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Measuring Daily Living Skills in First Nations Communities: Development and Validation of the Adaptive Behaviour Scale for Northern Communities (ABS-NC)

Authors

Valerie Temple,[1]
Christine Sawanas,[2]
Dawn Brown[3]

[1] Surrey Place Centre, Toronto, ON

[2] Community Outreach Coordinator, Sioux Lookout First Nations Health Authority, Sioux Lookout, ON

[3] Mashkikiiwininiwag Mazinaatesjigam Wichiiwewin Videoconferencing Program, Surrey Place Centre, Toronto, ON

Correspondence

Valerie.Temple@SurreyPlace.on.ca

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Abstract

A major challenge to the validity and usefulness of many standardized questionnaires for assessing skills and abilities is that they are geared towards life in larger, urban centres and to the dominant western culture. Using such questionnaires with families living in less populous or more remote First Nations communities can result in biased information, a limited understanding, and challenges with building rapport between service providers and the families being served. This study describes the development and preliminary validation of the Adaptive Behaviour Scale for Northern Communities (ABS-NC). The ABS-NC is a 110 item, informant-based questionnaire for assessing adults with suspected intellectual disabilities living in smaller, more remote First Nations communities. Its purpose is to provide an adaptive daily living scale that is both useful and acceptable to individuals living in these communities by including more culturally and geographically relevant items and avoiding less relevant items. The ABS-NC was developed in consultation with a First Nations health agency and tested on 40 individuals living in 17 different First Nations communities in northern Ontario. Results found good internal reliability (Cronbach alphas .87–.98) and evidence of criterion validity (r = .87) when compared to an existing measure of daily living skills. Cut-off scores to assist with identifying deficits in daily living skills were established using receiver operating characteristic curve analysis. Recommendations for future use and development of the scale are offered.

Adaptive Daily Living Skills (ADLS) can be defined as the functional skills needed for competence in everyday life (Harrison & Oakland, 2003). ADLS include a large variety of activities such as self-care, domestic skills, managing money, traveling in the community, and social or leisure activities. Although some types of ADLS are common to adults in all communities there are also many different cultural, social, and environmental conditions that can shape and influence the types of daily skills that are valued and learned by individuals in different social and geographic contexts.

In a framework developed for measuring an individual's ability to function and integrate into society called the "International Classification of Functioning, Disability, and Health" (IFC), the World Health Organization (WHO, 2001) emphasized the importance of environmental factors on the experience of ability and disability. The WHO framework recognizes that factors in an individual's environment can help to facilitate participation in everyday life, or limit it. However, even when

presented with optimal environments and supports, adults with an intellectual disability (ID) are likely to experience some limitations in their ability to function in the community and engage in ADLS. For this reason, assessment of ADLS is often undertaken by healthcare professionals to establish levels of ability and support needs for this group.

ADLS assessment is generally accomplished using one of a number of popular standardized questionnaires (i.e., "tools"). These tools, typically completed with a care-provider or informant who knows the individual with ID well, yield scores that compare people on their ability to perform a broad range of daily tasks. On the basis of the data generated, individuals can be said to either perform similarly to others in their community, have "average" skills, or have skills above or below the average. Some of the more popular standardized tools for assessing ADLS include the Vineland Adaptive Behavior Scales-II (Sparrow, Cicchetti, & Balla, 2006) and the Adaptive Behavior Assessment System-II (ABAS-II; Harrison & Oakland, 2003).

A major challenge to the validity and usefulness of many currently available ADLS questionnaires, including the Vineland and the ABAS-II, is that they are geared toward life in larger, more populous urban areas. Questions within the scales are predicated on the assumption that many different community services, social activities, and travel options are widely available and used by most if not all community members. However, as the size of a community becomes smaller, the number and diversity of community services often become smaller as well. For example, public transit systems, movie theatres, public libraries, department stores, and dining establishments are often in very limited supply or entirely absent from remote or smaller communities. Because they are not part of daily life, the skills required to use these services may not be learned by people living in these communities – especially individuals with ID.

In rural and remote First Nations communities across Canada this issue is even more pronounced. As well as containing items unrelated to everyday life, a broad range of more culturally appropriate ADLS that may be learned are not captured by existing standardized questionnaires. For example understanding procedures for fishing and hunting, including safety concerns and successful strategies, may be important in First Nations communities but these skills are not measured by existing instruments. In addition, taking part in large community events such as feasts or memorials may also be an important part of life, and activities such as this are also not included in most existing ADLS measures (Temple, Brown, & Sawanas, 2013).

