

## ENVIRONMENTAL AND FUNCTIONAL ASSESSMENT (EFA)

Instructions to the interviewer: All questions should be answered regarding appropriateness/problem based on your clinical judgement and understanding of cultural diversity. You may make notes on client responses in the area below each section. However, these will not appear on the specific problem form, but will appear in the notes section at the end of the planning form. Inputting notes on any section is optional.

Say: *I'm going to be asking you about a number of things regarding your home and your daily activities. Some of this requires us to actually get up and look at some of the things in your home and in different rooms if you're OK with that. This will also help us identify areas that you're doing well in and areas you might want or need more support. Let me start by just asking you a few questions about yourself.*

<b>ORIENTATION</b>
1a. What is your full name? _____
1b. What is your date of birth? _____
1c. What is your current address and phone number? _____
1d. What is today's date? ( <i>patient may seek out a calendar, but must spontaneously initiate this behavior</i> ) _____
1e. What time is it right now? ( <i>patient may seek out a clock or watch, but must spontaneously initiate this behavior</i> ) _____
1f. When is your next doctor's appointment? _____
Notes: _____
<b>COOKING/NUTRITION</b>
2a. Give me an example of a well-balanced meal that you can prepare. Describe how you would prepare it. _____
2b. How do you store food? _____
2c. How do you know when food has spoiled? _____
2d. Can you tell me what is easy and what is hard for you about preparing your meals each day? _____
2e. What are some typical meals you eat each day? _____
Notes: _____
<b>CLOTHING</b>
3a. Show me the clothing you would wear to go to a doctor's appointment, a job interview, and the park. _____
3b. What clothing items do you have for each season? (does the individual have enough clothing) _____
3c. Do these still fit you? _____
3d. Do you have adequate socks, shoes, and underwear? _____
3d. Where do you put your dirty and clean clothes? _____
3e. What are the steps in doing your laundry? _____
Notes: _____

### SLEEP

4a. How much are you sleeping per night? \_\_\_\_\_

4b. How refreshed and well rested do you feel when you wake up in the morning? \_\_\_\_\_

4c. What medication, if any, do you take specifically to help you sleep? \_\_\_\_\_

Notes: \_\_\_\_\_

### HYGIENE

5a. How often do you shower or take a bath? \_\_\_\_\_

5b. How often in a day do you brush your teeth? \_\_\_\_\_

5c. How often do you change your clothes? \_\_\_\_\_

5d. What challenges, if any, do you have in safely going to the bathroom? \_\_\_\_\_

5e. If someone assists you in going to the bathroom, in what ways can that assistance be made better for you? \_\_\_\_\_

Notes: \_\_\_\_\_

### PHYSICAL HEALTH

6a. Explain how you take your medications \_\_\_\_\_

6b. How do you remember to take your medications? \_\_\_\_\_

6c. Are there any challenges in taking your medications? \_\_\_\_\_

6d. Does anyone remind you or give you instruction in taking your medication correctly? \_\_\_\_\_

6e. Do you ever forget to take them or take them incorrectly? \_\_\_\_\_

6f. Do you ever run out of your medications? \_\_\_\_\_

6g. What have you done in the past when you run out? (If applicable) \_\_\_\_\_

6h. How often do you have doctor's appointments? \_\_\_\_\_

6i. How often do you miss your doctor's appointments? \_\_\_\_\_

6j. Do you have any other ongoing health issues that require management? \_\_\_\_\_

6k. How do you manage these health issues? (If applicable) \_\_\_\_\_

6l. Is there anyone in your life that feels you are not doing enough to manage these health issues? \_\_\_\_\_

Notes \_\_\_\_\_

### MONEY MANAGEMENT

7a. What is your source of income? \_\_\_\_\_

7b. Explain how you pay your bills \_\_\_\_\_

7c. How often do you run out of money to pay for rent, phone, electricity, and food? \_\_\_\_\_

7d. What works well for you when going to the grocery store? \_\_\_\_\_

7e. What is a challenge in going to the grocery store? \_\_\_\_\_

7f. Tell me something that you usually buy at the grocery store and how much it would cost? \_\_\_\_\_

Notes: \_\_\_\_\_

### SAFETY

8a. Do you have any safety concerns when walking around your neighborhood? If yes, please explain. \_\_\_\_\_

8b. What precautions would you take if you were walking on the street after dark? \_\_\_\_\_

8c. What types of crimes occur in this neighborhood? \_\_\_\_\_

8d. What number would you call if you needed police, fire, or EMS? \_\_\_\_\_

Notes: \_\_\_\_\_

**TRANSPORTATION**

9a. What is your primary source of transportation? \_\_\_\_\_

9b. What places are you able to go in the community alone? \_\_\_\_\_

9c. What challenges do you have in going places alone? \_\_\_\_\_

Notes: \_\_\_\_\_

**WORK/VOLUNTEERING**

10a. Did you have any difficulty with passing classes or grades while in school? If yes, please explain.  
\_\_\_\_\_

10b. Do you have any problems or dissatisfaction with your current occupational situation? If yes, please explain \_\_\_\_\_

10c. Are you currently employed, volunteer, or provide care to someone else? \_\_\_\_\_

