Alberta

DRAFT- Daily Living Assistance Assessment Tool - Report (CF-DLA-1)

For accidents that occur on or after **January 1, 2027**

Part 1. Claimant Information

Last Name	First Name	Middle Name(s)

Mailing Address	City or Town

Province	Country	Postal Code	Email Address

Telephone Number	Date of Birth *(dd-mm-yyyy)*	Date of Accident *(dd-mm-yyyy)*

Was the claimant admitted to a hospital?	If yes, hospital name?
Yes No	

Policy Number (if known)	Claim Number (if known)

Insurance Company

Caregiving/Employment/Studies Status at the time of the accident (if applicable)

If involved in caregiving, are caregiving duties impacted by the injuries from this accident?

Yes No N/A

If employed and/or engaged in studies, select all that apply and provide job title where applicable.

Job title

Part 2. Relevant Clinical History

Pre-existing diagnoses affecting functional abilities

Accident description

Previous diagnostic testing and treatment

Yes No

If yes, describe

Please list the name of the Health Care Practitioner(s)

Use the following legend when selecting a reason for 'Not applicable'

1 – No need to do this activity or the claimant derives no benefit from this activity
2 – Claimant did not normally perform this activity before the accident
3 – Activity not normally expected of a claimant this age
4 – Need met by another agency/institution
5 – Needed assistance before the accident and no increase in need due to accident
6 – Need unrelated to the accident that appeared after the accident
7 – Other reason (specify)

Part 3. Activities of Daily Living (ADLs) / Instrumental Activities of Daily Living (IADLs) Assessment Report

Level 1 IADLs – Home and community management	Check if applicable	Select reason if item is not applicable
1. Meal preparation – breakfast	**Independent** ☐	Select from 1 to 7 ▼
1.1. Access to and use of food and tools needed for meal preparation Comments:		**Independent** ☐
1.2. Preparation of food Comments:		**Independent** ☐

1.3. Table set-up Comments:	**Independent** ☐
1.4. Clean-up Comments:	**Independent** ☐
1.5. Other Comments:	**Independent** ☐

2. Meal preparation – lunch	**Independent** ☐	Select from 1 to 7
2.1. Access to and use of food and tools needed for meal preparation Comments:		**Independent** ☐
2.2. Preparation of food Comments:		**Independent** ☐
2.3. Table set-up Comments:		**Independent** ☐

2.4. Clean-up Comments:		**Independent** ☐
2.5. Other Comments:		**Independent** ☐
3. Meal preparation – dinner	**Independent** ☐	Select from 1 to 7
3.1. Access to and use of food and tools needed for meal preparation Comments:		**Independent** ☐
3.2. Preparation of food Comments:		**Independent** ☐
3.3. Table set-up Comments:		**Independent** ☐
3.4. Clean-up Comments:		**Independent** ☐

3.5. Other

Comments:

Independent ☐

4. Light housekeeping	**Independent** ☐	Select from 1 to 7

4.1. Dusting

Comments:

Independent ☐

4.2. Sweeping

Comments:

Independent ☐

4.3. General tidying of house

Comments:

Independent ☐

4.4. Other

Comments:

5. Heavy housekeeping	**Independent** ☐	Select from 1 to 7

5.1. Vacuuming

Comments:

Independent ☐

5.2. Making the bed Comments:	**Independent** ☐
5.3. Washing floors Comments:	**Independent** ☐
5.4. Garbage disposal Comments:	**Independent** ☐
5.5. Cleaning appliances/bathroom(s) Comments:	**Independent** ☐
5.6. Other Comments:	
6. Laundry	**Independent** ☐ Select from 1 to 7
6.1. Access laundry area Comments:	**Independent** ☐

6.2. Carry basket of clothes Comments:	**Independent** ☐
6.3. Transfer of laundry Comments:	**Independent** ☐
6.4. Ironing Comments:	**Independent** ☐
6.5. Folding Comments:	**Independent** ☐
6.6. Other Comments:	
7. Yard work	**Independent** ☐ — Select from 1 to 7
7.1. Raking leaves Comments:	**Independent** ☐

7.2. Mowing lawn

Comments:

Independent ☐

7.3. Cleaning eaves troughs

Comments:

Independent ☐

7.4. Snow removal

Comments:

Independent ☐

7.5. Other

Comments:

8. Shopping for personal needs	**Independent** ☐	Select from 1 to 7

8.1. Store access

Comments:

Independent ☐

8.2. Carrying items

Comments:

Independent ☐

8.3. Paying for items

Comments:

Independent ☐

8.4. Other

Comments:

9. Using private or public transportation other than transfers

Independent ☐

Select from 1 to 7

9.1. Assistance required to complete activity

Comments:

Independent ☐

9.2. Other

Comments:

10. Undertake community outings

Independent ☐

Select from 1 to 7

10.1. Specify what public services and neighbourhood shopping, medical and personal facilities the claimant makes use of

Comments:

Independent ☐

10.2. Assistance required to complete activity

Comments:

Independent ☐

10.3. Other

Comments:

11. Managing personal finances, or personal medication, or both	**Independent** ☐	Select from 1 to 7

11.1. Manage personal finances — **Independent** ☐

Comments:

11.2. Manage personal medication — **Independent** ☐

Comments:

11.3. Other

Comments:

Level 2 ADLs – Mobility and self-care

12. Transferring to and from bed	**Independent** ☐	Select from 1 to 7

12.1. Transfer in and out of bed — **Independent** ☐

Comments:

12.2. Other

Comments:

13. Adjusting or maintaining body position in bed	Independent ☐	Select from 1 to 7
13.1. Adjust body position Comments:		**Independent** ☐
13.1. Adjust body position Comments:		**Independent** ☐
13.2. Raise self in bed from lying to sitting Comments:		**Independent** ☐
13.3. Other Comments:		
14. Transfers: Vehicle	**Independent** ☐	Select from 1 to 7
14.1. Transfer in and out of vehicle Comments:		**Independent** ☐
14.2. Storage of mobility aid Comments:		**Independent** ☐

14.3. Use of seatbelt

Comments:

Independent ☐

14.4. State use of any specialized transportation service

Comments:

Independent ☐

14.5. Other

Comments:

15. Transfers: Two person or lift

Independent ☐

Select from 1 to 7

15.1. State type of lift used with claimant

Comments:

Independent ☐

15.2. Other

Comments:

16. Home access

Independent ☐

Select from 1 to 7

16.1. Use of equipment

Comments:

17. Stair use	Independent ☐	Select from 1 to 7
17.1. Ascend/descend indoor stairs in the claimant's home Comments:		**Independent** ☐
17.2. Other Comments:		

18. Eating/drinking	Independent ☐	Select from 1 to 7
18.1. Use of utensils Comments:		**Independent** ☐
18.2. Drink to mouth Comments:		**Independent** ☐
18.3. Special equipment Comments:		**Independent** ☐
18.4. Other Comments:		

19. Grooming/hygiene	Independent ☐	Select from 1 to 7
19.1. Oral care Comments:		**Independent** ☐
19.2. Shaving Comments:		**Independent** ☐
19.3. Hair grooming Comments:		**Independent** ☐
19.4. Nail (finger/toe) care Comments:		**Independent** ☐
19.5. Washing hands/face Comments:		**Independent** ☐
19.6. Applying make-up Comments:		**Independent** ☐

19.7. Other

Comments:

20. Dressing/undressing	**Independent** ☐	Select from 1 to 7
20.1. Set-up Comments:		**Independent** ☐
20.2. Lower body Comments:		**Independent** ☐
20.3. Upper body Comments:		**Independent** ☐
20.4. Fasteners, buttons, zippers Comments:		**Independent** ☐

20.5. Other

Comments:

