Appendix.
Adaptive Prescription Record: Toilet transfer task.

ADAPTIVE PRESCRIPTION: GETTING ON/OFF THE TOILET

FUNCTION LEVEL	MOBILITY AID	TYPE
☐ Level 1:Can't sit without support	☐ Cane/crutch	_____
☐ Level 2: Can sit can't stand	☐ Walker	_____
☐ Level 3: Can stand can't walk	☐ Wheelchair	_____
☐ Level 4: Can walk	☐ Scooter	_____

Problem Areas:

	1. Environmental Barrier	*Not Present*	*Present*	*Comments (specify type or location if relevant)*
1.10	**Maneuverability and Safety**			
1.11	Floor surface (e.g., slippery, rugs present, trip hazards, poor condition)	0	1	
1.12	Not enough light	0	1	
1.13	Furniture or equipment in maneuvering/transfer space	0	1	
1.14	Not enough space for maneuvering mobility aid in room	0	1	
1.30	**Transfer/Mobility Assists**			
1.31	Mobility aid not right type	0	1	
1.32	Not enough space for assistance or transfer	0	1	
1.33	No grab bars present	0	1	
1.34	Grab bars are not the right type	0	1	
1.35	Grab bars not in the right place	0	1	
1.36	Sliding board not present	0	1	
1.40	**Fixture: Toilet**			
1.41	Toilet seat not at right height	0	1	
1.42	Toilet or toilet seat unstable	0	1	
1.99	Other: _____	0	1	
	1. Person Limitation	*Not present*	*Present*	*Comments (specify type or location if relevant)*
1.10	**Maneuverability and Safety**			
1.15	Decreased stamina/ endurance	0	1	
1.30	**Transfer/Mobility Assists**			
1.37	Transfer technique not correct/cannot transfer	0	1	
1.38	Cannot reposition self in bed	0	1	
1.40	**Fixture: Toilet**			
1.43	Incontinent or cannot complete transfer in time	0	1	
1.99	Other: _____	0	1	

Recommendations:

	2. Equipment/ Assistive Technology	*Recommended*		*Implemented*		*Comments (specify type or location if relevant)*
		no	yes	no	yes	
2.10	**Maneuverability and Safety**					
2.12	EADLs (e.g., electronic control unit, clapper, motion detector)	0	1	0	1	
2.15	Oxygen tank w/ extra tubing/portable tank (*contact physician*)	0	1	0	1	
2.30	**Transfer/Mobility Assists**					
2.31.1	Walker/cane/crutch	0	1	0	1	
2.31.2	Wheelchair	0	1	0	1	
2.32.1	Mobile lift (e.g., Hydraulic/ Mechanical)	0	1	0	1	

2.32.2	Overhead lift	0 1	0 1	
2.32.3	Trapeze bar	0 1	0 1	
2.33.1	Gait belt	0 1	0 1	
2.33.2	Sliding board	0 1	0 1	
2.38.1	Hospital Bed	0 1	0 1	
2.38.2	Draw sheet	0 1	0 1	
2.38.3	Bed rail	0 1	0 1	
2.40	**Fixture: Toilet**			
2.41	Bedside Commode or Shower Chair	0 1	0 1	
2.41	Urinal	0 1	0 1	
2.41	Catheter with bag (*contact physician*)	0 1	0 1	
2.99	Other: _____	0 1	0 1	

		Recommended	*Implemented*	
3.	**Home Modification**	no yes	no yes	*Comments (specify type or location if relevant)*
3.10	**Maneuverability and Safety**			
3.11	Change floor surface (e.g., replace flooring) remove rugs or obstacles from floor	0 1	0 1	
3.12.1	Add lighting (e.g., new fixtures, change curtains, night light)	0 1	0 1	
3.12.2	Change light controls (e.g., move/ new switch)	0 1	0 1	
3.13	Rearrange furniture (e.g., move hamper, trash can, shelves)	0 1	0 1	
3.14.1	Rearrange bathroom fixtures to create more space (e.g., plumbing)	0 1	0 1	
3.14.2	Remove walls (e.g., closet) to create more space	0 1	0 1	
3.14.3	Add onto bathroom	0 1	0 1	
3.14.4	Add a new bathroom to house (add-on or convert other room)	0 1	0 1	
3.30	**Transfer/Mobility Assists**			
3.33	Install new grab bars	0 1	0 1	
3.34	Change grab bars (different type)	0 1	0 1	
3.35	Move grab bars	0 1	0 1	
3.40	**Fixture: Toilet**			
3.41	Change toilet height (e.g., replace toilet, donut, safety frame, toilevator)	0 1	0 1	
3.42	Stabilize toilet	0 1	0 1	
3.99	Other: _____	0 1	0 1	

		Recommended	*Implemented*	
4.	**Adaptive Method/ Alternative Strategy**	no yes	no yes	*Comments (specify type or location if relevant)*
4.10	**Maneuverability and Safety**			
4.14	Use a different bathroom	0 1	0 1	
4.30	**Transfer/Mobility Assists**			
4.37	Bed mobility training	0 1	0 1	
4.38	Transfer training	0 1	0 1	
4.40	**Fixture: Toilet**			
4.43.1	Catheterization	0 1	0 1	
4.43.2	Use urinal	0 1	0 1	
4.43.3	Bowel program—*contact physician*	0 1	0 1	
4.43.4	Prompted voiding—*contact physician*	0 1	0 1	
4.43.5	Diapers	0 1	0 1	
4.99	Other: _____	0 1	0 1	

EADL = electronic aid for daily living.