to carry out complex activity independently.

CPT PROFILE 5.0: MILD COGNITIVE-FUNCTIONAL DISABILITY

Mild functional decline due to deficits in executive control functions (planning, problem solving, divided attention, new learning). Difficulties may manifest in the performance of IADLs, including managing finances, job performance, driving, or following a complex medication/co-morbidity regimen. Check-in support and assistance with IADLs may be needed. ADLs typically show no change.

CPT PROFILE 4.5: MILD TO MODERATE COGNITIVE-FUNCTIONAL DISABILITY

Mild to moderate functional decline due to significant deficit in executive control functions; difficulty with divided attention and solving problems. Complex tasks are performed with inconsistency or error. With IADL, the person struggles to manage the details. ADLs may show decline in ability to self-initiate. Independent living poses significant risk for mismanaging meals, finances, medications, and co-morbidities. Driving poses safety risks, with difficulty in dividing attention to environmental cues. The family often experiences crisis points. IADL assistance and/or in-home assistance is needed. Assisted living environments provide a good fit.

CPT PROFILE 4.0: MODERATE COGNITIVE-FUNCTIONAL DISABILITY

Moderate functional decline; from abstract to concrete thought processes. The person relies on familiar routines and environments and uses what they see for cues as to what to do. IADLs need to be done by or with others. ADLs are remembered, but typically the quality shows decline. The person benefits with structure and simple routines and may benefit from a structured day program. Hazardous activities require supervision or restriction. The person is not safe to live alone.

CPT PROFILE 3.5: MODERATE TO SEVERE COGNITIVE-FUNCTIONAL DISABILITY

Moderate functional decline; concrete thought processes. ADLs require set-up and often direction during performance. Needs 24-hour care; may benefit from supportive residential placement. May benefit from simple social activities and repetitive tasks to focus attention.

CPT PROFILE 3.0: SEVERE COGNITIVE-FUNCTIONAL DISABILITY

Severe functional decline; from concrete to object-centered thought processes. Increased cues needed during tasks. One-to-one assistance for all ADLs. Needs 24-hour care; may benefit from supportive residential placement. Sensory deprivation; may benefit from sensory programs.

V.
CPT SUBTASKS

A. MEDBOX Subtask

Medbox Task Analysis

CPT-Medbox requires using multiple complex and competing object cues including the Morning versus Evening pillbox and 4 pill bottles to track. Ability to interpret complex versus simple medication labels is assessed, as is the ability to identify inaccurate set-up and correct errors. This task requires relatively intact semantic memory for interpreting complex labels as in "take every other morning" or "take as needed" and for interpreting the pillbox days of the week with the covers open and day symbol upside down.

EQUIPMENT and SET UP:

Set up on a cafeteria tray:

Two **9-inch extra-large** seven slot pillboxes that start with Sunday and the covers open. Attach large print labels for Morning and Evening on the front of each box. **Place the Evening box in front of the Morning box.** Leave one inch between the boxes. Large pillboxes are used so that clients can see their set-up and get their fingers in the slots to make corrections. If the client drops pills, pick them up and place them on the tray; the number of pills for cognitive processing needs to be consistent.

Place the four pill bottles labeled as below in order from left to right, behind the Morning pillbox with the labels facing the client (the fifth bottle is used only with the task set-up). The amber bottles are 1-15/16 diameter and 3-19/32 tall with white snap caps. Colored ¼ inch beads are used for pills. The medication labels are easy to read with the text on the front and toward the top of the bottle.

Bottle No. 1: (9 white).	**Fluidia** 1 tablet each morning for fluid retention
Bottle No. 2: (10 orange).	**Arthrix** 1 tablet as needed for pain; not to exceed 8 in 24 hours
Bottle No. 3: (8 red).	**Thinifa** 2 pills every other morning (start with Monday) take until gone

Bottle No. 4: (30 blue). **Flomaxafen**
2 tablets twice daily for infection

Bottle No. 5: (14 green). **Zeefex**
2 tablets at bedtime

Notes: The set-up for **Arthrix** is accurate when no pills are placed in the box. Level 5.5 can be scored if this prn is put in the box but when given the cue to check the bottle, the person takes the pills out or states they would not go in a box. 5.0 is scored with specific cues needed.

The set-up for **Thinifa** is accurate with two pills placed in each of these slots: Monday, Wednesday and Friday Morning, and the two remaining pills are left in the bottle. Level 5.5 can be scored if the remaining two pills are placed in the Sunday slot but when cued to check the bottle, the person can take the Sunday pills out or state that they would take them the following week. The 5.0 scores are given with these same corrections if the person needs the specific cues (*i.e*., corrects errors in days or number of pills).

The set-up for **Flomoxafen** is accurate with two pills placed in each morning slot, and two pills placed in each evening slot.

INITIAL DIRECTIONS:

STATE: THIS IS A TEST TO SEE HOW YOU DO WITH NEW MEDICATIONS.

HERE ARE FOUR NEW MEDICATIONS *[pan across the pill bottles]* AND HERE ARE THE PILLBOXES.

THIS ONE IS FOR MORNING *[point out AND SHOW morning pillbox]*, AND THIS ONE IS FOR EVENING *[point out and show evening pillbox]*.

SET UP ONE WEEK OF MEDICATIONS.

FOLLOW THE DIRECTIONS ON THE BOTTLES *[pan across the bottles]*.

START WITH THIS ONE *[point to or hand Fluidia]*.

May repeat this statement *or any portion* two to three times during the test. This includes restating any portion that reorients the client to all four bottles; the morning or evening pill box; or to the criteria of one week. Restatements are best used when cueing the person to make a correction. But a restatement may be more useful up front – for example when the client is not initially oriented to the AM vs. PM box.

In general, **allow the client to try all four bottles before cueing to errors.**

Score: 6.0 _____ Follows directions on all four labels, ____ accurately places pills in slots by number of pills and ____ days of the week. May self-correct; therapist does not cue

IF THE CLIENT MAKES ERRORS, GIVE THE CUE TO CHECK THE LABEL AND CORRECT; IF UNABLE TO CORRECT, GRADE DOWN TO SPECIFIC CUES.

Once the client requires a specific cue, continue with specific cues. Cue to each bottle that needs correction. Discontinue the task when the client cannot make a correction. **Cue to Fluidia first if there are errors.**

STATE: CHECK THE (Fluidia, Arthrix, Thinifa, Flomoxafen) BOTTLE AND CORRECT WHAT YOU DID.

May point to or hand the bottle or verbally CUE TO COLOR of pills

Score: 5.5 _____Follows directions on all four labels, places pills in slots by number of pills and days _____Needs cue to check specific medication(s), one bottle at a time ____Corrects errors with cue to check labels

SPECIFIC CUES:

STATE: CHECK THE (Fluidia, Arthrix, Thinifa, Flomoxafen) BOTTLE AND CORRECT THE DAYS OF THE WEEK.

CHECK THE (Fluidia, Arthrix, Thinifa, Flomoxafen) BOTTLE AND CORRECT THE NUMBER OF PILLS.

CHECK THE (Fluidia, Arthrix, Thinifa, Flomoxafen) BOTTLE AND CORRECT THE TIME OF DAY.

CHECK THE ARTHRIX BOTTLE, and TELL ME WHAT "AS NEEDED" MEANS; WOULD YOU USE A BOX MEANT FOR SCHEDULED MEDICINE?

Score: 5.0 ____ Follows directions on all four labels ____Places pills in slots by number of pills/days of the week ____ Needs specific verbal cue to check specific medication(s); therapist gives the name of the medication(s) and states the error(s) above; cue one medication at a time____ Corrects all errors with specific cues

Score: 4.5

_____ Attempts to follow directions on all four labels
_____ Gets Fluidia right
_____ Makes error(s) with one or all of the other three bottles; not able to correct with cue(s) to check

Score: 4.0

_____ Puts some pills in some boxes (no attempt to follow bottle directions - therapist does not cue to correct)
or
_____ Not able to correct Fluidia after specific cues to correct

IF THE CLIENT DOES NOT INITIATE THE TASK OR DOES NOT ATTEND TO ALL FOUR BOTTLES WITH REPEAT OF DIRECTIONS, PROCEED WITH TASK SET-UP.

