**日常生活功能評估表**

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| **手功能** |
|  |  自主程度項目 | 完全不能０ | 需他人協助１ | 可獨自完成２ | 補充描述(是否使用輔具、使用何輔具＆其他說明) |
| 1 | 右手抓握 |  |  |  |  |
| 2 | 左手抓握 |  |  |  |  |
| 3 | 單手提物 |  |  |  |  |
| 4 | 雙手提物 |  |  |  |  |
| 5 | 單手取物 |  |  |  |  |
| 6 | 雙手取物 |  |  |  |  |
| 7 | 右手靈巧 |  |  |  |  |
| 8 | 左手靈巧 |  |  |  |  |
| 9 | 雙手協調 |  |  |  |  |
| 10 | 寫字 |  |  |  |  |
| **移位** |
| 1 | 床上翻身 |  |  |  |  |
| 2 | 起床 |  |  |  |  |
| 3 | 坐 |  |  |  |  |
| 4 | 下床 |  |  |  |  |
| 5 | 跪 |  |  |  |  |
| 6 | 蹲 |  |  |  |  |
| 7 | 站立 |  |  |  |  |
| 8 | 走路 |  |  |  |  |
| 9 | 上下樓梯 |  |  |  |  |
| 10 | 上下樓梯 |  |  |  |  |
| 11 | 腳踏車 |  |  |  |  |
| 12 | 穿越馬路 |  |  |  |  |
| 13 | 攜物走路 |  |  |  |  |
| 14 | 跑步 |  |  |  |  |
| 15 | 上下斜坡 |  |  |  |  |
| **飲食** |
| 1 | 使用筷子 |  |  |  |  |
| 2 | 使用湯匙 |  |  |  |  |
| 3 | 拿碗 |  |  |  |  |
| 4 | 拿杯 |  |  |  |  |
| 5 | 倒開水 |  |  |  |  |
| 6 | 盛飯 |  |  |  |  |
| **漱洗** |
| 1 | 洗臉 |  |  |  |  |
| 2 | 刷牙 |  |  |  |  |
| 3 | 洗手 |  |  |  |  |
| 4 | 擰乾毛巾 |  |  |  |  |
| 5 | 梳頭 |  |  |  |  |
| 6 | 洗頭 |  |  |  |  |
| 7 | 洗澡 |  |  |  |  |
| 8 | 大便處理 |  |  |  |  |
| 9 | 小便處理 |  |  |  |  |
| **穿著處理** |
| 1 | 穿脫外套 |  |  |  |  |
| 2 | 穿脫套衫 |  |  |  |  |
| 3 | 穿脫褲(裙) |  |  |  |  |
| 4 | 穿脫襪子 |  |  |  |  |
| 5 | 穿脫鞋子 |  |  |  |  |
| 6 | 穿脫內衣 |  |  |  |  |
| 7 | 扣鈕扣 |  |  |  |  |
| 8 | 拉拉鍊 |  |  |  |  |
| 9 | 綁鞋帶 |  |  |  |  |
| 10 | 穿脫鞋 |  |  |  |  |
| **其他手功能活動** |
| 1 | 開/關 開關 |  |  |  |  |
| 2 | 轉門鈕 |  |  |  |  |
| 3 | 開鎖 |  |  |  |  |
| 4 | 開抽屜 |  |  |  |  |
| 5 | 開水龍頭 |  |  |  |  |
| 6 | 開關窗戶 |  |  |  |  |
| 7 | 打開瓶蓋(汽水) |  |  |  |  |
| 9 | 打開瓶蓋(果醬) |  |  |  |  |
| 10 | 拿刀切物 |  |  |  |  |
| 11 | 使用剪刀 |  |  |  |  |
| 12 | 使用指甲刀 |  |  |  |  |