

4. Physical Profile

Physical characteristic(s) affecting activities in the kitchen:

A. Sight: _____

Do you wear glasses for: Reading Distance

Are you taking medications that affect your sight? _____

Are you sensitive to light? _____

B. Hearing:

What issues regarding your hearing will affect your activities in the kitchen?

C. Tactile/Touch: _____

Can you feel hot and cold? _____

D. Taste/Smell: _____

What issues regarding your sense of taste or smell will affect your activities in the kitchen?

E. Strength and Function: _____

What can you lift? _____ Carry? _____

Do you have more strength on one side than the other? _____

Do you use both hands fully? _____ Palms only? _____

How is your grip? _____

Left side? _____ Right side? _____

F. Balance, Mobility and Assistance: _____

How is your balance: Standing? _____ Bending? _____

Does your mobility or balance vary by time of day? _____

Does an assistant help you: Sometimes? _____ All the time? _____

What adaptive equipment do you use? _____