Client may only need to process the Zeefex if Fluidia was completed.

TASK SET-UP: Eliminate all meds except for Fluidia and add Zeefex.

STATE: READ THE DIRECTIONS ON THESE BOTTLES AND PUT THE PILLS IN THE RIGHT BOXES.

May repeat once; or reorient the client to the bottles, or to the morning or evening pill box, or to the criteria of one week.

Score: 4.5 _____ Follows directions on each bottle and places pills accurately;
OR

_____ Needs specific cue to check medication(s) and specific error(s) (therapist gives the name of the medication and the error(s). Cue one medication at a time.

_____ Corrects error(s) with specific cue(s)

IF THE CLIENT MAKES ERRORS CUE TO THE SPECIFIC ERROR *(may point to bottle or cue to color of pills)*

STATE:

(Possible cues): CHECK THE (Fluidia, Zeefex) BOTTLE AND CORRECT THE DAYS OF THE WEEK.

CHECK THE (Fluidia, Zeefex) BOTTLE AND CORRECT THE NUMBER OF PILLS.

CHECK THE (Fluidia, Zeefex) BOTTLE AND CORRECT THE TIME OF DAY.

Score: 4.0 ____ Places some pills in boxes with some accuracy
OR ____ needs cue to initiate placing pills in the box

STATE: PUT ONE PILL *(point to Fluidia)* IN EACH SLOT *(point to box)*

Score: 4.0 ____ Needs a specific verbal cue to initiate task and places some pills in some boxes with accuracy

Score: 3.5 ____ Attempts to put bottle in box, or dumps pills out, or reads part of label

Score: 3.0 ____ Does or does not touch supplies

Frequently Asked Questions:

Can I orient the client to the days of the week on the pillbox?

No, but they can look at the covers, and you can confirm their correct thinking if they identify the symbol or day. You can repeat that the box is for one week. If the client attempts to close the covers, tell them to leave the covers open.

Can I allow the client to rearrange the boxes as in putting the Morning box in front, or placing the boxes side by side?

Yes, but only after giving the initial directions with the standardized setup (Evening box in front of Morning). Do not allow the client to eliminate a box as in "I only use one box at home". You can remind the client that this is a test for understanding new medications.

Should I cue to correcting errors after setup of each bottle?

No, the idea is to observe ability to process all 4 bottles without interruption. The therapist observes the errors and determines what to cue after completing the setup. You can repeat any of the initial statements/concepts during the setup such as "the setup is for one week"; or "here are 4 new medications "and pan across to help the client continue the task. If the client is not able to continue with 4 bottles or gets stuck, reduce to the 2-bottle task setup.

Can I use Medbox as a stand-alone assessment to determine ability to manage medications at home?

None of the CPT subtasks are a direct measure of that IADL or ADL. Capacity for managing medications is predicted by the CPT total score and relevant Profile, and in the context of client factors such as the complexity and familiarity of their own medication regimen.

Can I use Medbox as a treatment or problem-solving activity?

No. The integrity of the CPT as an assessment tool is damaged when the client is allowed to practice the test; and practice will not generalize to the client's own medications.

B. SHOP Subtask

Shop Task Analysis

CPT-Shop requires simultaneous attention to the details of sizes, prices, and money, and requires dividing attention between these competing cues. Semantic memories are used to act on the relational components including the use of math. The ability to filter out the $9.59 distracter belts is also a component.

EQUIPMENT:

Folding wallet with only a coin section and bill section. The bill section has one $5.00 bill and two $1.00 bills. The coin section has two quarters, two dimes, two nickels, and eight pennies.

Twelve belts with buckles including:

Six W red belts: (two size small (S), two size medium (M), two size large (L), **all in the exact same color/style**

Six M brown belts: (two size small (S), two size medium (M), two size large (L), **all in the exact same color/style**

Labels to adhere to the top middle of each belt for listing size and price: **$6.79 S**

Wardrobe closet or tall metal cabinet (also used for CPT-Dress)

EQUIPMENT SET UP: Hang the belts on the outside of the cabinet on hooks at eye level in sets of two (six hooks with two belts on each hook). Match the sets by color and size and hang red from left to brown right and from small to large for both. Price and size the belts using tags that adhere to the belts.

Mark the six belts on top by size and price them at $9.59. Mark the six belts underneath by size and price them at $6.79. The $6.79 tags should be fairly occluded by the higher priced belts on top, so that the client must look under the top belt to see the price tag of the belt underneath.

Hand the wallet during the initial directions or set it on the table.

INITIAL DIRECTIONS:

STATE: I'D LIKE TO SEE HOW YOU DO WITH MONEY WHEN YOU'RE SHOPPING. I WANT YOU TO BUY A BELT. (Point across the belts.)

(STATE): HERE IS A WALLET WITH SOME MONEY IN IT. (Hand the wallet)

CHOOSE A BELT THAT FITS YOU AND ONE THAT YOU CAN PAY FOR WITH THE MONEY IN THE WALLET. (Point to the wallet.) THEN PAY ME THE EXACT AMOUNT FOR THE BELT.

May repeat each statement as needed during the task.

IF THE CLIENT INITIATES OPENING THE WALLET, SUGGEST THEY TAKE THE MONEY OUT AND PUT IT ON THE TABLE. IF THEY DON'T TAKE THE WALLET, SET IT ON THE TABLE.

Score: LEVEL 6 (does the following):

_____ Determines the amount of the money in the wallet and checks price tags prior to selecting, _____ selects a $6.79 belt that fits (tries it on or makes a statement referring to size, *i.e*. this is my size, or may ask if it is their size after payment), _____ pays exactly $6.79.

IF THE CLIENT RECOGNIZES/SAYS THERE'S NOT ENOUGH MONEY (FOR THE TOP BELTS), TELL THEM TO *"LOOK AT THE OTHER BELTS"*

IF THE CLIENT SELECTS A $9.59 BELT, AND DURING PAYMENT RECOGNIZES THERE IS NOT ENOUGH MONEY, BUT DOES NOT KNOW WHAT TO DO, TELL THEM TO *"LOOK AT THE OTHER BELTS"*

May ask "what are you thinking" if the client recognizes insufficient funds but does not say it.

(Score Level 5 or lower by performance).

Score: LEVEL 5 (does the following):

_____ Selects a belt that fits, _____ looks in wallet, _____ locates all of the money (with or without cueing), _____ recognizes that monies are insufficient for the top belts or if the $9.59 belt is chosen, can exchange the $9.59 belt (with or without direction to the wall), _____ pays six dollars plus some change.

(One or more of the following applies):

_____ Needs verbal cue to look at belts on bottom

_____ Initially chooses the $9.59 belt

_____ Does not check the wallet prior to selection; _____ Checks the wallet prior to selection but begins selection without determining amount of money

_____ Needs cueing to locate all of the money in the wallet. ***(If necessary, tell the client there is change or there are dollar bills in the wallet.)***

Score: LEVEL 4.5:

_____ Score here if the client performs as above but does not pay attention to size _____ or pays for a belt on the rack rather than the one selected.

IF THE CLIENT CHOOSES A $9.59 BELT AND DOES NOT RECOGNIZE OR CORRECT THE ERROR IN SELECTION: ***(Does not make statements about not having enough money or is unable to make an exchange when directed to the other belts):***

STATE: YOU DON'T HAVE ENOUGH MONEY FOR THAT ONE. ***(Exchange the belt and continue with next statement for payment.)***

IF THE CLIENT TRIES ON A BELT (S) AND THEN STOPS; OR HANGS THEIR SELECTION BACK UP AND DOES NOT INITIATE PAYMENT, CHOOSE A SIZE APPROPRIATE $6.79 BELT AND CONTINUE WITH THE NEXT STATEMENT.

