

Self-Administration Assessment – Health-Related Activities

Individual's Name: _____ Date of Birth: _____

Location: ☐ Home ☐ ADS ☐ Other

Health Care Task(s) Being Assessed: _____
(i.e.: blood pressure, CPAP, pulse oximetry, compression hose, etc.)

1. Knows how to use the equipment and how to complete the task(s) (i.e., blood pressure cuff, pulse oximeter, etc.).

Yes ☐ Continue to #2

No ☐ Continue to #2

2. Recognizes if equipment is working correctly. Knows who to ask/tell if there is a problem.

Yes ☐ Continue to #3

No ☐ Continue to #3

3. Knows what to do with the number/test result (i.e., tell/show someone, write it down, seeks help).

Yes ☐ Continue to #4

No ☐ Continue to #4

N/A ☐ Continue to #4

4. Recognizes the time to complete health care task(s) and has demonstrated the ability to initiate at the right time/day by using a clock, routine, symptom (i.e., first day of work week, before meals, before bedtime, shortness of breath, distress, or by use of technology).

Yes ☐ Continue to #5

No ☐ Continue to #5

5. Able to get equipment and supplies to/from storage and assemble equipment.

Yes ☐ Continue to #6

No ☐ Continue to #6

6. Able to clean and maintain equipment/supplies.

Yes ☐ Continue to Assessment Result

No ☐ Continue to Assessment Result

Assessment Result: The OhioISP must indicate the result of the assessment and how medications will be administered. Based on the answers to questions 1-6, choose one of the results listed below:

☐ **Able to self-administer without assistance** (Questions 1-6 are "yes")

☐ **Able to self-administer with assistance** (Questions 1-3 are "yes", 4 and/or 5 & 6 are "no")

OAC 5123-6-02 specifies the three types of assistance that can be provided by uncertified personnel. Indicate the type or types of assistance that apply.

☐ Reminders of when to perform the health care task and observe to ensure the individual follows the directions

☐ Removing equipment from storage area, handing the equipment to the individual,

☐ Upon request, with consent, or at the individual's direction, receives physical assistance with any or all the following: getting supplies out of container; assembly of equipment; cleaning equipment.

☐ **Unable to self-administer with or without assistance** (The answer is "no" to any or all of Questions 1-3)

Choose one of the following:

☐ The individual can do some steps of the health care task and a properly licensed or certified and authorized person completes the other steps of the health care task. (List details on OhioISP – **fillable space for summary**).

☐ A properly licensed or certified and authorized person is required to assist with or perform the health care task.

☐ **Other Considerations** Through the person-centered planning process, the team has identified that the individual is unable to safely perform the health care task with or without assistance. The OhioISP will identify appropriate supports necessary for safe completion of the task(s). - **fillable space for summary**.

Name, Signature & Title of Person Performing Assessment

Date

Annual Review	Date of Review	Name, Signature & Title of Person Performing Assessment
First Review		
Second Review		

Revised 3-2024