

Assessments for Adults with Developmental Disabilities - A.A.D.S.

This questionnaire is about adults with an intellectual or developmental disability. It is about the kind of behaviors and difficulties that may be faced by adults as they become older and by those who care for them. It should be completed by someone who knows the person well and who has been working with him or her during the past two weeks (such as a parent, worker or other carer).

Name of person completing form: _____ Date: _____

The adult's initials: _____ Date of birth: _____ Sex: _____

Address of group home: _____ ID CODE _____

INSTRUCTIONS

1. How often did the behavior occur?

- * Read carefully the following list of behaviors. For each behavior decide how often it has occurred in the past two weeks.
- * Please rate all the behaviors the person has displayed, even if they have always been present.
- * Please rate how often the behavior has occurred by circling the number that best applies:

0 = Has not occurred in the past two weeks 1 = Once in the past two weeks 2 = 2-3 times in the past two weeks
3 = More than 2-3 times during the past two weeks 4 = Once a day 5 = More than once a day 6 = Once an hour/all of the time

- * If the behavior has not occurred, or the question does not apply circle 0 and go onto the next question.

2. How difficult was the behavior to manage?

* Please think about how difficult the behavior was to manage. Please rate how much of a difficulty the behavior was by selecting the difficulty number that best applies. Some examples have been given as a general guide. (If more than one category applies, select the highest number).

0= No difficult: [e.g. required no response from carer, did not need supervision or physical support]

1= Very little difficulty: [e.g. required occasional verbal/physical prompting, brief verbal response required; needed occasional supervision/physical support]

2= Mild difficulty: [e.g. required some verbal/physical prompting, short verbal response/minor physical action was required (e.g. redirection, touch); minor/brief change to environment (e.g. object/person moved); needed some supervision/physical support]

3= Moderate difficulty: [e.g. required more than some verbal/physical prompting, moderate verbal response/physical action was required (e.g. blocking, brief hold); temporary change to the environment (e.g. objects/person(s) removed from the area); needed quite a lot supervision/physical support]

4= Mod-severe difficulty: [e.g. required *frequent* verbal/physical prompting, person needed to be physically held for more than a moment; semi-permanent changes to environment required (i.e. lasting more than a day), needed a lot supervision/physical support]

5= Severe difficulty: [e.g. required *continual* verbal/physical prompting, person needed to be physically held for a prolonged period of time; required continual supervision/physical support, permanent changes to environment required]

6= Extremely severe difficulty: [e.g. carer could not manage the behavior; placement was threatened, required *intervention* from outside agency (e.g. health professional, hospital, crisis intervention team)]

This is an adapted version of the Assessment for Adults with Developmental Disabilities (AADS) by the University at Albany's

Preparing Community Agencies for Dementia Care Project. Please return completed forms as directed to:

**PCAD Project - Richardson 280
University at Albany
Albany, NY 12222**

3. What effect did the behavior have?

* Please think about the effect the behavior had upon the person and his or her “quality of life.” Quality of life includes such things as: health, relationships, choices, leisure, activities at home and in the community, and the physical and social environment. Please rate how much of an effect the behavior had by selecting the effect number that best applies. Some examples have been given as a general guide.
(If more than one category applies select the higher number).

0= No effect: [e.g. no effect upon health, relationships, choices or activities; no distress experienced by the individual]

1= Very little effect: [e.g. short disruption in an activity; friendships occasionally disrupted; occasionally did not interact with others; few choices made by the carer; very little distress experienced by individual; very little effect upon general health; very slight injury (e.g. reddening of skin)]

2= Mild effect: [e.g. missed out on an activity in or outside the home, friendships sometimes disrupted; sometimes did not interact with others; some choices made by the carer; mild distress experienced by the individual; mild effect upon general health; mild injury (e.g. bruise)]

3= Moderate effect: [e.g. missed out on a days activity in or outside the home, friendships quite often disrupted; quite often did not interact with others; more than some choices by the carer; moderate effect upon general health, moderate injury (e.g. basic first aid was required); moderate distress experienced by individual]

4= Moderate-severe effect: [e.g. missed out on activities for two or more days in or outside the home, friendships disrupted most of the time; most of the time did not interact with others, most choices were made by the carer; moderate-severe effect on general health, needed to be seen by a doctor]

5= Severe effect: [e.g. missed out on a week’s activities in or outside the home; friendships disrupted almost all the time; almost all the time did not interact with others, almost all choices were made by the carer, severe distress experienced by the individual, needed to attend hospital/emergency room]

6 = Extremely severe: [e.g. missed out on all activities in or outside the home; did not interact with others; friendships disrupted all of the time; all choices were made by the carer; needed hospital admission; extremely severe distress experienced by individual]

In all cases, please circle your response

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Management difficulty

Rate how much of a management difficulty the behavior was (See instructions on front page)
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Effect

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1.Was restless

Paced up and down, was unable to sit still, fidgeted.