Researchers working in the related field of intellectual assessment have also commented on the difficulties and challenges of using existing instruments with individuals living in First Nations communities (Kowall, Watson, & Madak, 1990; Mushquash & Bova, 2007). It has been well documented, for example, that First Nations children generally score lower than the normative group on verbal subscales of intelligence tests. They score similarly, however, on performance-based subscales (Beiser & Gotowiec, 2000; Dolan, 1999). In their discussion of why this might be the case, Mushquash and Bova (2007) noted that as well as language and interpretation issues, there are also cultural issues that come into play. Individuals growing up in a First Nations community are exposed to a different heritage and belief system that will inevitably result in gaining different factual and practical knowledge, and this knowledge is not always captured by existing intelligence tests.

In order to help address the need for more culturally and geographically appropriate assessment instruments, this study describes the development and validation of the Adaptive Behaviour Scale for Northern Communities (ABS-NC). The ABS-NC is an informant-based questionnaire for assessing adults with ID living in northern First Nations communities. Its purpose is to provide an ADLS questionnaire that is more useful for and acceptable to individuals living in these communities by avoiding less socially and geographically relevant items and including more culturally appropriate items.

Materials and Methods

Procedure

This project was reviewed and approved by the Research Ethics Board of an Ontario provincial government transfer agency. The project was conceived and developed by front-line clinical staff of a Developmental Services program supporting individuals with ID through videoconferencing. The Developmental Services pro-

gram is a collaboration between a provincially funded government program for adults with ID and a First Nations health agency. This research was completed within the context of that clinical partnership.

Development of items for the ABS-NC scale was undertaken in several steps. The first step involved asking eight adults (five women and three men) living in five different northern Ontario First Nations communities to keep a diary describing all of their daily activities for a period of one week. Of the five communities, three were "fly-in" only and had no road access in the summer months. Two were accessible by road all year long. The communities had populations ranging from 253 to 1,843 according to Statistics Canada census data (Government of Canada, 2006). Two communities were primarily Ojibwe speaking and three were primarily Oji-Cree speaking. Each of the eight participants resided in a different home. They ranged in age from 21 to 53 years. Information from the diaries was reviewed and categorized to establish the types of daily living activities that occur in these communities, the frequencies of different categories of activities, and if any unique or novel daily activities were described. Results from the diary study highlighted the central importance of interpersonal and family relationships, the frequency of travel when living in remote communities, and the use and understanding of electronic media. Several unique activities such as fishing, hunting and attending community feasts were also described. For a more detailed description of the diary study and its outcomes please see Temple, Brown and Sawanas (2013).

The next step was two consultation sessions with staff from the First Nations health agency who had lived and worked in First Nations communities. During these consultations information from the diary study was reviewed and discussed along with items from existing questionnaires such as the ABAS-II (Harrison & Oakland, 2003) and the Vineland Adaptive Behavior Scales-II (Sparrow, Cicchetti & Balla, 2006). Informants reviewed and commented on existing questionnaires item by item and discussed their relevance for life in First Nations communities. Based on these discussions and information from the diary study, example items for the ABS-NC were created. Finally, ABS-NC items were piloted with two participants and modified as needed based on feedback from the participants and clinicians administering the scale.

All questionnaires were administered by one of four front-line clinicians. All clinicians were staff of a videoconferencing program serving individuals with ID living in northwestern Ontario. ABS-NC questionnaires were completed with a knowledgeable informant for an individual living in a First Nations community. Informants were interviewed either in-person, over the telephone, or over videoconferencing. A $30 honourarium was offered to the informant/participant pair as thanks for their time and assistance.

Participants

To be included in the study participants were required to be over 18 years of age and currently residing (or recently have resided) in a First Nations community in Northern Ontario. They were further required to agree to a knowledgeable informant reporting on their abilities. Participants with and without an ID were recruited for the study. A total of 42 ABS-NC questionnaires were completed. Of the 42, two were excluded due to having a large number of incomplete items or uninterpretable results. This left a total of 40 questionnaires included in the study. The mean age of the 40 participants reported on was 32 years (range of 19–67). Twenty-six were individuals referred to the Developmental Services program and found to have an ID. The remaining 14 were un-referred relatives of individuals referred for services. Twenty-seven participants were male.

Informants for the ABS-NC were primarily family members. Twenty-three (58%) were mothers or fathers of the individuals rated, three (7%) were spouses, and seven (17.5%) were other family members including sons/daughters, grandparents, or aunts/uncles. The remaining seven (17.5%) informants were paid care providers such as Homecare or other community workers.

Study participants came from a total of 17 different First Nations communities in northern Ontario. Twelve communities were "fly-in" only and had no road access in the summer months. Five were accessible by road all year long. The communities had registered populations ranging from 265 to 2899 according to Canadian government census data (Government of Canada, 2013). The primary languages spoken by the communities were Ojibwe, Oji-Cree, and English.

Instruments

The ABS-NC is a 110 item informant questionnaire which includes the following subscales: Household Abilities (21 items), Community Abilities (24 items), Social Abilities (19 items), Language Abilities (20 items), Personal Care Abilities (16 items), and Health and Safety Abilities (10 items). All items are scored on a three-point scale where 2 (Always/Independently) indicates complete independence and proficiency on a task; 1 (Sometimes/With help) indicates that either physical assistance or prompts are required; and 0 (Never/Unable) indicates non-performance or inability to perform the task. Scores for each item (0, 1, or 2) are added together within a subscale to create a subscale score. Subscale scores are added together to create the ABS-NC Total Score. Items were written in plain language using short, high frequency words in order to improve comprehension for individuals who have English as their second language.

The ABS-NC initially contained 116 items but during data analysis it was found that six of the items were frequently unanswered resulting in a large amount of missing data. Of these six items, two were in Household Abilities, one was in Language Abilities, two were in Personal Care Abilities, and one was in Health and Safety Abilities. The six items were reviewed and it was concluded that they were difficult for respondents to answer because they did not apply to all communities and participants. It was therefore decided that these items would be removed from the final version of the scale, resulting in the current 110 item ABS-NC. Other scattered instances of missing data on individual items were handled by entering a score of "1," which is the mean value for any question. The final version of the ABS-NC is presented in Appendix 1.

In addition to ABS-NC questionnaires, ABAS-II questionnaires (Harrison & Oakland, 2003) were also completed for a total of 12 participants. The ABAS-II is a well-known and widely used informant based questionnaire for measuring ADLS in both adults and children. The ABAS-II contains 239 items rated on a four-point scale (0–3) and includes subscales for Communication, Community Use, Self-care, Functional Academics, Home Living, Self-Direction, Social, Leisure, Work, and Health-Safety.

Results

For the purposes of analysis, participants were designated as either "referred" for Developmental Services or "non-referred." Referred participants were those that were referred by their community or family for clinical services due to having difficulties coping on a day-to-day basis. All referred individuals also received an intellectual assessment as part of the referral process and all were found to be eligible for Developmental Services (i.e., diagnosed with an intellectual/developmental disability). Non-referred participants were family members of referred individuals who were not believed by their family or community to have difficulties coping on a day-to-day basis. Intellectual assessments were not performed on the non-referred group.

Reliability

Table 1 presents means, standard errors of the mean, ranges, and Cronbach alphas for each subscale of the ABS-NC and for ABS-NC Total scores. The table gives results for the referred, non-referred, and total sample groups. ABS-NC Total scores had a mean of 151.6 and ranged from 50 to 215. Reliability coefficients for subscales ranged from .87 to .92, indicating good internal consistency. Cronbach alpha for ABS-NC Total scores was also good at .98.

Validity

In order to offer some evidence of criterion validity for the ABS-NC, a Pearson product-moment correlation was calculated for the twelve participants who completed both an ABS-NC and an ABAS-II. ABS-NC Total scores and ABAS-II total scores, described in the test manual as General Adaptive Composite scores, were used in analyses. Results suggest a strong relationship between the two measures, with a correlation of .87 ($p < .001$) indicating good agreement between these tests.

