|  |
| --- |
| Observation Tool for Self-Administration of Medication Skills |
| Page 1 of 3 |
|  |
| Individual’s Name: |       | Date of Observation: |       |

|  |
| --- |
| Document the Number of the Response (e.g., 0, 1, 2, or 3) Observed on the Line Provided. |
| **A** |       |  | **Cognitive Skills** |
|  |  | 0 | Unable to follow directions. |
|  |  | 1 | Follows simple directions with 1 step prompting and encouragement. |
|  |  | 2 | Follows complex directions with 2 step prompting and encouragement. |
|  |  | 3 | Independent with complex directions. |
|  |  |  |  |
| **B** |       |  | **Fine Motor Coordination** |
|  |  | 0 | No functional use of hands. |
|  |  | 1 | Functional use of hands but has interfering factors (e.g., tremors). |
|  |  | 2 | Has use of hands but has ‘no pincer grasp’ (i.e., cannot hold an object between thumb and forefinger). |
|  |  | 3 | Able to pick up and/or manipulate small objects. |
|  |  |  |  |
| **C** |       |  | **Feeding** |
|  |  | 0 | Unable to feed self. |
|  |  | 1 | Requires assistance at each meal. |
|  |  | 2 | Requires verbal prompting and encouragement. |
|  |  | 3 | Fully independent. |
|  |  |  |  |
| **D** |       |  | **Behaviors** |
|  |  | 0 | Chronically unstable or displays pica behavior (i.e., craving to ingest any material not fit for food). |
|  |  | 1 | Episodes of unstable behavior. |
|  |  | 2 | Stable with support staff. |
|  |  | 3 | Reacts typically to daily life events. |
|  |  |  |  |
| **E** |       |  | **Vision** |
|  |  | 0 | Totally blind with no compensation from other senses. |
|  |  | 1 | Legally blind with residual sight or augments vision with other senses. |
|  |  | 2 | Slight impairment (effects on abilities is minimal). |
|  |  | 3 | Normal vision with/without glasses. |
|  |  |  |  |
| **F** |       |  | **Communication** |
|  |  | 0 | Unable to communicate basic wants and needs. |
|  |  | 1 | Effective communication is limited by constraints (emotional, physical, or intellectual). |
|  |  | 2 | Communicates but requires clarification. |
|  |  | 3 | Communicates clearly. |
|  |  |  |  |
| **G** |       |  | **Colors** |
|  |  | 0 | Unable to recognize differences in color. |
|  |  | 1 | Able to match colors with samples. |
|  |  | 2 | Inconsistently identifies colors. |
|  |  | 3 | Consistently identifies and states colors. |
|  |  |  |  |

|  |
| --- |
| Observation Tool for Self-Administration of Medication Skills |
| Page 2 of 3 |
| Individual’s Name: |       | Date of Observation: |       |

|  |
| --- |
|  |
| **H** |       |  | **Shapes** |
|  |  | 0 | Unable to recognize differences in shapes. |
|  |  | 1 | Able to match shapes with samples. |
|  |  | 2 | Inconsistently identifies shapes. |
|  |  | 3 | Consistently identifies shapes. |
|  |  |  |  |
| **I** |       |  | **Numbers** |
|  |  | 0 | Has no concept of the meaning of numbers. |
|  |  | 1 | Inconsistent awareness of number concepts. |
|  |  | 2 | Understands number concepts and identifies numerals. |
|  |  | 3 | Understands number concepts and identifies and writes numerals. |
|  |  |  |  |
| **J** |       |  | **Time** |
|  |  | 0 | Has no apparent concept of time. |
|  |  | 1 | Inconsistent awareness of time. |
|  |  | 2 | Ability to tell time by major daily events. |
|  |  | 3 | Ability to tell time by clock or watch. |
|  |  |  |  |
| **K** |       |  | **Letters/Name** |
|  |  | 0 | Cannot identify any letters. |
|  |  | 1 | Identifies isolated letters. |
|  |  | 2 | Recognizes written name. |
|  |  | 3 | Writes name. |
|  |  |  |  |
| **L** |       |  | **Medication** |
|  |  | 0 | Requires special techniques/total assistance to take medication. |
|  |  | 1 | Refuses medication frequently. |
|  |  | 2 | Takes medication with encouragement. |
|  |  | 3 | Always takes medication well. |
|  |  |  |  |
| **M** |       |  | **Medication Recognition** |
|  |  | 0 | Unable to name or identify current medications. |
|  |  | 1 | Able to say names of current medications, but not able to identify specific pill bottle/medication container. |
|  |  | 2 | Able to identify medication by name, pill bottle/medication container, and dosage with minimal prompting. |
|  |  | 3 | Able to identify medications by name, pill bottle/medication container, dosage, and reason for taking without prompting. |
|  |  |  |  |
| **N** |       |  | **Side effects** |
|  |  | 0 | Unable to identify/understand possible side effects of current medications. |
|  |  | 1 | Can identify one side effect, but not how to respond to side effect. |
|  |  | 2 | Identifies one or more side effects to specific medications and how to respond to side effects after training. |
|  |  | 3 | Identifies side effects to specific medications and how to respond to side effects after training. |

|  |
| --- |
| Observation Tool for Self-Administration of Medication Skills |
| Page 3 of 3 |
| Individual’s Name: |       | Date of Observation: |       |

|  |
| --- |
|  |
| **O** |       |  | **Ability to reorder** |
|  |  | 0 | Unable to identify when it is time to reorder. |
|  |  | 1 | Does not reorder medications or seek assistance to reorder until after medication supply is depleted. |
|  |  | 2 | Seeks assistance from staff to reorder medication before medication supply is depleted.  |
|  |  | 3 | Reorders medications independently before medication supply is depleted. |
|  |  |  |  |
| **Total Score** |       |  | **Add up the responses observed (Lines A-O) for the Total Score**. |
|  |  |  |  |
| **Average Score** |       |  | **Divide the Total Score by 15 for the Average Score.** |
|  |  |  |  |
|  |  |  |  |
| **If Average Score is:** | Less than 1.7 | Individual does not meet the criteria to learn to self-administer their medication at this time. |
|  | Greater than 1.7 | Individual meets the criteria to learn to self-administer their medication to the full extent of their ability. |
|  |  |  |
| Based on this ‘Observation Evaluation Tool’, I have determined that the individual named below **meets the criteria** to learn to self-administer their medications. |
| Staff’s Printed Name:  |       | Individual’s Printed Name: |       |
| Staff’s Signature: |       | Date: |       |
|  |  |  |  |
|  |
| Based on this ‘Observation Evaluation Tool’, I have determined that the individual named below **does not meet the criteria** to learn to self-administer their medications at this time because       |
| Staff’s Printed Name:  |       | Individual’s Printed Name: |       |
| Staff’s Signature: |       | Date: |       |
|  |  |  |  |

|  |
| --- |
| As the individual’s Health Care Provider (HCP), I concur, that based on this ‘Observation Evaluation Tool’, the individual demonstrated the ability to learn to self-administer their medication. |
|  |
| Health Care Provider Printed Name: |       | HCP’s Telephone Number: |       |
| HCP’s Signature: |       | Date: |       |
|  |  |  |  |