

EXPLANATION OF GRID B (Cognitive Activities)

PLEASE NOTE THAT PAYMENT FOR THIS GRID IS TO BE MADE ONLY IF THE SUPERVISION IS ACTUALLY PROVIDED. If the customer does not have a caregiver providing the particular service, even though it may be required, do not pay. If circumstances change and care becomes available then benefits will be provided for the period of service.

“**Attention**”, being the insured’s cognitive ability to concentrate, deal with distractions, switch his or her attention between various tasks and activities and recall or reproduce what has been learned prior to and subsequent to the accident. The evaluation focuses on two aspects only:

- (i) Therapeutic Techniques - if the insured requires supervision as a result of difficulty with his or her *memory* in recalling or reproducing information that the insured has previously learned or been told.

Suggestions for Assessor: Assess skills related to recognizing and remembering while performing daily activities. Look for functional evidence of memory, such as executing requests without being reminded. For instance, ask insured to do three *unrelated* tasks, each of which may involve several steps to complete. E.g. brush teeth, comb hair, and then go to the kitchen. If unable to execute, ask insured to complete three *related* tasks such as take off lid, apply toothpaste, and wet toothbrush.

Scoring:

Independent - Insured recognizes people frequently encountered, remembers daily activities, and executes 3 step unrelated request *without need for repetition*. May have mild difficulty. May use self-initiated or environmental cues, prompts, or aids. E.g. insured executes 3/3 unrelated tasks with mild difficulty, requiring a memory book as an aid. *No helper is required*.

<25% Supervisory Assistance - Insured requires prompting (e.g. cueing, repetition, reminders) only under *stressful or novel conditions*. E.g. helper reminds insured to use memory book or repeats the request when insured is in a new situation. With this prompting, the insured is able to carry out 3/3 unrelated tasks.

25-49% Minimal Prompting - Insured requires prompting (e.g. cueing, repetition, reminders) in routine situations less than ½ of the time. E.g. helper reminds insured to use memory book, but then insured is able to recognize and remember while performing daily activities. Insured executes 2/3 unrelated tasks or 3/3 related tasks.

50-74% Moderate Prompting - Insured requires help to recognize and remember while performing daily activities ≥½ of the time. E.g. insured executes 2 out of 2 or 3 related tasks and has difficulty remembering activities from the previous day.

75-89% Maximal Prompting - Insured needs help $\geq\frac{3}{4}$ of the time to recognize and remember while performing daily activities. E.g. executes 1 task when asked to perform 2 or 3 related tasks and requires *frequent prompting* to remember routines and how to use memory aids.

90-100% Total Assistance - Insured needs help recognizing and remembering $\geq 90\%$ of the time, or does not effectively recognize and remember. E.g. executes 0-1 out of 2 related tasks, gets lost in familiar situations, does not recognize familiar people, memory aids are ineffective.

- (ii) **Staying on Task** - if the insured requires supervision or assistance with verbal cues to stay focused on the activity or task he or she is engaged in performing.

Suggestions for Assessor: Assess the length of time the insured is able to concentrate on tasks, taking into consideration distractibility, level of responsiveness, difficulty of the task, and self directed return to tasks.

Scoring:

Independent - Insured is able to attend continuously to a task for 60 minutes without assistance in maintaining attention to the task; or is able to attend to a task for 60 minutes *without assistance*, but distractibility may delay completion of the task.

<25% Supervisory Assistance - Insured is able to attend to a task for 30 to 59 minutes. Needs supervision to assist in coping with the effects of distractibility under stressful or unfamiliar conditions.

25-49% Minimal Direction - Insured is able to attend to a task for 15 to 29 minutes. Needs assistance to minimize distractibility.

50-74% Moderate Direction - Insured is able to attend to a task for 5 to 14 minutes. Needs assistance to minimize distractibility.

75-89% Maximal Direction - Insured is able to attend to a task for 1-4 minutes. Frequently distracted.

90-100% Total Assistance - Insured is not able to attend to a task for more than 1 minute.

