

Quality of Life Movement Assessment for Persons with Advanced Dementia

Date:
Reason for Referral:

Client Name:

Medical Diagnoses

Past Medical History

Social/Emotional History

Cultural Identity

Past Role Identity

Hobbies and Interests

Context of Assessment

Ambulatory: Yes No

Devices: Cane Walker Wheelchair

Body

Parts of body used:


Parts of body not used:

Body Connections on continuum:

Breath	Observed _____	Not observed _____	Body-half	Observed _____	Not observed _____
Head-Tail	Observed _____	Not observed _____	Cross-lateral	Observed _____	Not observed _____
Upper-Lower	Observed _____	Not observed _____	Arm-scapula	Observed _____	Not observed _____
Core-Distal	Observed _____	Not observed _____	Pelvis-thigh	Observed _____	Not observed _____

Body Part Sequencing observed: Simultaneous Successive Sequential

Posture/Gesture Use:

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Effort

Efforts observed:

Flow	<input type="checkbox"/> Free	<input type="checkbox"/> Bound	Time	<input type="checkbox"/> Sustained	<input type="checkbox"/> Quick
Weight	<input type="checkbox"/> Light	<input type="checkbox"/> Strong	Space	<input type="checkbox"/> Multi-focus	<input type="checkbox"/> Direct

Use of Weight on continuum: Passive _____ Active

Effort Combinations observed:

<input type="checkbox"/> Space & Time (Awake)	<input type="checkbox"/> Weight & Flow (Dream)	<input type="checkbox"/> Flow & Time (Mobile)
<input type="checkbox"/> Weight & Time (Near Rhythm)	<input type="checkbox"/> Space & Flow (Remote)	<input type="checkbox"/> Space & Weight (Stable)

Drives observed:

<input type="checkbox"/> Weight Space & Time (Action)	<input type="checkbox"/> Time Space & Flow (Vision)
<input type="checkbox"/> Space Weight & Flow (Spell)	<input type="checkbox"/> Weight Time & Flow (Passion)

Phrasing

Impulsive Even Swing Explosive

Impressions of expressive range: _____

Shape Change

Shape Flow: observed not observed: Circle relevant: Rising Sinking Advancing Retreating Spreading Enclosing

Self touch: used not used

Directional: Spoke-like Arc-like

Carving: observed not observed

Space

Kinesphere observed: Near-reach Mid-reach Far-reach

Directions observed:

Vertical Up Down

Horizontal Left Right

Sagittal Forward Back

Use of dimensions used at one time: One dimension Two dimensions Three dimensions

Pathways observed: Central Peripheral Transverse

Spatial Intent observed: Central Peripheral Transverse

Use of Touch

Accepts Initiates Aversive

Moments of Increased Complexity

↑ # of parts of body involved No Change Some change Significant change
 ↑ # of Efforts No Change Some change Significant change
 ↑ # or types of Shape Change No Change Some change Significant change
 ↑ of kinesphere No Change Some change Significant change

↑ use of directions No Change Some change Significant change
 # of Body Connections No Change Some change Significant change
 # of Effort States No Change Some change Significant change
 # of Effort Drives No Change Some change Significant change

↑ combination of any of above

Impressions of Changes in Shape, Space, Use of Touch, or Complexity: _____

Indicators of Quality of Life

Engagement in Meaningful Experiences

Responsiveness to specific interventions:

Responsiveness to Props:

To specific props (identify) _____

Evidence of receptivity indicated by: Attentive somewhat Sustained Focus Engaged somewhat Very engaged

Evidence of unreceptivity indicated by: Not at all engaged Closing eyes Turning away Pushing away

To music (identify) _____

Evidence of receptivity indicated by: Attentive somewhat Sustained Focus Engaged somewhat Very engaged

Evidence of unreceptivity indicated by: Not at all engaged Tuning out

To specific people (identify) _____

Evidence of receptivity indicated by: _____

Evidence of unreceptivity indicated by: _____

Experienced Validation: Yes No (as evidenced by) _____

Sensory modalities most evocative: Auditory Visual Kinesthetic Tactile Smell Taste

A Sense of Fun, Enjoyment and Pleasure

Humor demonstrated: None Some Significant (as evidenced by) _____

Creativity demonstrated: None Some Significant (as evidenced by) _____

Spontaneity demonstrated: None Some Significant (as evidenced by) _____

Affect


Range of primary emotions expressed: Joy Interest Surprise Grief Fear Anger Disgust

Agitation on a continuum: None _____ Very

Self-expression

Vocalization: ↑ None Some Significant ↓ None Some Significant

Verbalization: ↑ None Some Significant ↓ None Some Significant Coherence ↑ None Some Significant ↓ None Some Significant

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Ability to make choices: No Yes (as evidenced by) _____

Social Engagement

Eye contact observed: Direct/sustained Occasional Avoidant None

Eye tracking observed: None Some Significant

Attention to external environment: Attentive Easily distracted None

Initiates contact: Not at all Infrequently Frequently

Moments of social interaction: Not at all Infrequently Frequently

Feelings of belonging: None Some Significant (as evidenced by) _____

Mirroring of group leader or person with authority: Not at all Infrequently Frequently

Mirroring of peers: Not at all Infrequently Frequently

Nonverbally communicates needs: Yes No

Back-and-forth interaction evident: : Yes No

Vitality

Impressions of meaningful experiences, sense of fun, enjoyment and pleasure, affect, self-expression, or social engagement:

Summary: Did any of the moments of ↑ complexity of movement coincide with any of the QOL indicators? If so, which ones:
