Muleshoe Meals on Wheels Client Evaluation

Daily Living

Date: _____7/21/2025_____

Client name:

Impairment Score	
0	None
1	Mild
2	Severe
3	Total Impairment

Please do not use yes or no - use the score of 0-3 for your answers.

1. Is the client able to fix their own meals?	#NAME?
2. Does the client have problems feeding themselves?	
3. Is the cient able to walk without help?	
4. Has the client had a significant change in appetite?	
5. Does the client have any problems keeping their balance?	
6. Is the client able to open jars, cans, bottles?	
7. Is the client able to stand without becoming unsteady on their feet?	
8. Is the client able to clean their home? (sweep, dust, wash dishes, vacuum?)	
9. Is the client able to get in and out of their bed and a chair?	
10. Is the client able to dress themselves?	
11. Is the client able to groom themselves? (shave, brush their teeth, comb their hair?)	
12. Does the client walk with the aid of a cane or walker?	
13. Does the client have hearing aids?	
14. Does the client have problems remembering things?	
15. Is the client on Oxygen?	
16. Does the client have trouble taking a bath or shower?	
17. Is the client able to get to and from the restroom?	
18. Is the client able to take their own medicine?	
19. Does the client have trouble making their own decisions?	

20. In the last month, has the client felt down or depressed?	
21. Has the client had problems sleeping?	
22. In the last two weeks, has the client had trouble concentrating?	
23. Does the client have short-term memory loss?	
24. Is the client able to use the telephone?	
25. Any problems not listed? _____	

Assessment Total	

Rate the Client with the following scale:

0	No Impairment	Able to conduct activities/no need for assistance
1	Mild Impairment	Able to conduct activities with minimal difficulty
2	Severe Impairment	Has extreme difficulty carrying out activities
3	Total Impairment	Completely unable to carry out any actitivity

A score of 20 (severe impairment) or greater is required for home-delivered meals.

Notes: _____

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_____
Client/Caregiver Signature

_____
Date

_____
Director Signature

_____
Date