10d. Type of Job/Volunteerism: \_\_\_\_\_

10e. Hours/week in past month: \_\_\_\_\_

*If not currently working/volunteering:*

10f. When did you last work? \_\_\_\_\_

10g. What type of work have you done in the past? \_\_\_\_\_

10h. What prevents you from going back to work? \_\_\_\_\_

Notes: \_\_\_\_\_

**RELATIONSHIPS**

11a. What is your living situation (Who else is present?): \_\_\_\_\_

11b. Who are the people that support you in your life currently? \_\_\_\_\_

11c. How often do you interact with these individuals? \_\_\_\_\_

11d. Do you interact mostly by phone or in person? \_\_\_\_\_

11e. What kinds of things do you do together? \_\_\_\_\_

11f. How often do you initiate the contact? \_\_\_\_\_

11g. How often do some of the relationships in your life feel challenging or stressful to you? \_\_\_\_\_

11h. What types of groups or social organizations do you belong to? \_\_\_\_\_

How do you participate? (If applicable) \_\_\_\_\_

11i. Do you have any problems or unhappiness with your current relationships or living situation? \_\_\_\_\_

Notes: \_\_\_\_\_

**RECREATION/STRESS REDUCTION**

12a. Do you have any problems or unhappiness with your current leisure activities? \_\_\_\_\_

What kinds of things do you do for fun or to unwind? (*list below*)

Activity	Frequency/Month	Social vs. Individual	Supplies present?

**Stress and Coping**

12b. Do you have any problems with your current stress level or coping skills? \_\_\_\_\_

12c. What do you do when something upsets you? \_\_\_\_\_

What do you do when that doesn't work? \_\_\_\_\_

12d. What medication do you take for anxiety or to reduce stress, if any? (Note: Problem only if client identifies it as such or no other coping skills other than medication) \_\_\_\_\_

Notes: \_\_\_\_\_

**PROBLEM-SOLVING**

13a. What would you do if you ran out of medicine before your next doctor's appointment?  
\_\_\_\_\_

13b. What would you do if you were alone and hurt yourself badly? \_\_\_\_\_

13c. What would you do if you got lost in the community? \_\_\_\_\_

13d. What would you do if you noticed that your refrigerator did not seem to be running and you had a lot of meat in the freezer? \_\_\_\_\_

13e. What would you do if you saw smoke coming from your oven while cooking dinner?  
\_\_\_\_\_

13f. What would you do if you ran out of money and did not have any food for the last week of the month? \_\_\_\_\_

13g. Let's say that you have a doctor's appointment, but at the same time your friend would like for the both of you to go to a movie. What are some different options on what you could do in this situation?  
\_\_\_\_\_

Notes: \_\_\_\_\_

**CLEANING AND ADMINISTRATIVE**

*Who is responsible for the following jobs?*

	<b>Individual</b>	<b>Spouse or Relative</b>	<b>Other</b>
14a. Washing Dishes			
14b. Mopping Floors			
14c. Vacuuming Floors			
14d. Picking-up in rooms			
14e. Cooking Food			
14f. Grocery Shopping			
14g. Doing the laundry			
14h. Cleaning the toilet			
14i. Waking you up			
14j. Ensuring Medications Taken			
14k. Picking up medications from pharmacy			
14l. Making sure you get to the doctor			
14m. Paying bills			

14n. Do you have any problems with who is responsible for these tasks that you would like to see change? \_\_\_\_\_

Notes: \_\_\_\_\_

**DAILY SCHEDULE**

*It is helpful for me to understand what you do in a typical day. What time do you typically wake up? Okay. Then what do you do after that?*

Continue in this way until you have the individual's typical waking schedule. Query about obvious missing activities including: bathing, eating, and/or taking medication.

Time:

Activity:


15a Do you have any problems with your daily schedule or would you like it to change in anyway? *(Interviewer to answer)* In your clinical opinion are there any problems in the client's daily schedule or can they benefit from making changes?

### LIVING ENVIRONMENT WALK-THRU

Request a tour of the living environment. Record any safety, organizational, or cleanliness problems on the chart below during this time.

Domain	Specifics	Problem identified/location
Safety	Electrical cords frayed	
	Electrical cords in traffic areas	
	Storage of poison/insecticide	
	Door locks broken or missing	
	Objects or spills on floor in traffic areas (tripping hazards)	
	Telephone not present	
	Medication storage if children present or visit	
	Roaches, ants or other insects present	
	Windows closed and no A/C on hot day	
Windows open and no heat on cold day		
Cleanliness	Clutter on counters	
	Dust or dirt on floors	
	Dust or dirt on counters	
	Dirty sink	
	Dirty commode	
	Dirty refrigerator	
	Dirty appliances	
	Clothing strewn about	
	Papers strewn about	
Clutter		
Organization	Closet disorganized	
	Drawers disorganized	
	Inadequate groceries to prepare a meal	
	Unable to locate important items	
	Dirty and clean clothing mixed	

**SUPPLIES WALK-THRU**

Query regarding whether the individual has the following critical items. Note any problems related to their presence, placement, or the individual's reported use of these items.

<b>Item</b>	<b>Present (check if yes)</b>	<b>Placement/Comments</b>
Dish Soap		
Bath Soap/Shampoo		
Hand Soap		
Laundry Soap		
Cleaning agents		
Toothpaste/Toothbrush		
Toilet Paper		
Deodorant		
Alarm Clock		
Calendar		
Lock for belongings (group home)		
Dish cloths/Sponges		
Dishes/Cooking Utensils		
Silverware		
Hangers		
Towels		
Sheets, blankets, pillow		
Telephone		