“Behaviour”, being how an insured feels and acts as a result of the injury. The evaluation focuses only on the following:

- (i) **Initiating Activities** - if the insured requires supervision as a result of depression or an inability to initiate activities;

Suggestions for Assessor: Assess whether there are problems getting started on daily activities without prompting.

Scoring:

Independent - Insured initiates activities without problems and does not require prompting. Or, insured has mild problems, but these do not interfere with initiation of activities; may use assistive devices or medication, but a helper is not required.

<25% Supervisory Assistance - Insured requires cueing or coaxing to get started on activities only under stressful or unfamiliar conditions - i.e. less than once per week.

25-49% Minimal Prompting - Insured requires prompting to participate in routine activities, not daily but every week (i.e. 1 - 6 times per week).

50-74% Moderate Prompting - Depression or decreased initiation interferes with getting started on activities on a daily basis. Insured requires prompting 1 - 2x per day.

75%-89% Maximal Prompting - Depression or decreased initiation interferes with activities on a daily basis. Insured requires prompting frequently throughout the day in order to start activities.

90-100% Total Assistance - Severe depression or lack of initiation interferes with most activities of daily living. Insured requires daily assistance, for most of the day.

(ii) Completing Activities - if the insured requires supervision as a result of depression or an inability to complete activities;

Suggestions for Assessor: Assess whether there are problems completing activities of daily living without prompting.

Scoring:

Independent - Insured completes activities without problems and does not require prompting. Or, insured has mild problems, which do not interfere with the completion of activities; may use assistive devices or medication, but a helper is not required.

<25% Supervisory Assistance - Insured requires cueing or coaxing to complete activities only under stressful or unfamiliar conditions - i.e. less than once per week.

25-49% Minimal Prompting - Insured requires prompting to complete routine activities, not daily but every week (i.e. 1 - 6 times per week).

50-74% Moderate Prompting - Depression or decreased initiation interferes with completing activities on a daily basis. Insured requires prompting 1 - 2x per day.

75%-89% Maximal Prompting - Depression or decreased initiation interferes with completing activities on a daily basis. Insured requires prompting frequently throughout the day in order to complete activities.

90-100% Total Assistance - Severe depression or lack of initiation interferes with most activities of daily living. Insured requires daily assistance, for most of the day, to complete activities.

- (iii) Irritability & Outbursts - if the insured requires supervision in consequence of inappropriate behavioral outbursts;

Suggestions for Assessor: Assess the insured interacting with therapist, family members, or others. Examples of inappropriate behavioral outbursts include temper tantrums; loud, foul, or abusive language; or excessive laughing or crying. Do not include physical expressions of anger; this is rated under Physical Violence described below.

Scoring:

Independent - Insured interacts appropriately with people (e.g. controls temper, accepts criticism, is aware that words and actions have an impact on others, and adjusts to unexpected changes). Or, insured interacts appropriately with others in most situations and only occasionally loses control, but recognizes inappropriate behaviour and apologizes on his/her own. May require extra time to adjust in social situations or may require medication for control or a modified environment. *No helper is required.*

<25% Supervisory Assistance - Insured exhibits occasional and mild frustration or irritability, usually limited to stressful or unfamiliar conditions. Insured has assumed responsibility for most of this behaviour and is learning to cope with his/her condition. This behaviour does not significantly interfere with general life functioning. E.g. insured requires prompting or direction to control frustration when learning a new activity.

25-49% Minimal Direction - Insured exhibits occasional and moderate irritability or outbursts. He/she assumes responsibility for this behaviour. The behaviour occasionally interferes with general life functioning and the insured requires redirection to interact appropriately, not every day, but every week, i.e. 1 - 6x per week. E.g. insured is asked to leave a situation at times due to inappropriate behaviour, but he/she is usually cooperative.

50-74% Moderate Direction - Insured exhibits frequent and moderate irritability or outbursts. He/she assumes responsibility for some behaviour. Behaviour interferes with general life functioning and the insured requires redirection to interact appropriately on a daily basis, 1 - 2x per day. E.g. direction is needed on a daily basis because the insured is disruptive.

75%-89% Maximal Direction - Insured exhibits frequent and severe behavioral outbursts. He/she assumes responsibility for very little of this behaviour. The behaviour significantly interferes with general life functioning and the insured requires redirection to interact appropriately on a daily basis, frequently throughout the day. E.g. activities are very limited because of frequent redirection required by a helper.