Also of interest when evaluating the validity of a test is if it produces results that might be expected for different groupings of individuals. This is referred to as discriminant validity. Discriminant validity tests if concepts or measures that are supposed to be unrelated are in fact unrelated. In the case of ABS-NC Total scores, it might be hypothesized that they should not be related to variables such as

Table 1. ABS-NC Means, Standard Errors, Ranges, and Reliability Data for Referred and Non-Referred Groups

	Referred			Non-Referred			Total Sample		
	Mean (SE)*			Mean (SE)			Mean (SE)		Cronbach
Subscale/Scale	n = 26		Range	n = 14		Range	n = 40		Alpha
Household	23.3	(1.6)	9–40	35.6	(1.5)	23–42	27.6	(1.5)	.91
Community	22.3	(1.8)	2–38	34.9	(2.2)	18–46	26.7	(1.7)	.90
Social	21.8	(1.3)	12–37	32.3	(1.5)	20–38	25.3	(1.3)	.88
Language	27.0	(1.6)	10–37	34.9	(1.3)	26–40	29.8	(1.3)	.90
Personal Care	26.3	(1.2)	6–32	30.6	(0.5)	26–32	27.9	(0.9)	.92
Health& Safety	11.6	(1.1)	2–19	17.9	(0.8)	11–20	13.8	(0.9)	.87
ABS-NC Total	132.6	(7.0)	50–194	186.0	(6.0)	144–215	151.6	(6.5)	.98

** (SE) = Standard error of the mean*

age or gender. If scores were related to age or gender it might suggest a bias towards either higher or lower scores based on these variables. Results of a simple *t* test comparing scores for males and females found no significant difference between the genders [$t(38) = 1.61$, $p = .21$] on ABS-NC Total scores. As well, a Pearson product-moment correlation between age and ABS-NC Total score also yielded non-significant results ($r = .09$, $p = .59$). This suggests that ABS-NC Total scores are not unduly influenced by the age or gender of the individual assessed.

Floor and Ceiling Effects

In their paper describing evaluation criteria for assessment instruments, Terwee and colleagues (2007) recommend that fewer than 15% of scores on an instrument fall at the minimum or maximum of the scale. Having an excessive number of scores at the minimum or maximum suggests a scale does not have sufficient range to capture all possible variation in the group of interest. Examination of ABS-NC Total scores found that no participants (0%) scored at either the maximum (220) or the minimum (0) and therefore the scale as a whole met this criterion. Examination of ABS-NC subscale scores found that Household Abilities, Community Abilities, Social Abilities, and Language Abilities subscales also met this criterion, with no scores (0%) at the minimum level and only 5%, 0%, 2% and 7% of scores at the maximum, respectively. The Personal Care subscale, however, was found to have 22% of individuals at the maximum, while the Health and Safety Abilities subscale had 15% scoring at the maximum. Neither of these subscales had scores at the minimum. Overall, this suggests that while ABS-NC Total scores are sufficiently variable to capture most levels of ability, the Personal Care and Health and Safety Abilities subscales should be interpreted with more caution as they may not contain sufficient variability for all individuals.

ABS-NC Total Scores

An important aim of the ABS-NC was to provide a method for distinguishing individuals with an ID and deficits in ADLS from typically functioning adults. For this reason, an attempt was made to create cut-off scores for each group. A decision regarding the cut-off score for the referred group was made using a receiver operating characteristic (ROC) curve. ROC curves are a popular statistical method for evaluating test performance and establishing optimal cut points for distinguishing between two groups (Schisterman, Faraggi, Reiser, & Trevisan, 2001). ROC curve analysis of Total ABS-NC scores found area under the curve of .92 ($p = .00$). Inspection of results found that a cut-off of 167 for ABS-NC Total scores yielded a sensitivity of 89% and a specificity of 79%, balancing the importance of sensitivity (likelihood of identifying true positives) and specificity (likelihood of identifying true negatives) relatively equally. Therefore, ABS-NC Total scores at or below 167 indicate "Low" levels of ability for ADLS and are typical of individuals referred for service to the developmental sector and who have an ID.

In considering how to create a cut-off score for the non-referred group, or those believed by their communities to be functioning well with regards to ADLS, ROC analysis was seen as less useful. In this case, a balance of sensitivity and specificity was less important and it was more critical to have a clear picture of what most individuals would describe as "Average" ability in this population. For this reason, the mean ABS-NC Total score for all non-referred individuals of 186 was used to indicate "Average" functioning for the purposes of scoring.

