



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Occupational Therapy Department
Primary Care, Dublin South City - CHO 7
City Lodge, The Meath Community Service
1-9 Heytesbury Street, Dublin 8. D08 Y1TW

Client Name: _____

COT #: _____

Occupational Therapy Kitchen Assessment

Date: _____

Assessment Rating:

I= Independent

S= Supervision/Cues required

A= Assistance required

U = Unable to complete task

Activity	I	S	A	U	Comments
Make hot drink					
Can fill kettle					
Can plug in and switch on kettle (or place on cooker and put burner on safely)					
Aware that kettle boiled					
Adds teabag/coffee to cup or pot					
Pours boiling water into cup/pot					
Adds milk/sugar as required					
Use of cooker appropriately i.e. turns off cooker after use (If Applicable)					
Meal preparation (snack/ sandwich/ dinner) specify which					
Able to use gas/electric cooker safely					
Able to use gas or electric oven safely					
Able to use other kitchen appliances safely (please specify)					
Able to plan/sequence steps to make meal					
Able to locate all ingredients and utensils					
Able to use all utensils safely					

Physical components					
Mobility					
Standing tolerance					
Standing balance					
Upper limb function					
Activity tolerance					
Vision					
Cognitive components					
Concentration					
Divided attention					
Decision making					
Problem solving					
Planning/organising					
Sequencing					
Initiative					
Memory					
Hygiene					
Hand washing					
Clean up of crockery/pots					
Clean up of work surface					

Summary: (Risk Areas, Safety Implications)

Signed:

Occupational Therapist

Date: _____

Date