90-100% Total Assistance - Insured exhibits constant and severe behavioral outbursts, and does not assume responsibility for the behaviour. Behaviour continually interferes with general life functioning. E.g. Insured may require constant redirection (i.e. daily, for most of the day) because of socially inappropriate behaviours; or insured cannot be redirected by others because cueing and direction are ineffective or unrealistic.

- (iv) Physical Violence - if the insured requires supervision as he or she is violent to persons or property;

Suggestions for Assessor: Assess the insured interacting with therapist, family members, or others. Consider history since the injury, e.g. how did the insured interact with staff, other patients, or visitors while in hospital. Obtain collateral information from family members or other care providers.

Examples of violence to property: throwing or breaking objects, damaging property, destruction of property as an expression of frustration or anger. Examples of violence to persons: hitting, slapping, grabbing, shoving, pushing, kicking, choking, scratching, punching, pulling, hitting with objects, or using one's body, size, or strength against another person. This includes attempts of violence (an injury need not occur).

Scoring:

Independent - Insured interacts appropriately with other people without supervision or concern from others. No history of physical violence to property or persons since the injury. Insured does not require medication for control. *Or*, insured interacts appropriately with other people in most situations; no episodes of violence towards property or persons in the past month (post injury). May require medication for control, but a *helper is not required*.

<25% Supervisory Assistance - Insured infrequently threatens violence (verbally), but helper is able to defuse the situation by redirecting and talking, and no episodes of violence towards property or persons have occurred in the past month (post injury).

25-49% Minimal Direction - Insured demonstrates violence towards property (but none towards persons) on one or two occasions in the past month, requiring a helper to use reactive strategies* to deal with the problem behaviour, and/or a helper is required to act proactively** less than ½ of the time to prevent this behaviour from occurring.

50-74% Moderate Direction - Insured demonstrates violence towards property on more than two occasions in the past month (but no evidence of violence towards people), requiring a helper to use reactive strategies to deal with the problem behaviour, and/or a helper is required to act proactively ½ or more of the time to prevent this behaviour from occurring.

75%-89% Maximal Direction - Single episode of violence towards a person in the past month, requiring a helper to use reactive strategies to deal with the problem behaviour, and/or a helper is required to act proactively ¾ or more of the time to prevent physical violence to persons or property from occurring.

90-100% Total Assistance - Two or more episodes of violence towards a person in the past month, requiring a helper to use reactive strategies to deal with the problem behaviour, and/or a helper is required to act proactively ≥90% of the time to prevent physical violence to persons or property from occurring. *Or*, strategies are ineffective and insured may require physical or chemical restraints because of violent behaviour.

COMMENTS:

*Reactive strategies include:

- Redirection - distract the person by offering another activity or change the topic of conversation.
- Talk to the person and find out what is the problem.
- Work out what the person's behaviour is trying to communicate.
- Crisis management, the priority is to keep both people safe through a crisis plan which might involve removing sharp objects or weapons, escaping to a safe place, giving the person time to calm down.

**Proactive strategies to prevent problems can include:

- Change the environment: This can include increasing opportunities for access to a variety of activities, balance cognitively and physically demanding activities with periods of rest, provide a predictable environment in order to reduce the level of cognitive demands on the person, try to provide consistent routines (be mindful of events that may not occur, try not to make promises that cannot be kept), checking for safety in the home environment.
- Teach a skill: These can include general skills development, useful communication strategies, coping skills (e.g. teach the person what to do when feeling angry, anxious).
- Individual behaviour support plans: These involve reinforcing specific desirable behaviours, avoiding things you know upsets the person, strategies to increase engagement in activities.

“Communication”, being whether assistance is required to enable the insured to:

- (i) Expression - express himself or herself verbally using gestures or sounds and in writing; and

Suggestions for Assessor: Assess insured's ability to express information and ideas from a functional perspective (e.g. ability to communicate about necessary daily activities). Includes clear vocal and/or non vocal expression of language. Includes either intelligible speech or clear expression of language using writing or a communication device. The score should be based on the insured's usual language; may require a family member or interpreter to rate the insured's ability in a language other than English. Score expression and comprehension separately and then record the one requiring the *greater* assistance.