STATE: PAY ME FOR THIS BELT. IT COSTS $6.79. ***(Point or direct the client back to the wallet if necessary.)***

May repeat once.

Score: LEVEL 4 (does the following):

_____ Selects a belt, _____ looks in the wallet for money (assist in locating all of the money if the client initiates looking in the wallet but has difficulty), _____ pays $6.00. (May also pay some change, but it is not necessary to score here.) **(Client must hand, point out or separate the $6.00. The therapist may hold out a hand for the money).**

One or more of the following applies:

_____ Does not recognize error in price selection

_____ Needs belt exchange done for him/her

_____ Needs verbal directive to pay after making a selection (Does not initiate payment without directive to pay.)

_____ Pays for a belt on the rack rather than the one selected.

Score: LEVEL 3.5 (does the following):

_____ Selects a belt, looks in the wallet and counts/handles the money but is not able to pay the $6.00 (does not pay at all or pays the incorrect dollar amount with or without change, pays only change).

Score: LEVEL 3 (does the following):

_____ Takes a belt from the wall and works the buckle or tries on _____ Does not look in the wallet when instructed to pay.

IF THE CLIENT TRIES TO MATCH THE EXACT AMOUNT OF MONEY TO A PRICE TAG, GIVE THE CONCRETE DIRECTIONS (and score Level 4 or lower).

IF THE CLIENT IS NOT ABLE TO MAKE A SELECTION, GIVE THE CONCRETE DIRECTIONS (and score Level 4 or lower).

CONCRETE DIRECTIONS:

STATE: LET'S START WITH YOUR SIZE. CHOOSE A BELT THAT FITS YOU.

May repeat once.

IF THE CLIENT CHOOSES A $9.59 BELT,

STATE: YOU DON'T HAVE ENOUGH MONEY FOR THAT ONE. THIS ONE IS THE SAME SIZE ***(Exchange the belt for the client and continue with next statement for payment.)***

LAY A $6.79 BELT ON THE TABLE AND ASK FOR PAYMENT; OR IF THEY CHOOSE A $6.79 BELT, HAVE THEM TAKE IT OFF, LAY IT ON THE TABLE AND ASK FOR PAYMENT.

STATE: PAY ME FOR THIS BELT. IT COSTS SIX DOLLARS AND SEVENTY-NINE CENTS.

May repeat once.

Score: LEVEL 4:

_____ Selects a belt that fits and pays $6 with or without coins.

PAYMENT WITHOUT SELECTION:

IF THE CLIENT IS UNABLE TO MAKE A SELECTION, SELECT A SIZE APPROPRIATE $6.79 BELT, AND HAND THE BELT TO THE CLIENT.

STATE: TRY THIS ON.

May repeat once.

IF THE CLIENT TRIES THE BELT ON, HAVE THEM TAKE IT OFF, PLACE IT ON THE TABLE AND POINT TO THE PRICE. PROCEED WITH THE NEXT STATEMENT:

STATE: PAY ME FOR THIS BELT. IT COSTS $6.79.

(Direct the client back to the wallet again if necessary – may hand the wallet.)

May repeat once.

Score: LEVEL 3.5:

_____ Can try the belt on when directed. _____ Looks for money in the wallet _____ Pays the $6.00.

Score: LEVEL 3:

_____ Tries the belt on or works the buckle. _____ Does not pay $6.00 (may look in the wallet and handle money).

Score: LEVEL 2:

_____ Takes the belt when handed, does not try on or work buckle.

Score: LEVEL 1:

_____ Does not take the belt when handed.

Glove Protocol:

The Glove protocol was developed for a portable version of CPT-Shop and for use with clients who need to remain seated, have a significant visual impairment, or who function in CPT 3 or 2 where task complexity is no longer an assessment issue. The administration protocol is the same, but gloves are used instead of belts. The Glove protocol reduces the task objects to 3-stacks rather than 6-stacks, so the complexity level is lowered and changed.

Equipment:

Six pairs of brown cloth gloves (two size small (S), two size medium (M), two size large (L), **all in the exact same dark color/style** (*e.g.*, brown cloth gardening gloves)

Lay the gloves on a table, in sets of two from small to large, in front of the client with the cuff toward the client and price/size tag adhered to the middle of the gloves. The $9.59 pairs lay on top of the same size $6.79 pairs of gloves.

Frequently asked question:

Does it matter if a man picks a red belt or women pick the brown?
No. The assessment is attention to size and price regardless of color.

C. WASH Subtask

Wash Task Analysis

CPT-Wash requires generalizing a common daily task to a new environment and a varied procedure. It requires basic semantic memories to select the soap from distracter objects and procedural memories to sequence the hand washing task. It also requires paying attention to a sink in the room.

EQUIPMENT:

Sink (behind the client)

Table (have space between the table and sink)

12" x 6" uncovered clear box containing:
1 bar of white soap
1 bottle of green aftershave
1 toothbrush
1 wheel of dental floss
1 small comb

Have the client stand (or sit) at the table with their back to the sink.

Note: For in-home assessment, start in the living room/take the task out of context.

Place the box of grooming supplies on the table in front of the client.

INITIAL DIRECTIONS:

STATE: HERE ARE THE DIRECTIONS FOR THE NEXT TASK; LISTEN CAREFULLY. I WANT YOU TO CLEAN YOUR HANDS AS IF YOU HAD BEEN WORKING OUTSIDE IN THE YARD. TAKE WHAT YOU NEED FROM THIS BOX, (point to the box.), AND USE WHAT YOU NEED IN THIS ROOM. (or in your house for home assessment)

May repeat once.

IF THE CLIENT ASKS FOR A SINK, TELL THEM TO FIND IT IN THE ROOM.

(If the client is vague, repeat they can use what they need in the room).

Score: LEVEL 5 (does the following)

_____Takes soap from box _____locates sink _____turns water on _____washes hands with soap _____rinses hands _____turns water off _____dries hands

Score: LEVEL 4.5

_____ Needs additional verbal or visual direction to get to the sink _____or leaves the water running _____or needs towel pointed out to initiate drying hands

IF THE CLIENT PRETENDS TO DO THE TASK, TELL THEM TO ACTUALLY SHOW YOU.

IF THE CLIENT DOES NOT PERFORM OR RUMMAGES THROUGH THE BOX AND DOES NOT LOOK FOR A SINK, GIVE THE SPECIFIC DIRECTIONS.

SPECIFIC DIRECTIONS:

STATE: I WANT YOU TO WASH YOUR HANDS. THE SOAP IS IN THE BOX (point to the box). THE SINK IS BEHIND YOU (point to the sink).

May repeat once.

IF THE CLIENT INITIATES LOOKING FOR THE SINK AND DOES NOT TAKE THE SOAP:

STATE: REMEMBER TO TAKE THE SOAP.

IF THE CLIENT INITIATES LOOKING FOR THE SINK BUT HAS TROUBLE LOCATING IT:

STATE: THE SINK IS BEHIND YOU/OVER THERE (point to the sink

Score: LEVEL 4 (does the following)

_____Takes soap_____ goes to sink_____ turns water on_____ wets hands_____ uses soap on hands_____ rinses hands_____ dries hands_____ needs no more than two directives to get to the sink. (Point to the towels if patient has difficulty locating them)

Score: LEVEL 3.5 (does the following)

_____Goes to sink _____turns water on _____wets hands _____uses soap on hands _____ rinses hands _____ dries hands

Does/needs one or all of the following:

_____Does not take the soap after given the verbal reminder to do so (bring the soap to the sink for the patient and set it on the sink) _____needs third cue to get to the sink _____needs verbal cueing to complete the hand washing sequence

IF THE CLIENT IS NOT ABLE TO COMPLETE THE HAND WASHING SEQUENCE WITH THE ABOVE CUES, USE VERBAL DIRECTIVES (and see Level 3 scoring).