Using the mean ABS-NC score of 186 for the cut-off of the "Average" group and the ROC defined cut-off score of 167 for the "Low" group leaves scores between 168 and 185 as being marginal or "Borderline" in nature. These are scores that do not fit well into either category and it is recommended that they be interpreted on a case-by-case basis, depending on a variety of factors such as mental health, environmental issues, family issues, results of other standardized tests, or physical health challenges.

ABS-NC Subscale Scores

Because of the small sample size available in this study it is recommended that ABS-NC subscale scores, which are based on fewer items and therefore may be less valid or reliable, be interpreted with caution and used primarily in a qualitative manner at this time. It may, for example, be useful to descriptively compare an individual's subscale score for a particular area to the non-referred group scores to establish relative strengths and weaknesses in comparison to others in the community.

Discussion

This study aimed to develop and test a new questionnaire for assessing ADLS in adults living in smaller rural or remote First Nations communities. The ABS-NC was administered to 40 individuals living in these communities and found to have good internal reliability and to correlate well with an existing measure of ADLS. A cut-off score for distinguishing between individuals referred for Developmental Services due to difficulties coping in their communities was calculated based on ROC analysis, and two relatively distinct groups were created. The ABS-NC is presented in Appendix 1 with the hope that other clinicians working in this area will find it useful and perhaps develop it further. Although adoption of this measure is encouraged, it is strongly recommended that the ABS-NC be used in conjunction with additional valid and standardized measures at this time. This is especially important when decisions regarding eligibility for services or support are in question. Using the ABS-NC in addition to other standardized measures may assist with gaining a more complete understanding of an individual's strengths and challenges thus allowing for more appropriate advocacy for supports and services.

Having a tool created specifically for assessing ADLS in First Nations communities is advantageous for a number of reasons. First, the measure itself is designed to be more acceptable and relevant to the individuals completing it and respondents appeared to appreciate this fact. Because the questions are related more directly to everyday life in their community, individuals completing the scale were more likely to discuss their answers, give examples of behaviours and skills, and engage in the assessment process. Using other assessment tools frequently led respondents to disengage from discussion and view the process of assessment as foreign or irrelevant.

Another benefit of using a specifically designed measure to assess ADLS in First Nations communities is that there are fewer instances of "missing data." Frequently, when using existing measures, questions regarding the use of public transit, shopping at department stores, going to the barber, using libraries, buying tickets for sporting events, or finding public restrooms are left blank because the answer is unknown. As a result, test protocols often cannot be scored because there are too many missing items. This happens less frequently when using a measure designed specifically for First Nations communities.

Although ABS-NC Total scores were found to be sufficiently variable and not demonstrate floor or ceiling effects, Personal Care and Health and Safety Abilities subscales did have this problem. For the Personal Care subscale, it was found that most individuals who were functioning in the Average or typical range were able to fully manage their own personal care including hygiene, dressing, bathing, etc. During item development, it proved challenging to design questions difficult enough to avoid ceiling effects for this group. Removing the subscale altogether or modifying items to capture more fine details of personal care was considered but deemed a less desirable option because information about personal care skills is important for individuals with ID who may be functioning at lower levels of ability. For the Health and Safety Abilities subscale, several alternative items were tested and found to be too specific to particular communities and not

generalizable across settings and therefore abandoned (e.g., questions about safety with trapping equipment, guns or boating). Future work on this subscale to develop new items with more variability may be warranted.

At present the ABS-NC has several limitations that should be considered, the most important of these being the small sample size included in this study. The current sample of 40 participants allows for only rudimentary analyses. A larger sample of both referred and non-referred participants would permit stronger, more precise norms to be calculated and more detailed analyses to be done. Including more participants in the future may also make more psychometrically sophisticated methods such as factor analysis possible. In addition, the test-retest reliability of the ABS-NC has yet to be determined and would be useful in evaluating the stability of these results over time. Normative information for individuals with different levels of ID (mild, moderate and severe) would also be desirable and would assist in better establishing support needs for specific individuals. In future, other factors that might affect or influence ADLS could also be explored using the ABS-NC such as mental health diagnoses and physical/medical issues.

Key Messages From This Article

People with disabilities: It is important for healthcare professionals to understand what you can do for yourself and what kinds of things you need help doing. Knowing this will help healthcare professionals get you better supports and services.

Professionals: Current scales measuring ADLS are not always valid for remote or rural communities. More culturally and geographically appropriate measures can help to improve the quality of information gathered and used for making clinical decisions.