21. Orthosis/prosthesis	Independent ☐	Select from 1 to 7
21.1. State type of orthosis/prosthesis devices Comments:		Independent ☐
21.2. Other Comments:		
22. Bathing/showering	Independent ☐	Select from 1 to 7
22.1. Set-up Comments:		Independent ☐
22.2. Transfer in/out of tub or shower Comments:		Independent ☐
22.3. Washing and rinsing Comments:		Independent ☐
22.4. Drying Comments:		Independent ☐

22.5. Other

Comments:

23. Toileting	Independent ☐	Select from 1 to 7

23.1. Transfer on/off toilet — **Independent** ☐

Comments:

23.2. Genital/perineal hygiene — **Independent** ☐

Comments:

23.3. Use of special devices — **Independent** ☐

Comments:

23.4. Other

Comments:

Level 3 ADLs – Bowel and bladder care

1. Does the claimant require an incontinence garment? **Yes** ☐ **No** ☐

If yes, is the claimant independent? **Yes** ☐ **No** ☐

Comments:

2. Does the claimant require a catheter? Yes ☐ No ☐

If yes, is the claimant independent? Yes ☐ No ☐

Comments:

3. Does the claimant require bowel disimpaction? Yes ☐ No ☐

If yes, is the claimant independent? Yes ☐ No ☐

Comments:

25. Supervision (applies when the claimant requires basic or skilled supervision for cognitive, behavioural, emotional, or medical issues that are not covered in Part 1)	**Independent** ☐	Select from 1 to 7

25.1. Other

Comments:

Part 4. Scoring Table

Class 1 — The claimant requires physical or verbal assistance with up to 25% of the activity.

Class 2 — The claimant requires physical or verbal assistance with more than 25% and up to 50% of the activity.

Class 3 — The claimant requires physical or verbal assistance with more than 50% and up to 75% of the activity.

Class 4 — Completely Dependent — The claimant requires physical or verbal assistance with more than 50% and up to 75% of the activity.

Section 1. ADL / IADL Scoring	DLA Scoring Sheet					
Level 1 IADLs – Home and Community Management	**N/A**	**Class 1**	**Class 2**	**Class 3**	**Class 4**	**Enter Score**
1. Preparing personal meals: breakfast	0	1	2	3	4	
2. Preparing personal meals: lunch	0	1.5	3	4.5	6	
3. Preparing personal meals: dinner	0	2	4	6	8	
4. Performing housework to maintain a place of residence in acceptable sanitary condition: light housekeeping	0	3	3	3	6	
5. Performing housework to maintain a place of residence in acceptable sanitary condition: heavy housekeeping	0	0	0	0	3	
6. Performing housework to maintain a place of residence in acceptable sanitary condition: laundry	0	1	1	1	2	
7. Performing yard work	0	0	0	0	3	
8. Shopping for personal needs	0	0	0	0	1	
9. Using private or public transportation other than transfer vehicles	0	0	0	0	1	
10. Undertaking community outings	0	0	0	0	1	
11. Managing personal finances or personal medication or both	0	0	0	0	1	
Total for Level 1						
Level 2 ADLs – Mobility and Self-Care	**N/A**	**Class 1**	**Class 2**	**Class 3**	**Class 4**	**Enter Score**
12. Transferring to and from bed	0	1.5	1.5	1.5	3	
13. Adjusting and maintaining position in bed	0	1.5	1.5	1.5	3	
14. Using private or public transportation vehicle transfers	0	2	2	2	4	
15. Transfers requiring 2 or more persons or a patient lift	0	0	0	0	6	
16. Accessing an insured's place of residence	0	4	4	4	7	
17. Using stairs	0	1.5	1.5	1.5	3	