Score: LEVEL 3

_____Gets to the sink and performs Nos. 1, 2 and 3 listed below

One or more of the following applies:

_____Does not complete the hand washing sequence without verbal directives
_____ perseverates with hand washing _____washes things other than hands

IF THE CLIENT CONTINUES TO RUMMAGE THROUGH THE BOX, (does not perform after the specific directions have been given), OR IF THE CLIENT IS NOT ABLE TO GET TO THE SINK WITH THE EXTRA CUE:

STATE: COME WITH ME TO THE SINK. (Escort or have the client follow you to the sink).

STATE: WASH YOUR HANDS WITH THIS SOAP. (Present the soap to the client).

IF THE CLIENT DOES NOT TAKE THE SOAP BUT BEGINS PERFORMING, SET THE SOAP DOWN ON THE SINK.

IF THE CLIENT DOES NOT PERFORM: SEE DIRECTIONS FOR TURNING ON THE WATER BELOW.

Score: LEVEL 3 (Does 1, 2 and 3)

_____ 1 -Attempts to or turns the water on _____ 2 -Wets hands _____ 3 -Dries hands (Point out or hand a towel if necessary)

Score: LEVEL 2

_____ Score here if the client does not perform the three steps above with verbal directives, but performs at least one

IF THE CLIENT DOES NOT INITIATE TURNING THE WATER ON, TURN THE WATER ON:

STATE: WASH YOUR HANDS. (Present the soap to the patient).

Score: LEVEL 2

_____ Any purposeful motor response to the soap, water, or sink (takes soap, sets soap down or hands back, wets hands, operates the faucets)

Score: LEVEL 1

_____ No purposeful response to the soap, water, or sink

D. TOAST Subtask

Toast Task Analysis

CPT-Toast requires generalizing a common daily task to a new environment and a varied procedure. It requires basic semantic memories to sequence and use universal kitchen objects to make toast. It also requires paying attention to the two supply areas in the room.

EQUIPMENT:

Counter with an outlet behind a Table with the standardized lay out of supplies:

Toaster (wrap the cord around the base of toaster and rest the plug on the right side of toaster on the table)
1 stick of butter in a covered semi-translucent butter dish
1 loaf of bread
12 ounce clear 3" diameter jar (fill with red or purple jam)
12 ounce clear 3" diameter jar (fill with yellow mustard)
Small 6" white plate
5 slot white silverware tray with: 1 butter knife, 1 spoon, 1 whisk, 1 potato peeler, 1 set of joined measuring spoons

EQUIPMENT SET UP: Set up the supply table with a counter space and electrical outlet behind the table so the toaster needs to be moved in order to plug it in. On the supply table: Place the loaf of bread to the right of the toaster close to the cord and plug. Place the silver ware tray on the left side of the toaster. Place the covered butter dish in front of the toaster and close to the wrapped cord to semi-occlude that it's not plugged in. Place the jam jar in front of the mustard jar to the right side of the butter dish and between the loaf of bread. Place the plate in front of the butter dish.

INITIAL DIRECTIONS:

STATE: THIS NEXT TEST HAS TO DO WITH PREPARING FOOD. MAKE ONE SLICE OF TOAST, THEN PUT SOME BUTTER AND JAM ON IT. THE SUPPLIES ARE ON THIS TABLE. (Point across the supplies.)

May repeat once.

IF THE CLIENT ASKS FOR AN OUTLET OR IS LOOKING FOR ONE, STATE WHERE IT IS LOCATED OR POINT IT OUT.

Score: LEVEL 5 (Does the following)

_____Locates or asks for an outlet _____moves the toaster to the outlet _____plugs in the toaster _____puts bread in the toaster _____pushes the toaster lever down

_____ waits for toast to pop up or pops it up _____puts on butter with the knife (Note: Whether or not jam is used is not scored)

IF THE CLIENT BEGINS BY PUTTING THE BREAD IN THE TOASTER WITHOUT PLUGGING IT IN:

STATE: YOU NEED TO ACTUALLY TOAST THE BREAD.

Score: LEVEL 5:

If the client, then proceeds and performs all components listed above.

If the client does not ask for the outlet, see the directions for task setup.

IF THE CLIENT MOVES AND PLUGS IN THE TOASTER BUT DOES NOT PROCEED (ASKS NOW WHAT OR STOPS), GIVE THE INITIAL DIRECTIONS ONCE MORE (and score Level 4 or lower); OR PROCEED TO THE TASK SET UP.

IF THE CLIENT ATTEMPTS TO BUTTER THE BREAD WITHOUT TOASTING IT, INTERUPT THEM AND TELL THEM TO TOAST IT FIRST. (Or may allow the client to butter the bread and choose to score at Level 4 as an alternate goal-directed performance).

If the client has difficulty locating the toaster lever, point it out:

STATE: ARE YOU LOOKING FOR THIS? (Do not tell the client what to do with it).

IF THE CLIENT DOES NOT PROCEED AFTER THE TOAST POPS UP:

STATE: FINISH UP (and score Level 4 or lower).

Score: LEVEL 4 (Does the following)

_____Puts bread in the toaster _____pushes the toaster lever down _____waits for the toast to pop up or pops it up _____puts on butter or jam with knife or spoon

(Also does or needs any of the following):

_____Begins with buttering the bread _____needs to have the work area set up _____needs the toaster lever pointed out _____needs repeat of initial directions after set up of toaster _____needs the verbal cue to complete the task after the toast pops up

Score: LEVEL 3.5:

_____Score here if the patient does not complete the task after the toast pops up, and the cue to finish up has been given

DIRECTIONS FOR TASK SET UP:

IF THE CLIENT DOES NOT INITIATE MAKING TOAST (or ask for or locate an outlet):

MOVE THE TOASTER TO THE WORK AREA AND PLUG IT IN. SET ONE SLICE OF BREAD, THE BUTTER DISH WITH THE COVER REMOVED, AND THE SILVERWARE TRAY NEXT TO THE TOASTER.

CONCRETE DIRECTIONS:

STATE: MAKE ONE SLICE OF TOAST. THEN PUT SOME BUTTER ON IT.

May repeat once.

Score: LEVEL 4 (Performs Level 4 criteria listed above):

IF THE CLIENT HAS DIFFICULY PERFORMING THE TOASTING SEQUENCE, USE CUEING, VERBAL DIRECTIVES OR DEMONSTRATION (and score Level 3.5 or lower depending on performance and type of assistance).

Score: LEVEL 3.5 (Does the following)

_____Puts bread in the toaster _____pushes the toaster lever down _____waits for the toast to pop up or attempts to pop it up or get the bread out (Give assistance with this if necessary) _____selects a knife or spoon from the tray _____butters the toast.

Needs cues: _____Initially putting the bread in _____taking the toast out _____buttering

IF THE CLIENT IS UNABLE TO COMPLETE THE SEQUENCE WITH CUEING, USE VERBAL DIRECTIVES OR DEMONSTRATION (and score Level 3 or lower).

Score: LEVEL 3 (Does the following)

_____#1. Puts bread in the toaster_____#2. Takes toast from the toaster
_____#3. Uses the knife to take butter from dish to toast and butters toast

Needs: _____Bread handed _____Knife handed _____Verbal directive to put bread in the toaster _____Verbal directive to butter the toast _____Demonstration for #1, #2 or #3 (Use your own slice of bread and have the client follow along with their slice.)

Score: LEVEL 2 _____Score here if the client performs 1 or 2 of the 3 steps listed above, or does at least one of the following: _____takes the bread when handed _____takes the knife when handed

E. PHONE Subtask (Simulated call)

Phone Task Analysis

CPT-Phone requires the use of complex written information in a phone book. The book imposes multiple complex and competing cues and requires semantic memories for alphabetizing and categorizing. Episodic memory is required for task directions and context, and to maintain the visual information and place in the book. Semantic memory is used to interpret categories, such as "Mike's Painting Service" vs. "Hardware Hank."