Policymakers: Daily activities in remote First Nations communities are very different from activities in urban areas. More culturally and geographically appropriate measures will allow for more valid, standardized assessment and identification of individuals eligible for support services**.**

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Appendix A

Appendix 1.

ADAPTIVE BEHAVIOUR SCALE FOR NORTHERN COMMUNITIES (ABS-NC)

Name of Person rated: _____ **Sex: M F**

Date of Birth: _____ **Date Completed:** _____

Rater's Name: _____ **Relationship to Person Rated:** _____

This questionnaire is about the things that people in your community do for themselves on a daily or weekly basis.

Ratings

Never /Unable	The person has never been able to do it; or is physically unable to do it; or refuses to do it
Sometimes/With help	The person has the ability, but will only do it sometimes or needs reminders or help to do it.
Always/Independently	The person has the ability and does it most of the time or all the time without reminders or help.
Does Not Apply (N/A) or Don't Know (D/K)	The person has not had the opportunity to do it. You don't know if the person can do it.

Put a check mark in the box to show how the person <u>usually</u> does this activity. Please compare the person to other adults in your community.

1

HOUSEHOLD ABILITIES	Never/ Unable	Sometimes/ With help	Always/ Independently	N/A D/K
1. Makes coffee/tea				
2. Uses a microwave oven to heat foods				
3. Makes small meals like toast, sandwiches, or cereal (no cooking)				
4. Makes simple stove top meals like soup, eggs				
5. Makes meals that need cooking like chicken, bannock, and moose meat.				
6. Helps with chores				
7. Gathers and chops wood or orders wood				
8. Safely builds and tends a fire inside the home or outside				
9. Takes the garbage outside and puts it in the appropriate place				
10. Sweeps floors				
11. Washes floor				
12. Washes the dishes				
13. Does laundry including separating colours, measuring soap				
14. Cleans the kitchen and/or bathroom and uses cleaning products safely				
15. Cleans all rooms in the house				
16. Buys one or two items from the community store				
17. Buys all supplies needed for the home				
18. Can shop at stores in other communities when visiting there				
19. Does small repairs around house like change lightbulbs or sew buttons				
20. Can use tools like hammer, screwdriver, flashlight, saw				
21. Does larger maintenance jobs around the house or calls Maintenance/Repair Line/Band Office to get repairs done				

Add total checks for “With Help/Sometimes” column.	
Add total checks for “Independent/Always” column. *Multiply by 2.*	
HOUSEHOLD ABILITIES TOTAL: Add two numbers above for total raw score. (Max. 42)	

COMMUNITY ABILITIES	Never/ Unable	Sometimes/ With help	Always/ Independently	N/A D/K
22. Makes local telephone calls				
23. Makes long-distance phone calls				
24. Travels short distances in the community				
25. Goes fishing and can use bait, lures				
26. Goes hunting or trapping				
27. Can ride a bicycle (or did when younger)				
28. Drives an ATV, snowmachine, or boat				
29. Makes plans / arrangements for travel outside the community				
30. Helps with community events like spring cleanup, sports events, dances				
31. Can tell time on a clock including hours and minutes				
32. Knows the time favourite TV program is on				
33. Reads books, newspapers, or magazines				
34. Listens to the radio for music or local programs / information				
35. Has a hobby or special interest like drawing, painting, crafts, collections				
36. Can use a computer for email, games, or social sites				
37. Can search the internet for topics of interest				
38. Uses small electronics e.g., camera, CD, DVD				
39. Can save money for a special purchase				
40. Can do mail orders from a catalogue or on the internet				
41. Pays bills like hydro or phone bill				
42. Uses credit or cash-link card at the Northern or local store				
43. Can budget money for a month				
44. Takes part in local auctions or sales				
45. Drives a car				

Add total checks for "With Help/Sometimes" column.	
Add total checks for "Independent/Always" column. *Multiply by 2.*	
COMMUNITY ABILITIES TOTAL: Add two numbers above for total raw score. (Max. 48)	