Scoring:

Independent - insured expresses ideas clearly and fluently, or with only mild difficulty. *No prompting is needed*. May require more time or an augmentative communication device or system. Examples, insured may have slightly slurred speech but all words and concepts are intelligible; or insured is non vocal and expresses ideas by writing a message on a piece of paper or entering it into a computer/word processor; or insured occasionally uses the wrong word but self-corrects. The insured is able to communicate written/typed messages all the time and within a reasonable time frame. Self monitoring and self correction strategies may be used (e.g. spell check, dictionary), but are completed

independently. Occasional minor spelling and grammatical errors may occur but do not affect intended meaning. Effective writing through voice recognition software is considered independent.

<25% Supervisory Assistance - insured expresses basic daily needs and ideas. Requires prompting (e.g. to slow down, to repeat words) less than ¼ of the time to be understood or requires set-up of equipment for expression. E.g. insured expresses ideas, but at times a helper is required so the message is understood.

25-49% Minimal Prompting - insured expresses basic daily needs and ideas most of the time. E.g. insured has difficulty finding some key words as he/she expresses basic daily need and requires a helper less than ½ of the time. The insured is able to write simple sentences and paragraphs that communicate a message, but there may be some necessary guessing on the part of the reader. Assistance is subtle and in the form of reader feedback, e.g. "This sentence isn't clear, could you re-word it?" Or subtle reminders to use strategies, such as "Where could you find the spelling of this word?"

50-74% Moderate Prompting - insured expresses basic daily needs and ideas some of the time. Insured uses the wrong word for basic needs and helper must ask questions to understand the intended message, or insured's speech is unintelligible at times and the helper must ask him/her to stop and repeat some information (parts of sentences). The insured is able to write single related words and short phrases that communicate a message, but needs specific instructions to implement strategies. E.g. "Trying looking it up in the thesaurus", "Read what you've written so far and tell me the next word".

75-89% Maximal Prompting - insured uses only single words or gestures. Needs prompting ¾ or more of the time. E.g. insured indicates "yes" and "no" with eye blinks or hand squeezing. Responses are reliable; or insured pretends to drink from a cup and rubs his belly to express needs; or insured spells out words on a communication board such as "tired", "food", and "pain pill". The insured can only write single unrelated words and familiar information (e.g. family names, address). Direct assistance with formulation and spelling is needed to express other simple words. E.g. "We were writing about pets – one is a cat and the other starts with a "d"."

90-100% Total Assistance - insured expresses basic daily needs and ideas ≤10 of the time, or does not express basic needs appropriately or consistently despite prompting. E.g. insured provides "yes" or "no" responses to questions, but answers are unreliable; or insured expresses self but words are unintelligible; or insured does not attempt to communicate. The insured is unable to communicate through the written form, regardless of level of assistance.

- (ii) Comprehension - understand simple orders and directions, both written and oral, required for daily living;

Suggestions for Assessor: Assess insured's ability to understand information from a functional perspective (e.g. conversations, directions, questions or statements related to his/her daily needs.

Scoring:

Independent - insured understands directions and conversation readily or with only mild difficulty; understands spoken or written language, or sign language. *No prompting is needed.* May require a hearing aid or visual aid, other assistive devices, or extra time to understand information. The insured is able to understand written information, required for daily living, all the time and within a reasonable time frame. E.g. the insured can read message quickly enough to capture the message of a written road sign while driving on a highway. Self monitoring and self correction strategies may be used (e.g. multiple readings, note-taking), but are completed independently and are effective in ensuring the client has understood. Effective use of a visual aid (e.g. Braille, magnifier) is considered independent.

<25% Supervisory Assistance - insured understands directions and conversation about basic daily needs. Requires prompting (e.g. slowed speech rate, use of repetition, stressing particular words or phrases, pauses, visual or gestural cues) less than ¼ of the time.