EQUIPMENT:

Basic desk-style telephone without extraneous buttons, Not-connected

Phone Book, small note pad and pen, magnifying glass and reading glasses

Large 4 x 6 white index card. On the card, print in large black letters and numbers:

"HARDWARE STORE" (1st line)

Any telephone number with an area code (2nd line)

"ONE GALLON OF WHITE PAINT" (3rd line)

EQUIPMENT SET UP: Have the client seated at a table with the phone in front of him/her. Place the phone book to the left of the phone and the pad and pen to the right. Hold onto the index card until needed. The pad and pen are there for the client to use at their discretion, but the OTR can suggest writing the number down.

INITIAL DIRECTIONS:

STATE: THIS NEXT TASK HAS TO DO WITH USING THE PHONE. WE'RE GOING TO DO A PRETEND PHONE CALL, IT'S NOT REALLY HOOKED UP (CAN SHOW THE PHONE). I WANT YOU TO ACT LIKE IT'S A REAL PHONE CALL.

After the client dials, the OT answers as the store "Hi, this is the hardware store, or paint store. Only give the price if the client asks for the price (scoring depends on this). Answer their questions and thank them for calling.

(start task): I'D LIKE YOU TO USE THE PHONE TO FIND OUT THE COST OF ONE GALLON OF WHITE PAINT.

May repeat once; proceed to Specific Directions if the client does not initiate using the book (implied cue) i.e., picks up receiver and starts a call or asks who to call.

Proceed to Specific Directions during difficulty with the book (i.e., tell the client where to go in the book)

Score: LEVEL 6 (Does the following):

_____Goes directly to hardware or paint categories (maintains place in the book and knows where to look) _____selects a retail store _____dials the number without difficulty (may redial once) _____obtains the price of paint

Score: LEVEL 5 (Does the following):

_____Looks up the number of a hardware/paint store in the phone book _____calls the store _____obtains the price of paint

One or more of the following applies:

_____Has some difficulty using the phone book but locates an appropriate number without assistance (does not go directly to paint/hardware section, or has trouble maintaining place, or is slow to select an appropriate number)

_____Has difficulty in maintaining place with going from book to phone when dialing

_____Needs the Specific Directions given

Score: LEVEL 4.5:

_____Score here if the client performs at level 5 with the book but asks the wrong question (does not ask about price)

SPECIFIC DIRECTIONS:

STATE: FIND THE NUMBER FOR A HARDWARE STORE IN THE PHONE BOOK AND CALL THEM FOR THE PRICE OF A GALLON OF WHITE PAINT.

IF the client goes to the paint section substitute "paint" for "hardware"

IF the client is looking in the right section of the book but having trouble on the page or selects the wrong number for the category:

STATE: FIND THE NUMBER FOR A RETAIL STORE AND CALL THEM FOR THE PRICE OF A GALLON OF PAINT. (May say retail "paint/hardware" store or just retail)

May repeat statements above 1-2 times.

Score: LEVEL 5 (Performs Level 5 criteria listed above)

Score: LEVEL 4

_____Is not able to locate a number within a reasonable amount of time and needs the number given _____or selects the wrong number and can't correct with cue (i.e., paint contractor or wholesale vs. retail store; semantic memory for category is impaired).

Performs Level 4 criteria below.

IF the client is unable to locate the number, GIVE THE NUMBER:

STATE: HERE IS THE NUMBER FOR THE HARDWARE STORE. CALL THEM FOR THE PRICE OF A GALLON OF WHITE PAINT. (Place the index card on the table or hold it for him/her next to the phone)

May repeat once. May allow 3 dialing attempts.

Note: In dialing, the client may ask if they should dial the title *(i.e*. Hardware Store) or the hyphen, due to poor use of semantic information. Help to clarify this (tell them to just dial the numbers).

Score: LEVEL 4 (Does the following):

_____Dials the number _____Asks a question related to paint

Score: LEVEL 3.5 (Does one or the other):

_____Dials the number but fails to ask a complete question or fails to ask a question at all or _____Dials from the card (dials some sequential digits and does not complete the dialing or dials the remaining digits incorrectly)

Score: LEVEL 3:

_____Pushes the buttons but does not dial sequential digits

IF THE CLIENT DOES NOT DIAL:

STATE: DIAL THE PHONE.

May repeat once; then use demonstration in conjunction with restating if the client does not perform. May give 2 demonstrations with interval to observe performance.

Score: LEVEL 3

_____Dials the phone (pushes buttons at random)

Score: LEVEL 2

_____Picks up the receiver but does not dial.

IF THE CLIENT DOES NOT ATTEMPT DIALING, HAND THE RECEIVER AT MIDLINE AND EYE-LEVEL:

STATE: TAKE THE PHONE.

May repeat once (re-hand the receiver).

Score: LEVEL 2

_____Takes the receiver when handed.

Score: LEVEL 1

_____Does not take the receiver when handed.

Frequently asked questions:

Can I substitute the phone book for a Google or Siri search?
No. The assessment involves the use of complex written cues contained in a book.

Can I use a cell phone?
It's best to use a basic desk phone or tablet. If using a cell phone, the call needs to be simulated or not go thru.

Does the person need to pick up the receiver?
No. The call is simulated, and the client may or may not pick up the receiver as they are told to pretend. Use clinical reasoning and follow the scoring criteria.

I like to use a real call to assess interaction over the phone, is this okay?
How the person interacts on the phone is extraneous to the measure, and not part of the test.

Where do I get a phone book?
Order from your local phone company such as Qwest. A standardized CPT Phone Book is under development.

F. DRESS Subtask

DRESS Task Analysis

CPT-Dress requires semantic memories for the universal properties of clothing including made for cold rain versus warm rain and men versus women. The clothing is specific by color and style and each item looks distinct from the other items. The lightweight-unlined coats are thin plastic coats and look obvious as the wrong choice for cold versus the heavyweight-lined coats. Coats do not have hoods to force looking to the side of the closet to complete the task.

EQUIPMENT:

Wardrobe closet or tall metal cabinet with double doors and hanging rod inside
Clothing on hangers spaced two inches apart from left to right:
1 womens pink/pastel fuzzy bathrobe
1 womens heavyweight-lined raincoat - *no hood*
1 womens plastic/lightweight-unlined raincoat - *no hood*
1 mens plastic/lightweight-unlined raincoat - *no hood*
1 mens heavyweight-lined raincoat - *no hood*
1 mens brown/dark fuzzy bathrobe

On the right inside door install hooks and hang headwear 1 item per hook:
1 umbrella
1 mens straw hat
1 mens rain hat
1 womens plastic rain scarf
1 womens sheer cloth scarf

Have the client stand (if possible) in front of the clothing.

INITIAL DIRECTIONS:

STATE: THIS TEST HAS TO DO WITH GETTING DRESSED. SHOW ME WHAT YOU WOULD TAKE FOR GOING OUTSIDE ON A COLD RAINY DAY. YOU CAN CHOOSE ANY OF THE THINGS HERE (Pan across all clothing and items on the door). THERE ARE MEN'S (Pan across mens items) AND WOMEN'S (Pan across womens items) THINGS. SHOW ME WHAT YOU WOULD TAKE FOR GOING OUTSIDE ON A COLD, RAINY DAY.

May repeat once.

IF THE CLIENT SELECTS THE RIGHT COAT BUT NOT HEADWEAR, GIVE ONE MORE CHANCE TO ATTEND TO ALL ITEMS:

STATE: WOULD YOU TAKE ANYTHING ELSE FROM THE CLOSET?

IF THE CLIENT GOES BACK TO THE CLOSET AND ADDS OR SELECTS/POINTS TO THE RAIN HEADWEAR OR UMBRELLA SCORE LEVEL 5.