SOCIAL ABILITIES	Never/ Unable	Sometimes/ With help	Always/ Independently	N/A D/K
46. Says "thank you" when given a gift				
47. Has good relationships with family members				
48. Tells others about his / her interests or activities during the day				
49. Visits family / friends in the community				
50. Stands a comfortable distance from others when talking				
51. Says "Sorry" for hurting other people's feelings				
52. Spends time with at least one friend				
53. Buys or makes gifts for others				
54. Attends community events like Halloween dance, feasts				
55. Plays Bingo or other group games				
56. Plans social events with friends or family				
57. Asks other people about their interests or activities				
58. Has several friends				
59. Socializes with people of his / her age				
60. Laughs at jokes or funny comments				
61. Controls his / her temper most often				
62. Offers to lend money or possessions to others appropriately				
63. Takes part in group activities like sports, fishing derby, jamboree				
64. Chooses friends wisely				

Add total checks for "With Help/Sometimes" column.	
Add total checks for "Independent/Always" column. *Multiply by 2.*	
SOCIAL ABILITIES TOTAL: Add two numbers above for total raw score. (Max. 38)	

LANGUAGE ABILITIES	Never/ Unable	Sometimes/ With help	Always/ Independently	N/A D/K
65. Can answer "yes" and "no" questions				
66. Greets others appropriately				
67. Names at least 10 common objects (e.g., cup, house)				
68. Can answer the telephone properly				
69. Can say other people's names				
70. Can name most colours like red, blue, green				
71. Can name most body parts like arms, nose, stomach, feet				
72. Knows his / her correct age				
73. Can write or print his / her full name, including first and last name				
74. Can listen to someone tell a story for 10 minutes				
75. Can say the date of his / her own birthday including the year				
76. Knows at least 20 words in a second language				
77. Can tell others about his / her activities				
78. Can listen for as long as needed to others				
79. Takes turns in conversations				
80. Repeats a joke or story correctly to others				
81. Is able to have conversations in two languages				
82. Correctly writes at least 10 words				
83. Can talk realistically about plans for the future				
84. Can write or type letters, emails, or texts				

Add total checks for "With Help/Sometimes" column.	
Add total checks for "Independent/Always" column. *Multiply by 2.*	
LANGUAGE ABILITIES TOTAL: Add two numbers above for total raw score. (Max. 40)	

PERSONAL CARE ABILITIES	Never/ Unable	Sometimes/ With help	Always/ Independently	N/A D/K
85. Drinks from a cup without spilling				
86. Uses a spoon to eat				
87. Uses a knife to cut food				
88. Washes hands and face with soap				
89. Brushes teeth everyday				
90. Uses washroom appropriately				
91. Can do up buttons and zippers				
92. Has good personal hygiene				
93. Ties shoelaces				
94. Undresses completely				
95. Dresses completely and appropriately				
96. Selects correct clothing for the weather				
97. Bathes or showers as needed				
98. Washes own hair				
99. Choses to wear clean clothing				
100. Buys all his/her own clothing				

Add total checks for "With Help/Sometimes" column.	
Add total checks for "Independent/Always" column. *Multiply by 2.*	
PERSONAL CARE ABILITIES TOTAL: Add two numbers above for total raw score. (Max. 32)	

HEALTH AND SAFETY SKILLS	Never/ Unable	Sometimes/ With help	Always/ Independently	N/A D/K
101. Is careful with hot objects like the stove, fire				
102. Is careful with dangerous objects like large knives, guns, traps				
103. Recognizes and avoids unsafe or risky situations in community				
104. Cares for minor injuries like a cut, or taking a pill for headache				
105. Takes all medicines, including prescriptions, independently				
106. Arranges own medical care like appointments at the nursing station				
107. Can be left alone at home for a full day				
108. Can usually make good decision for him / herself				
109. Can be trusted to look after children/ frail elders for an hour or two				
110. Can be trusted to look after children/ frail elders for more than a day				

Add total checks for "With Help/Sometimes" column.	
Add total checks for "Independent/Always" column. *Multiply by 2.*	
HEALTH AND SAFETY ABILITIES TOTAL: Add two numbers above for total raw score. (Max. 20)	

OVERALL SCORING	TOTAL SCORE FROM EACH ABILITY AREA
Household Abilities Total ***/ 42***	
Community Abilities Total ***/ 48***	
Social Abilities Total ***/ 38***	
Language Abilities Total ***/ 40***	
Personal Care Abilities Total ***/ 32***	
Health and Safety Abilities Total ***/ 20***	
TOTAL SCORE FOR ALL ABILITIES	
DESCRIPTIVE RATING (see below)	

Descriptive Ratings

Extremely Low	0–167
Borderline	168–185
Average	186–220