25-49% Minimal Assistance - insured understands directions and conversation about basic daily needs most of the time. E.g. insured has difficulty understanding words as he/she listens and the speaker must repeat words or use different words to assist comprehension. The insured is able to understand key ideas in sentences and short paragraphs but requires assistance in understating more complex messages, e.g. simplified grammar, step-by-step explanation of underlying meaning. Written material needs to be presented in small amounts at any one time. The insured may need subtle reminders to use strategies, e.g. what can you do to help you understand this? The client may talk a longer than usual length of time.

50-74% Moderate Assistance - insured understands directions and conversations about basic daily needs some of the time. E.g. insured is easily distracted or unable to concentrate and helper must repeat parts of sentences. Comprehension of written information used for daily living is difficult. The insured needs information altered to short simple sentences and may need augmentation with gestural or pictorial cues, in order to comprehend.

75-89% Maximal Assistance - insured understands directions and conversations about basic daily needs little of the time. E.g. he/she understands only simple, commonly used spoken expressions (e.g. Hello, how are you?) or gestures (e.g. waving goodbye; thank you); or responds with appropriate “yes” or “no” responses; or insured understands only visual messages such as helper pretending to drink from a cup or pointing to the bed or when the helper points to pictures on a communication board. Written information needs to be altered to single key words and augmented with gestural or pictorial cues.

90-100% Total Assistance - insured understands directions and conversations about basic daily needs ≤10% of the time, or insured is unable to demonstrate that he/she is able to understand simple, commonly used spoken expressions (e.g. hello, how are you?) or gestures (e.g. waving goodbye; thank you), or does not respond appropriately or consistently despite prompting. The insured is unable to comprehend written information, regardless of the level of assistance.

“Financial Management”, being whether supervision is required to assist the insured with accessing bank accounts, paying bills and managing his or her financial affairs;

Suggestions for Assessor: Assess ability to make purchases, keep a cheque book or other bank account, and manage personal income and investments. Exclude ability to use transportation to get to and from the financial institution. (This is rated under Transportation in Grid A.)

Scoring:

Independent - Insured is able to manage *all* financial affairs independently without supervision or concerns from others.

<25% Supervisory Assistance - Insured manages money independently, but others have concerns about larger financial decisions.

25-49% Minimal Assistance - Insured requires assistance or supervision with larger financial decisions such as purchase of a house or a car, but is independent with budgeting money received and payment of monthly expenses, as well as making essential and non-essential purchases*. E.g. insured consistently demonstrates the following money skills:

- receives bills for services, i.e. rent, utilities, phone, etc.; understands need for payment; arranges payment of bills; takes cheque to bank, cashes and/or deposits cheque;
- understands use of money, makes purchases, obtains change correctly.

50-74% Moderate Assistance - Insured requires moderate help or supervision with large purchases and some help with budgeting money received and payment of monthly expenses; independent with essential and non-essential purchases. E.g. insured consistently understands use of money, makes purchases, obtains change correctly and can be responsible for a moderate sum of money. May require assistance from time to time with calculation of money needs and budgeting. May require some assistance to check that procedures are done correctly.

75-89% Maximal Assistance - Insured requires extensive help or supervision with large finances and frequent help with budgeting money received, payment of monthly expenses, and making essential purchases.

90-100% Dependent - Insured is unable to manage and requires another person to complete all tasks; or needs total attention of another person to manage financial affairs. E.g. insured is responsible for an insignificant amount of money for non essential purchases. Another person is required to complete tasks associated with budgeting, payment of expenses including all essential purchases.

*COMMENTS:

- Non essential purchases – e.g. coffee, snacks, magazines, movie.
- Essential purchases – e.g. transportation (bus/taxi/gas), food (groceries, restaurants), and other essential personal items such as clothing, toiletries, haircuts, etc.
- Budgeting money received and payment of monthly expenses – e.g. housing (rent or mortgage) and services (utilities, telephone, cable, etc.).
- Large finances – e.g. savings, investments, insurance, taxes, repairs, major purchases.

“Organization”, being the insured’s planning and organizational skills and cognitive ability to plan, develop, coordinate and oversee various tasks and activities. The evaluation focuses on the following only:

- (i) Activity List / Daytimer - if the insured requires supervisory assistance in keeping himself or herself organized including completing a daytimer or activity list;

Suggestions for Assessor: Assess ability to plan and organize daily routines.

Scoring:

Independent - Insured consistently plans and organizes activities of daily living; may use a daytimer, activity list, or similar aid, but does not require supervision or assistance from another person.

<25% Supervisory Assistance - Insured requires prompting (e.g. cueing, reminders) only under stressful or unfamiliar conditions. E.g. helper reminds insured to check daytimer when insured is in a new situation. With this prompting, the insured is able to plan and organize personal care, home activities, and community activities along with everything else he/she is expected to do.

25-49% Minimal Prompting - Insured is able to carry out personal care and home activities, but requires prompting to plan and organize activities in the community. E.g. with helper prompting, insured is able to plan and coordinate a community outing.

50-74% Moderate Prompting - Insured is able to plan and organize his/her personal care activities independently, but requires direction of helper for home and community activities. E.g. helper plans, develops and oversees an activity list for daily and weekly household chores and grocery shopping; with this organizational help, the insured is able to carry out daily and weekly household chores and shopping.

75-89% Maximal Prompting - Insured needs direction $\geq 75\%$ of the time to plan and organize basic activities of daily living. E.g. helper plans, develops and oversees an activity list for personal care activities; with this organizational help, the insured is able to carry out daily personal care tasks.

90-100% Total Assistance - Insured is unable to plan and organize any activities and aids such as daytimer or activity lists are ineffectual despite prompting. E.g. insured requires constant one-to-one direction to complete simple daily activities.

- (ii) Keeping Appointments - if the insured requires supervisory assistance making and keeping appointments;

Suggestions for Assessor: Assess ability to 1) recognize the need for appointments, (2) make the appropriate appointments, (3) carry out a sequence of steps to attend the appointment, and (4) understand and carry out outcomes (e.g. recommendations) from the appointment. Exclude ability to use transportation to get to/from the appointment – for e.g. if insured arranges for taxi to pick him/her

up at correct time, score as independent despite the fact that he/she cannot drive themselves there. (Transportation is rated under Grid A.)

Scoring:

Independent - Insured consistently (1) recognizes the need for appointments, (2) makes the appropriate appointments, (3) initiates and carries out a sequence of steps to attend the appointment, and (4) follows through on outcomes from the appointment; or insured recognizes there is a need for an appointment and with only mild difficulty makes the appointment, attends it, and follows through. *No helper is required.*

<25% Supervisory Assistance - Insured requires supervision (e.g. cueing or coaxing) to make and keep an appointment *only under unfamiliar conditions*. Help is required less than $\frac{1}{4}$ of the time. E.g. helper reminds insured to phone to make a specialist's appointment, and insured recognizes the need and makes and keeps the appointment independently. Or, helper sets out calendar to remind insured of an upcoming appointment and then insured is able to attend appointment independently.

25-49% Minimal Direction - Insured makes and keeps appointments, requiring direction from helper less than $\frac{1}{2}$ of the time. E.g. insured recognizes the need for the appointment, makes and attends the appointment with minimal prompting, but needs a helper to go with them because he/she has difficulty understanding, remembering and/or following through on the outcome of the appointment.

50-74% Moderate Direction - Insured makes and keeps appointments, requiring direction from helper more than $\frac{1}{2}$ of the time. E.g. insured recognizes the need for the appointment, makes the appointment with minimal prompting, but requires help to plan and organize in order to attend the appointment and requires someone to go with them for follow through.

75-89% Maximal Direction - Needs direction more than $\frac{3}{4}$ of the time to make, plan, and keep appointments. Shows inconsistent awareness for the need for appointments. E.g. helper is required to identify for the insured when an appointment is needed. With prompting, insured is able to make the phone call, write it on the calendar, and check calendar for upcoming appointments, but requires help to get organized to attend the appointment; helper is required to be present at the appointment.

90-100% Dependent - Insured does not recognize the need for appointments and needs someone else to make, plan and organize appointments.