Score: LEVEL 5 (Able to process all task details)

_____Selects coat with attention to cold vs. warm _____and men vs. women
_____Selects headwear for rain (rain hat/scarf and/or umbrella)

Score: LEVEL 4 (Does any of the following)

_____Selects only a coat (includes the right coat without headwear after cued back to the closet)

_____ Selects lightweight rain coat with or without headwear

_____Selects heavy raincoat _____and headwear _____ does not attend to gender properties of clothing

_____Selects heavy raincoat _____without headwear after cued back to closet
_____attends to gender properties of clothing

_____Selects 2 coats

_____Selects non-rain headwear and a coat

Score: LEVEL 3.5

_____Selects a bathrobe with/without headwear

IF THE CLIENT DOES NOT MAKE A SELECTION (explains/talks about/or rummages thru clothing or does not perform), GIVE THE SPECIFIC DIRECTIONS:

SPECIFIC DIRECTIONS:

STATE: I WANT YOU TO GET DRESSED FOR GOING OUTSIDE ON A COLD, RAINY DAY. CHOOSE A COAT AND HAT (or say scarf) FOR A COLD, RAINY DAY AND PUT THEM ON.

May repeat once.

IF THE CLIENT DOES NOT DRESS AFTER SELECTING:

STATE: WHAT DID I ASK YOU TO DO WITH THE COAT? SHOW ME.

May repeat once.

Score: LEVEL 4

_____Selects and dons any coat _____and any hat, scarf, and/or umbrella

Score: LEVEL 3.5 (Does one or the other)

_____Selects and dons only a coat _____Needs additional cue to dress

Score: LEVEL 3

_____Selects and dons a bathrobe with/without headwear _____or does not dress after additional cueing _____or makes gross errors in dressing _____or selects and dons headwear only

IF THE CLIENT DOES NOT MAKE A SELECTION:

STATE: PUT THIS COAT ON. (Hand a coat)

May repeat once.

Score: LEVEL 3

_____Puts the coat on

Score: LEVEL 2

_____Takes the coat but does not put it on

IF THE CLIENT DOES NOT TAKE THE COAT:

STATE: LET ME HELP YOU. (Help put the coat on)

Score: LEVEL 2

_____Can alter position of the arms to facilitate the dressing process

Score: LEVEL 1

_____Does not take the coat when handed _____Does not alter position of the arms to facilitate dressing

Frequently asked question:

What if my client is gay or transgender?
The score is based on recognizing proprieties of clothing, the person can identify with whatever gender they wish.

G. TRAVEL Subtask

Travel Task Analysis

CPT-Travel requires semantic memories for the interpretation of symbolic and written cues. The map requires associating the symbols on the map with the hallways and landmarks along the route. The printed directions are substituted when difficulty with the map is observed. These also require semantic memories for the meaning of words, and episodic memory to stay on track with following the lines of print.

EQUIPMENT:

A simple map that includes the starting point, two intersecting hallways that the client needs to walk through, and a designated structure (a staircase) behind a door at the end of the route.

The staircase or alternate structure should be located approximately 15 yards from the starting point. There should be 2 turns to get to the structure: 1 turn out of the testing room; and 1 turn at the intersection about 3-5 yards away, with the destination/structure straight ahead about 15 yards from the intersection).

A map drawn with simple landmarks clearly labeled including the starting point; a distracter landmark near the designated structure; and the specific structure *i.e*. stairs. (See sample map included.)

Concrete, written directions to the selected structure printed clearly in large letters. Keep the sentences short. (See sample written directions)

EQUIPMENT SET UP: Have the client stand at the starting point. During the test, walk just behind the client so as not to directionally cue them. If the client is in a wheel chair, the therapist can push the person while they point the way.

INITIAL DIRECTIONS:

STATE: I WANT TO SEE HOW WELL YOU'RE ABLE TO GET FROM ONE PLACE TO ANOTHER. (Show the map on a clipboard to the client.)

THIS IS A MAP OF THE HALLWAYS IN THIS AREA. SEE IF YOU CAN FIND THIS PARTICULAR SET OF STAIRS. (Point to the structure on the map.)

WE ARE STANDING HERE. (Point to the starting point on the map.) FOLLOW THE MAP TO THESE STAIRS (point again to the structure) AND POINT THEM OUT TO ME.

IF THE CLIENT ASKS FOR ASSISTANCE OR CANNOT PROCEED ON THEIR OWN, CHANGE TO THE WRITTEN DIRECTIONS. SEE WRITTEN DIRECTIONS BELOW.

IF THE CLIENT MAKES A WRONG TURN AND DOES NOT SELF-CORRECT, GO BACK TO THE STARTING POINT AND CHANGE TO THE WRITTEN DIRECTIONS.

Score: LEVEL 6:

_____Follows the map to the destination and stops. _____Points out the structure. _____Does not ask for help (can initially ask for some clarification).

Score: LEVEL 5

_____Follows the map to the destination and stops but asks for assistance along the way and/or makes a wrong turn but self corrects.

OR

_____Follows the map but passes the destination or does not point out the designated structure at the end of the route.

OR

IF THE CLIENT CANNOT INITIATE USING THE MAP, EXCHANGE THE MAP FOR THE WRITTEN DIRECTIONS AT THE STARTING POINT.

WRITTEN DIRECTIONS:

STATE: I'M GOING TO SWITCH YOU TO THE WRITTEN DIRECTIONS. FOLLOW THESE TO THE STAIRS AND POINT THE STAIRS OUT TO ME. (Read through the first sentence to identify the starting point.)

Score: LEVEL 5:

_____Initiates with the map but needs the exchange to the written directions _____Follows the written directions to the destination and stops _____Points out the structure.

_____Does not initiate with the map but follows the written directions to the destination and stops. _____Points out the structure.

Score: LEVEL 4: Score here if the patient follows the written directions but passes the destination (the patient may comment on the structure) or does not locate the designated structure at the end of the route.

IF THE CLIENT IS NOT ABLE TO GET TO THE DESTINATION OR MAKES A WRONG TURN AND DOES NOT SELF CORRECT GIVE VERBAL ASSIST ALONG THE ROUTE.

OR

IF THE CLIENT CANNOT INITIATE WITH THE WRITTEN DIRECTIONS, WALK THEM TO THE START OF THE HALLWAY STRAIGHT AHEAD TO THE DESTINATION.

VERBAL DIRECTIONS:

STATE: (This statement will depend on the testing facility.)

WALK STRAIGHT AHEAD, GO THROUGH THE FIRE DOOR, AND POINT TO THE STAIRS.

Give the verbal directions twice while pointing.

Score: LEVEL 4 (One or the other):

_____Initiates with the map or the written directions but needs to change to the verbal directions _____follows the verbal directions for the shorter distance to locate the structure _____or no initiation with the map or written directions but follows the verbal directions for the shorter distance to locate the structure.

Score: LEVEL 3.5:

_____Initiates with the verbal directions and follows the correct route but does not locate or passes the structure.

Score: LEVEL 3:

_____Initiates walking with verbal direction but does not follow the correct route.

IF THE PATIENT DOES NOT INITIATE WITH THE VERBAL DIRECTIONS:

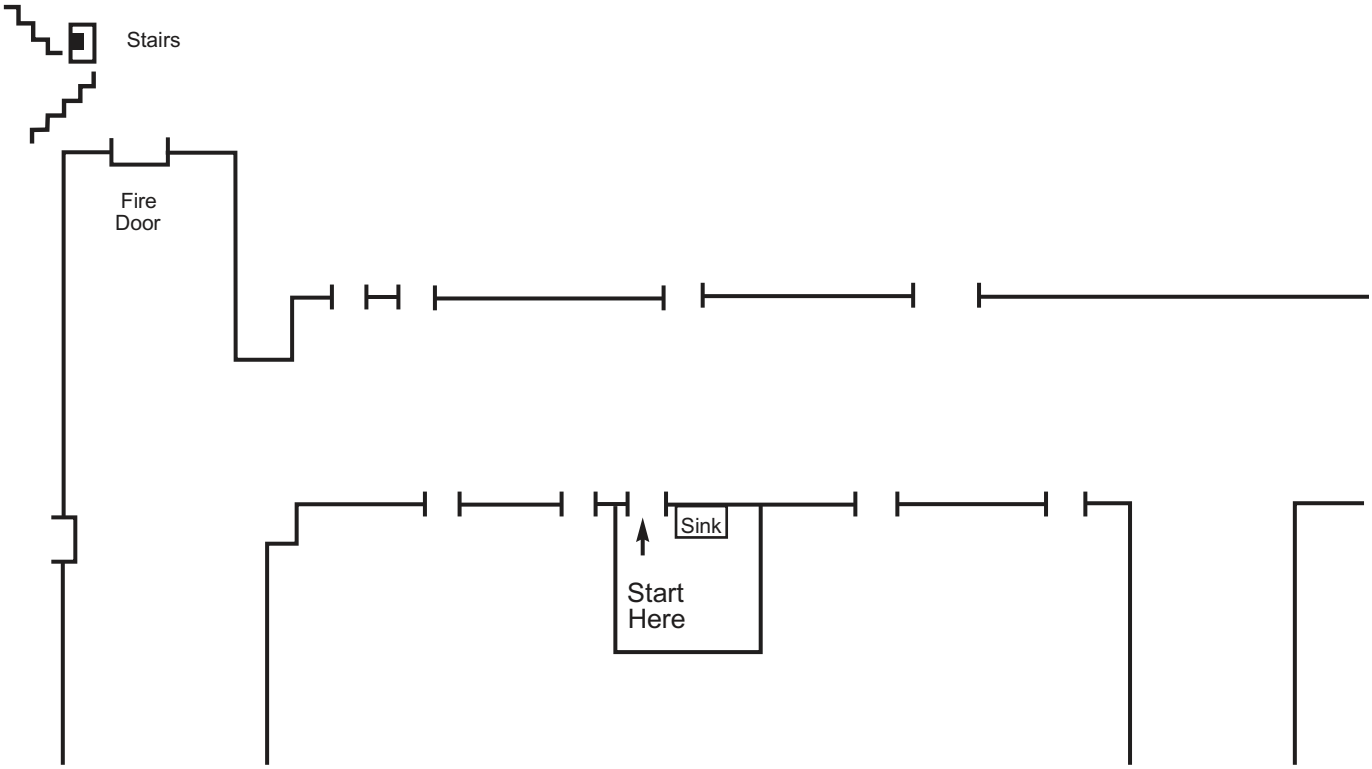
STATE: FOLLOW ME.

Score: LEVEL 2:

No initiation with the verbal directions but follows the therapist to the destination or needs tactile assistance (redirection) to walk to the destination.

Score: LEVEL 1: Client is not ambulatory and unable to follow.

TRAVEL Subtask Map and Written Directions



Written Directions:

WALK OUT OF THE ROOM.

TAKE A LEFT. WALK STRAIGHT AHEAD.

TAKE A RIGHT AT THE FIRST HALLWAY.

WALK STRAIGHT AHEAD.

GO THROUGH THE FIRE DOOR TO GET TO THE STAIRS.

(Note: The printed directions are on a piece of paper/clipboard separate from the map.)

CPT SCORE SHEETS

(Use with manual until competent in administration)

Date:

Name:

Cognitive screen:

LACLS (lacing score):

Mobility/Physical Function/ADL:

MEDBOX _____/6

SHOP _____/6

WASH _____/5

TOAST _____/5

PHONE _____/6

DRESS _____/5

TRAVEL _____/6

TOTAL CPT:_____/39

Care guides issued:

AVERAGE CPT SCORE: _____/5.6

(Divide total score by # tasks given)

OCCUPATIONAL HISTORY/ROUTINE TASK INTERVIEW WITH THE CLIENT (FAMILY/OTHER):

Clients' perception of memory/thinking and daily abilities/performance difficulties:

Living situation: (alone, with family, house, apartment, town home/condo, Assisted Living, LTC):

Home maintenance activities:

Meal preparation and grocery shopping:

Finances and paying bills:

Medication management:

Driving and transportation:

Leisure and routine activities:

MEDBOX SCORE SHEET

INITIAL DIRECTIONS:

_____6.0 _____ Follows directions on all four labels, _____accurately places pills in slots by number of pills and _____days of the week. May self-correct; therapist does not cue

INITIAL CUE: (FOR: FLUIDIA, ARTHRIX, THINIFA, FLOMAXAFEN)

_____5.5 _____ Follows directions on all four labels

_____ Places pills in slots by number of pills and days of the week

_____ Needs verbal cue to check specific medication(s) with error (give a cue to check each medication, one at a time. Start with Fluidia if incorrect)

_____ Corrects error(s) with general cue(s)

SPECIFIC CUES: (FOR: FLUIDIA, ARTHRIX, THINIFA, FLOMOXAFEN)

_____5.0 _____ Follows directions on all four labels, _____places pills in slots by number of pills and _____ days of the week

_____ Needs specific verbal cues to check medication(s) and specific error(s) **(hand the bottle & name the error(s); Cue one medication at a time. *Start with Fluidia if incorrect)***

_____ Corrects with specific verbal cues to specific medication and error(s): number of pills and/or days of the week, or time of day

_____4.5 _____ Attempts to follow directions on all four labels

_____ Gets Fluidia right

_____ Makes error(s) with one or all of the other 3 bottles; not able to correct with specific cue(s)

_____4.0 _____ Puts some pills in some boxes (no attempt to follow bottle directions- therapist does not cue to correct; or not able to correct Fluidia after attempting to follow label directions and cues to correct)

TASK SET-UP AND CUES: (FOR: FLUIDIA, ZEEFEX)

_____4.5 _____ Follows directions on each bottle and places pills accurately; or

_____ Needs specific verbal cue to check specific medication(s) and **specific error(s);**

(therapist gives the name of the medication(s) and the error(s); Cue one medication at a time)

_____ Corrects error(s) with specific cues

_____4.0 _____ Places some pills in boxes with some accuracy OR

_____ Needs a specific verbal cue to initiate task

_____3.5 _____ Puts bottle in box, dumps pills out or places randomly, or reads words on label

SHOP SCORE SHEET

INITIAL DIRECTIONS:

_____6.0 _____ Determines amount of money and checks prices prior to selecting _____ Selects a $6.79 belt/gloves that fits, _____ Pays exactly $6.79

_____5.0 _____ Selects a belt/gloves that fits, _____Looks in wallet, _____ Locates all of the money (with or without cue), _____ Recognizes that monies are insufficient for the top belts, _____ If the $9.59 belt is chosen, can exchange the $9.59 belt (with or without direction to the wail), _____ Pays six dollars plus some change

Also does/needs one or more of the following:

_____ Needs verbal cue to look at bottom belts

_____ Initially chooses a $9.59 belt

_____ Does not check the wallet prior to selection

_____ Checks the wallet prior to selection but begins without determining amount of money

_____ Needs cueing to locate all of the money in the wallet

_____4.5 _____ Score here if the patient performs as above but chooses a belt that obviously does not fit or does not pay attention to size

_____ Pays for a belt on the rack rather than the one selected

INITIAL OR SPECIFIC DIRECTIONS:

_____4.0 _____ Selects a belt, _____Looks in the wallet for money, _____ Pays six dollars (w/wo coins)

One or more of the following applies:

_____ Does not recognize error in price selection

_____ Needs belt exchange done for him/her

_____ Needs verbal directive to pay after making a selection

_____3.5 _____ Selects a belt, _____ Looks in wallet, _____ Counts/handles the money, _____ Does not pay six dollars (does not pay at all or pays the incorrect dollar amount w/wo coins or pays only coins)

_____3.0 _____ Takes a belt from the wall and works the buckle or tries on, _____ Does not look in the wallet when instructed to pay

PAYMENT WITHOUT SELECTION:

_____3.5 _____ Tries the belt on, _____ Looks for money in the wallet, ____ Pays six dollars

_____3.0 _____ Tries the belt on or works the buckle, _____ Does not pay six dollars

_____2.0 _____ Takes the belt when handed but does not try on or work the buckle

_____1.0 _____ Does not take the belt when handed

WASH SCORE SHEET

INITIAL DIRECTIONS:

_____5.0 _____ Takes soap from box, _____ Locates sink, _____ Turns water on, _____ Wets hands, _____ Uses soap, _____ Rinses hands, _____ Turns water off, _____ Dries hands

_____4.5 Criteria same as above with the following exception(s):

_____ Needs additional verbal/visual direction to get to the sink

_____ Leaves water running

_____ Needs towel pointed out to initiate drying hands

SPECIFIC DIRECTIONS:

_____4.0 _____ Takes soap, _____ Goes to sink, _____ Turns water on, _____ Wets hands, _____ Uses soap, _____ Rinses hands, _____ Dries hands, _____ Needs no more than two directives to get to the sink

_____3.5 _____ Goes to sink, _____ Turns water on, _____ Wets hands, _____ Uses soap on hands, _____ Rinses hands, _____ Dries hands

Also does/needs one or more of the following:

_____ Does not take the soap after given the verbal reminder to do so

_____ Needs third directive to get to the sink

_____ Needs verbal cueing to complete the hand washing sequence

_____3.0 _____ Does not complete the hand washing sequence without verbal directives

_____ Perseverates with hand washing

_____ Washes things other than hands or plays with faucets

ESCORTED TO THE SINK:

_____3.0 Does #1, #2, and #3:

_____ #1 Attempts to or turns the water on

_____ #2 Wets hands

_____ #3 Dries hands

(Use verbal directives.)

_____2.0 Does not do all three components above but does at least one

WATER TURNED ON:

_____2.0 Any purposeful motor response to the soap, water or sink (takes soap, wets hands, touches the faucets)

TOAST SCORE SHEET

INITIAL DIRECTIONS:

_____5.0 _____ Locates or asks for an outlet, _____ Moves the toaster to the outlet _____ Plugs in the toaster, _____ Puts bread in the toaster, _____ Pushes the toaster lever down, _____ Waits for toast to pop up or pops it up, _____ Puts on butter with the knife

_____4.0 _____ Puts bread in the toaster, _____ Pushes the toaster lever down, _____ Waits for the toast to pop up or pops it up, _____ Puts on butter or jam with the knife or spoon.

Also does or needs any of the following:

_____ Begins with buttering or putting jam on the bread but performs as above when directed to toast the bread first (or choose to score alternate task of buttering the bread here)

_____ Needs to have the work area set up (does not ask for or locate the outlet)

_____ Needs the toaster lever pointed out

_____ Needs repeat of initial directions after setup of toaster

_____ Needs the verbal cue to continue with the task after the toast pops

_____3.5 _____ Score here if the patient does not complete the task after the toast pops up and the cue to finish up has been given

WITH THE WORK AREA SET UP:

_____4.0 (See scoring above for Level 4 behaviors; client cannot score higher than Level 4 here)

_____3.5 _____ Puts bread in the toaster, ____ Pushes the toaster lever down, _____ Waits for the toast to pop up or pops it up or attempts to get the bread out, _____ Selects a knife or spoon and puts on butter

Needs cueing with one or more of the following:

_____ Initially putting bread in the toaster

_____ Taking the toast from the toaster

_____ Buttering

_____3.0 Able to: _____ #1 Put bread in the toaster, _____ #2 Take toast from the toaster, _____ #3 Use a knife to take butter from dish to toast and butters toast

Also needs one or more of the following:

_____ Bread handed _____ Verbal directive to put bread in toaster

_____ Knife handed _____ Verbal directive to butter the toast

_____ Demonstration for #1, #2, or #3

_____2.0 Score here if the patient performs I or 2 of the 3 steps listed above, or takes the bread or knife when handed

PHONE SCORE SHEET

INITIAL DIRECTIONS:

_____6.0 _____ Locates category section of the phone book, _____ Locates # for retail hardware or paint, _____ Dials without difficulty (may redial 1x) _____ Asks the price question

_____5.0 _____ Looks up # in phone book, _____ Dials #, _____ Asks the price question

Also does/needs one or more of the following:

_____ Has some difficulty locating a # but does so without assistance

_____ Has difficulty going from book to phone when dialing or dials more than 2x

_____ Needs specific directions given

_____ 4.5 _____ Score here if the client asks the wrong question

SPECIFIC DIRECTIONS:

_____5.0 (Performs Level 5 criteria listed above)

_____4.0 _____ Looks in the phone book but does not alphabetize effectively and needs the # given

_____ Performs Level 4 criteria below

GIVE THE NUMBER:

_____4.0 _____ Dials the # (up to 3x), _____ Asks a question related to paint

_____3.5 _____ Dials the # but fails to ask a complete question or fails to ask a question at all

or

_____ Dials at least two sequential digits correctly and does not complete dialing or dials the remaining digits incorrectly

_____3.0 _____ Pushes the buttons but does not dial two sequential digits correctly

DIAL/TAKE THE PHONE:

_____3.0 Dials the phone randomly (pushes buttons)

_____2.0 Picks up the receiver or takes the receiver when handed but does not dial

_____1.0 Does not pick up or take the receiver when handed

DRESS SCORE SHEET

INITIAL DIRECTIONS:

_____5.0 _____ Selects coat with attention to cold vs. warm _____and men vs. women

_____4.0 _____ Selects only a coat (includes the right coat without headwear after cued back to the closet)

_____ Selects lightweight raincoat with or without headwear

_____ Selects heavy raincoat _____and headwear _____does not attend to gender properties

_____ Selects heavy raincoat _____without headwear _____attends to gender properties

_____ Selects 2 coats

_____ Selects and dons non-rain headwear and a coat

_____3.5 _____ Selects a bathrobe with/without headwear

SPECIFIC DIRECTIONS:

_____4.0 _____ Selects and dons any coat _____and any hat, scarf, and/or umbrella

_____3.5 _____ Selects and dons only a coat _____ or needs additional cue to dress

_____3.0 _____ Selects and dons a bathrobe with/without headwear _____ or does not dress after additional cueing _____or makes gross errors in dressing _____or selects/dons headwear only

TASK BREAK DOWN:

_____3.0 _____Puts the coat on

_____2.0 _____Takes the coat but does not put it on _____can alter arm position to facilitate dressing

_____1.0 _____Does not take the coat when handed or alter position of the arms

TRAVEL SCORE SHEET

MAP:

_____6.0 _____ Follows the map to the destination and locates the structure. _____ Does not ask for help.

_____5.0 _____ Follows the map to the destination and locates the structure, one or both apply:

_____ Asks for assistance along the way

_____ Makes a wrong turn but self corrects

or

_____5.0 _____ Follows the map but passes destination or does not point out the designated structure at the end of the route

WRITTEN DIRECTIONS:

_____5.0 _____ Initiates with the map but needs to change to the written directions

_____ Follows the written directions to the destination and locates the structure.

or

_____ Does not initiate with the map but follows the written directions to the destination and locates the structure at the end of the route

_____4.0 _____ Follows written directions but passes destination or does not locate the designated structure

VERBAL DIRECTIONS:

_____4.0 _____ Initiates with the map or written directions but needs to change to the verbal directions and

_____ Locates the structure

or

_____ Does not initiate with the map or written directions; follows verbal directions and locates the structure

_____3.5 Initiates following the correct route but does not locate or passes the structure

_____3.0 Initiates walking with verbal direction but does not follow the route

FOLLOW ME:

_____3.0 Initiates walking with verbal direction but does not follow the route

_____2.0 No initiation with verbal direction but follows the therapist with direction or

_____2.0 Needs intermittent tactile assistance to walk to the destination or wheels chair