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

2.Wandered during the night

Wandered without a clear purpose around the house at night.

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

3.Wandered during the day

Wandered without a clear purpose around house, garden or building.

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

4.Was vocally disruptive

Was vocal for no apparent reason, (e.g. moaned, shouted, screamed, called out).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

5.Took something belonging to someone else

Took money or objects, went through other people's possessions (e.g. bags/ coats/bedrooms).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

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Continued on next page

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6. Cried or became tearful

Became tearful for no apparent reason.

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

7. Was uncooperative

Was unwilling to carry out or be supported with a daily task (e.g. bathing, dressing, brushing teeth), or comply with care requests (e.g. refused to go to bed, to eat or drink).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

8. Was aggressive towards others verbally or through gestures

Expressed aggression towards others verbally or by using signs/gestures (e.g. shouted, name called, threatened, swore).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

9. Was aggressive toward other physically

Attempted to/was actually physically aggressive towards another person (e.g. kicked, hit, spat, scratched, bit, pushed, grabbed).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

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Continued on next page

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10. Displayed sexually inappropriate behavior

Made an inappropriate sexual advance/gesture, made sexual references, non-accidentally exposed self.

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

11.Said or gestured the same thing repeatedly

Repeatedly communicated the same thing using signs/symbols or speech, although an appropriate response had been given (e.g. repeated a statement, question, request, demand).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

12. Was inactive

Was not engaged in any activity, was unoccupied (e.g. sat and did nothing, stared in to space or at the wall)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

13.Found it difficult to remember words, signs, or symbols

Experienced difficulty remembering words, signs or symbols (e.g. names of familiar people, objects, places).

0 1 2 3 4 5 6

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14. Showed in interest in a usual activity

Was not interested in an activity, was difficult to engage, did not want to do anything.

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

15. Withdrew from communicating

Did not want to communicate, (e.g. did not speak/ respond to a familiar person, did not reply to a question, used the least amount of words/ gestures).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

16. Was confused about the time of day

Mixed up night with day (e.g. put night-clothes on in the day, wanted their breakfast at night)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

17. Was confused about the day, season, year

Got mixed up with the days, seasons or years. (e.g. believed it to be summer in the winter)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

18. Was confused about themselves and others.

Did not recognise themselves or other familiar people

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

19. Was confused about where they were

Forgot where they were, thought they were somewhere else.

0 1 2 3 4 5 6

0 1 2 3 4 5 6

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20.Lost their sense of direction

Got lost in familiar surroundings (e.g. got lost on their way to the shops, could not find their bedroom)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

21.Behaved as though they were living in the past

E.g. asked for someone who had died many years ago(parent, friend), tried to perform a past routine(leaving the house to go somewhere they no longer attend)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

22.Had a toileting accident

Defecated/urinated inappropriately (e.g. forgot to use the toilet or did use not incontinence aids correctly). If the person has lost the control over their bowel or bladder and is supported to wear incontinent aids score as 0).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

23. Experienced difficulty eating/drinking

Appeared to have difficulty co-ordinating eating and drinking actions (e.g. putting food/drink to mouth, using cutlery). Found it hard to swallow, choked

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

Continued on next page

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24. Got muddled / mixed up when carrying out an everyday task or activity

Such as: dressing, washing, cooking, cleaning;
 (e.g. put clothes on back to front/wrong way around, forgot how to lay the table, put things away in the wrong people).

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

25. Experienced difficulty concentrating

Became easily distracted, found it hard to concentrated on a task

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

26. Was not alert

Slept a lot during the day, appeared drowsy, dozed at an inappropriate time
 (e.g. while eating or on the toilet)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

27. Appeared physically slowed down

Appeared slow to complete an activity
 (e.g. dressing, washing, eating)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

28. Had a fall

Fell over or tripped up (e.g. tripped up a kerb, fell on the stairs)

0 1 2 3 4 5 6

0 1 2 3 4 5 6

0 1 2 3 4 5 6

Thank you for completing this form