

	Tasks
Medical	<input type="checkbox"/> Medications <input type="checkbox"/> Tube feedings <input type="checkbox"/> Trach care <input type="checkbox"/> Bowel/bladder routine <input type="checkbox"/> Catheter care <input type="checkbox"/> Putting on/taking off splints <input type="checkbox"/> Stretching <input type="checkbox"/> Turn schedules while in bed <input type="checkbox"/> Appointments <input type="checkbox"/> Other _____
Self-care	<input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Grooming <input type="checkbox"/> Oral care <input type="checkbox"/> Toileting <input type="checkbox"/> Meals <input type="checkbox"/> Rest period <input type="checkbox"/> Other _____
Household	<input type="checkbox"/> Cleaning <input type="checkbox"/> Vacuuming <input type="checkbox"/> Laundry <input type="checkbox"/> Getting the mail <input type="checkbox"/> Menu planning <input type="checkbox"/> Grocery shopping <input type="checkbox"/> Lawn care/gardening <input type="checkbox"/> Finances <input type="checkbox"/> Pet care <input type="checkbox"/> Other _____

<p>Therapy</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Physical therapy (PT) <input type="checkbox"/> Occupational Therapy (OT) <input type="checkbox"/> Speech Therapy (ST) <input type="checkbox"/> Recreation Therapy (REC) <input type="checkbox"/> Psychology/Counseling <input type="checkbox"/> Other _____
<p>Therapeutic Activities</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Physical exercise <input type="checkbox"/> "Mental" exercise <input type="checkbox"/> Therapy specific activities (e.g. vision tasks, fine motor exercises, etc.) <input type="checkbox"/> Other _____
<p>Leisure Activities</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Spend time with family/friends <input type="checkbox"/> Read <input type="checkbox"/> Watch tv <input type="checkbox"/> Rent/go to the movies <input type="checkbox"/> Play video games <input type="checkbox"/> Go out to eat/restaurants <input type="checkbox"/> Manicure/pedicure <input type="checkbox"/> Massage <input type="checkbox"/> Play sports <input type="checkbox"/> Other _____
<p>Child care</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Other _____ <input type="checkbox"/>
<p>School</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Homework <input type="checkbox"/> Reading assignments

Material in this section developed in collaboration between Shepherd Center and Craig Hospital.

TYPE OF ACTIVITY WORKSHEET

	<ul style="list-style-type: none"><input type="checkbox"/> Organize your planner<input type="checkbox"/> Other _____
Vocational	<ul style="list-style-type: none"><input type="checkbox"/> Work hours<input type="checkbox"/> Meetings<input type="checkbox"/> Projects<input type="checkbox"/> Other _____