(iii) Meals - if the insured requires supervisory assistance with planning menus, organizing groceries, following recipes and completing multiple tasks required for meal preparation;

Suggestions for Assessor: Assess cognitive ability for food preparation only; ignore motor disabilities that interfere with carrying out this function (this is rated under Grid A, Meal Preparation).

Assess insured's ability to (1) determine what to eat and plan menus; (2) determine what is needed at the grocery store; (3) follow a recipe and/or perform the tasks in a functional sequence; (4) complete two or more tasks at the same time.

Suggested strategies for assessment: May require 1 - 2 assessment sessions. First, ask the insured to plan one day's meals meeting three criteria: (1) the dietary requirements from Canada's Food Guide are met; (2) the insured is able to prepare, eat, and clean up *one* of the three meals in a 60-minute period; (3) the meal the insured is going to prepare must be a *hot* meal with at least two components, e.g. pasta with canned sauce; fish/meat cooked in a frying pan/oven and accompanied by rice or vegetables; hamburger/hotdog/grilled cheese served with soup or vegetables; breakfast including eggs. Reheating a meal prepared by someone else in a microwave is *not* a substitute for this task.

NOTE: if the assessor predetermines client is *unsafe* for assessment of making a hot meal, may substitute the task with preparing a light meal such as a sandwich, salad, toast or the equivalent.

Next, the insured writes a grocery list of items necessary for the *one* meal he/she is to prepare. The assessor may choose to procure the items on the grocery list, or assign the insured to purchase them himself (depending on the insured's level of function). Finally, the insured prepares and eats the meal he/she has planned, and then cleans up.

NOTE: There are many components to this task, which allows the assessor to assess several other activities from both Grids A and B at the same time, including clean up after meals; feeding; meal preparation; purchasing supplies, transportation and using money for purchases (if insured procures own groceries); attention (e.g. staying on task); behaviour (e.g. initiation & completion of activities, frustration level); communication (understanding orders/directions both written and oral); and safety (use of stove, hot foods).

The reference to the Canada Food Guide (CFG) is part of the assessment process only and does not reflect that the insured followed it prior to their injury; only that they need to demonstrate they can follow it as part of the assessment to receive a score of independent. This in no way means that they will continue to follow the CFG after the assessment is done, but then it is their choice and not because they are unable to do so cognitively.

Scoring:

Independent - Insured is able to plan three healthy meals, writes grocery list including all necessary items for the meal he/she is to prepare, follows recipe/directions on the box and/or performs the tasks in a functional sequence, and completes multiple tasks so that all components of the meal are finished at the same time (e.g. meat and rice finish cooking at about the same time). Or, the insured completes the above with only mild difficulty, requires extra time, but self-corrects any problems and does not require any redirection from a helper.

<25% Supervisory Assistance - Insured requires prompting (e.g. cueing, or coaxing) to complete any of the components related to organization for meals, but only under stressful or unfamiliar conditions. Example: Insured is unfamiliar with Canada's Food Guide and requires therapist to guide him/her through the process to plan the first meal, and then is able to plan the other two meals independently and complete all other components without help.

25-74% Minimal to Moderate Direction (receives same score) - Insured completes the components related to organization for meals, requiring direction from a helper to identify problems. Insured then

acknowledges and corrects the problems. E.g. helper tells insured there are ingredients missing from the grocery list, then insured reviews the list and adds in the missing ingredients; or helper tells the insured he has missed steps in the recipe, and then insured checks the recipe and is able to proceed; or insured needs helper to tell him/her when to put on the rice so that it is finished at the same time as the meat.

75-89% Maximal Direction - Insured needs direction more than $\frac{3}{4}$ of the time to plan menus, organize a grocery list, follow a recipe, and complete multiple tasks required for meal preparation. E.g. insured shows inconsistent awareness of errors and/or limitations. Helper is required to be present for all meal planning otherwise insured is unable to complete activities.

90-100% Total Assistance - The insured is not aware of his/her limitations and needs almost constant one-to-one direction to complete the activities related to meal planning, or is unable to manage and requires another person to complete all tasks.