18. Performing personal hygiene and self-care that relates to eating or drinking	0	4	4	4	16	
19. Performing personal hygiene and self-care that relates to grooming or hygiene	0	2	2	2	3	
20. Performing personal hygiene and self-care that relates to dressing or undressing	0	1.5	3	4.5	6	
21. Performing personal hygiene and self-care that relates to orthosis or prosthesis	0	2	2	2	3	
22. Performing personal hygiene and self-care that relates to bathing or showering	0	2	4	6	8	
23. Performing personal hygiene and self-care that relates to toileting	0	6	6	6	12	
Total for Level 2						
Level 3 ADLs – Bowel and Bladder Care	**N/A**	**Class 1**	**Class 2**	**Class 3**	**Class 4**	**Enter Score**
24. Performing personal hygiene and self-care that relates to bowel and bladder care requiring catheters, disimpaction or diapers	0	8	8	8	16	
Total for Level 3						

Section 2. Supervision Requirements	**Score**	**Enter Score**
25. Supervision	Average number of hours per day	
Total score for Supervision (Average x 12)		

ADL / IADL Assistance Activity	**Section Score Total**	**Weighting Factor**	**Weighted Score**
Enter score for Section 1, Level 1		x 1.00 =	
Enter score for Section 1, Level 2		x 1.05 =	
Enter score for Section 1, Level 3		x 2.54 =	
Enter score for Section 2		x 1.00 =	
Enter total weighted score [Total for Level 1] + [Total for Level 2] + [Total for Level 3] + [Total for Level 4] + Supervision **(1)** If Total Weighted Score is below 9 then consumer does not qualify and no further calculation is required **(2)** If Total Weighted Score is 9 or above but less than 89 **claimant** qualifies for a proportional monthly amount **(3)** If Total Weighted Score is 89 or above, the **claimant** qualifies for the full monthly maximum			

Part 5. Health Care Practitioner Information

Full Name of Health Care Practitioner	
Profession	
Professional License Number	
Telephone Number	Email
Preferred Contact Method ☐ Phone ☐ Email	

Part 6. Health Care Practitioner Signature

I certify that the information provided is true and correct to the best of my knowledge.

Full Name of Program of Care Health Care Practitioner (Please Print)	Date *(dd-mm-yyyy)*	Signature

This report is provided pursuant to section 58 of the *Automobile Insurance Act*, which requires an assessing or treating health care practitioner, upon request, to provide information reasonably required by the insurer related to the claimant's bodily injury for the administration of the claim.

Daily Living Assistance Assessment Services Recommendations

Service item	**Recommend hours** (Note: Recommended hours are subject to funding authorization and should not be communicated to the client prior to such authorization)		
Total Homemaking	visits/week	hours/visit	weeks
Total Attendant Care	visits/week	hours/visit	weeks

Services required (select all that apply)

Level 1 IADLs — Home and community management

- ☐ Meal preparation
- ☐ Light housekeeping
- ☐ Heavy housekeeping
- ☐ Laundry
- ☐ Yard work
- ☐ Shopping for personal needs
- ☐ Using private or public transportation (excluding transfers)
- ☐ Undertaking community outings
- ☐ Managing personal finances, or personal medication, or both

Level 2 ADLs — Mobility and self-care

- ☐ Transferring to and from bed
- ☐ Adjusting and maintaining position in bed
- ☐ Vehicle transfers
- ☐ Two person transfers
- ☐ Home access
- ☐ Stair use
- ☐ Eating/drinking
- ☐ Grooming/hygiene
- ☐ Dressing/undressing
- ☐ Donning/doffing orthosis/prosthesis
- ☐ Bathing/showering
- ☐ Toileting

Level 3 ADLs — Bowel and bladder care

- ☐ Diaper, catheter, disimpaction

Additional Comments/Recommendations (Optional)

Communication Request (Optional)

Do you wish to have a phone consult with the case manager?

☐ Yes ☐ No

If Yes, specify purpose of phone consult (contingent on the nature of the discussion, this communication may be billable; refer to the Occupational Therapy Performance Standards. Note that communication for the purpose of administrative correspondence is not funded):