- (iv) Homework - if the insured requires supervisory assistance with school or home therapy assignments including completing assignments and studying;

Suggestions for Assessor: Assess skills to understand and carry out age relevant school assignments. "Home Therapy" assignments are those provided by a practitioner such as OT, PT and SLP. They include practice and repetition of an activity, at home, that has been prescribed by the professional to improve a specific function.

Scoring:

Independent - Insured can understand and carry out most age relevant school or home therapy assignments including studying. May require extra time. *No helper is required.*

<25% Supervisory Assistance - Insured requires supervision (cueing, coaxing) to complete assignments only under new or complex situations, requiring prompting less than $\frac{1}{4}$ of the time. E.g. insured requires supervision of helper to guide him/her through a home therapy assignment the first time.

25-49% Minimal Direction - Insured can understand and carry out many but not all school or home therapy assignments, and requires additional, special, or remedial instruction less than $\frac{1}{2}$ of the time.

50-74% Moderate Direction - Insured can understand and carry out some school or home therapy assignments, requiring additional, special, or remedial instruction $\frac{1}{2}$ or more of the time.

75-89% Maximal Direction - Insured cannot understand and carry out even relatively simple school or home therapy assignments without assistance. Helper provides additional, special, or remedial instruction $\frac{3}{4}$ or more of the time.

90-100% Total Assistance - Insured cannot understand or carry out any school assignments; may require constant one-to-one direction to complete home therapy assignments.

“Safety”, being the insured’s cognitive ability to evaluate and avoid impulsive or risky behaviours that could cause him or her injury. The evaluation focuses on two areas only:

- (i) Risky or impulsive behaviour - the insured’s ability to address immediate dangers including turning off a stove or element, crossing a street, using electrical or gas-operated equipment;

Suggestions for Assessor: Assess orientation to one’s situation, awareness of one’s deficits and their implications, ability to plan ahead, ability to understand the nature of situations involving potential danger and to identify risks involved, freedom from impulsivity, ability to remember safety related information, and ability to respond appropriately if danger arises.

Scoring:

Independent - Insured has no impairment in any of the above safety judgment related abilities and can be left alone indefinitely and/or can pursue all normal activities alone.

<25% Supervisory Assistance - Insured can be left alone for an entire day, but may need some degree of supervision with new or complex activities. Routine activities in the home and community can be pursued independently.

25-49% Minimal Direction - Insured has sufficient impairment in one or more of the above activities to need some degree of supervision in the community. E.g. insured needs daily supervision and/or some degree of help with routine activities in the community. Insured can be left alone at home for routine activities.

50-74% Moderate Direction - Insured is independent only within a structured setting, and needs no supervision in this setting once an activity is learned. Insured needs close supervision when leaving the home. Insured can be left alone at home for short periods of time (routine activities only).

75-89% Maximal Direction - Insured needs some degree of supervision within a structured setting, and close supervision when leaving the home. E.g. insured has limited awareness of deficits and limited understanding of potential dangers. Insured cannot be left alone in the home due to safety considerations.

90-100% Total Assistance - Insured requires close supervision for safety in all settings. E.g. insured has no awareness of deficits, does not understand potential dangers, demonstrates impulsivity/risky behaviours and therefore requires close, one-on-one supervision at all times.

- (ii) Taking medications - the insured’s ability to take his or her medication as required.

Suggestions for Assessor: Assess cognitive ability to take medications as required. Ignore motor disabilities that interfere with carrying out this function (this is rated under Grid A).

Scoring:

Independent - Insured consistently takes his or her medication as required. Or in most situations, insured takes medications as required and when an error occurs can self-correct. E.g. may forget pill at lunchtime, but remembers an hour later and takes the pill independently. May use aids such as dosette box, bubble pack, watch with timer, etc. but does not require the help of another person.

<25% Supervision - Insured requires direction only under stressful or unfamiliar conditions. E.g. insured requires help to pack the correct number of pills when planning a week away from home. During the week away, however, he/she is able to take medications independently.

25-100% (receives the same score regardless of level of dependence) - Insured routinely requires the help of another person for taking medications as required. E.g. insured fills dosette and takes medications, but performance is inconsistent requiring the help of another person to monitor, remind and correct as needed. Or, insured requires helper to administer all medications due to cognitive disabilities.