Essentials for living assessment pdf

FUNCTIONAL ASSESSMENT

Rate the resident on a scale of 1 to 5 with 1 being most independent. Total all checked scores and enter that amount on Page 4 of this assessment.

FUNCTION	LEVEL OF FUNCTIONING	COMMENTS
1. BATHING (washing the body) Basic ADL	❑ 1. Independent - no assistance required in bathing - uses assistive/adaptive devices (shower stool, handrails, etc.) - needs occasional reminding. ❑ 2. Preparation needed of bath water and/or bathing articles (soap, towels, washcloth, etc.); individual can wash self. ❑ 3. For safety reasons or unsteadiness, may require assistance into/out of tub/shower. ❑ 4. Some assistance needed - individual is able to wash face and hands only. ❑ 5. Total assistance needed with preparation, helping individual in and out of the tub, complete washing and drying of the body.	
2. HYGIENE (and grooming) Basic ADL	❑ 1. Independent - no assistance required - uses assistive/adaptive devices. ❑ 2. Minor assistance needed, including reminders to bathe, shave, comb hair, clip nails, brush teeth, etc. ❑ 3. Needs higher degree of assistance, such as preparation of grooming materials, help with dentures, etc. ❑ 4. Requires limited physical assistance, such as steadying of hands when shaving or combing hair, assistance because of physical impairment, etc. ❑ 5. Total assistance required in washing, combing hair, clipping nails, brushing teeth, shaving, etc.	
3. DRESSING (putting on or removing proper clothing) Basic ADL	❑ 1. Independent - no assistance required - uses assistive/adaptive devices. ❑ 2. Needs occasional help with zippers, buttons, tying shoelaces, etc. ❑ 3. Needs structuring - daily assistance with what to wear as well as zippers and buttons. ❑ 4. Moderate assistance - puts clothing on or takes clothing off with assistance; needs help with prosthesis. ❑ 5. Fully dependent - individual can offer no assistance, requires someone to completely dress.	
4. TELEPHONE USE **TECHNOLOGY USE** Instrumental ADL	❑ 1. No assistance needed to make outgoing or receive incoming calls - uses assistive/adaptive devices. ❑ 2. Assistance needed to initiate some calls; able to receive calls. ❑ 3. Individual only able to dial a few numbers committed to memory. ❑ 4. Individual only able to answer telephone, cannot initiate calls or remember number sequences. ❑ 5. Staff must make and receive calls for individual - unable to communicate using the telephone for reasons other than lost of hearing; unable to use the telephone to call for assistance or in an emergency - unable to use assistive devices or adaptive equipment.	
5. SHOPPING Instrumental ADL	❑ 1. Individual takes care of own needs. ❑ 2. Minor assistance may be needed with transportation and/or carrying bundles. ❑ 3. Assistance required in deciding and procuring. ❑ 4. Needs assistance with handling money transactions. ❑ 5. Totally dependent - unable to shop for self.	
6. FOOD PREPARATION Instrumental ADL	❑ 1. Takes care of all areas of food preparation and clean up. ❑ 2. Heats and serves prepared meals/foods without prompting. ❑ 3. Can prepare and heat meals but needs prompting, needs assistance with use of kitchen equipment, will not eat if left alone. ❑ 4. Can only prepare cold foods, should not use kitchen equipment (range, oven, microwave, etc.). ❑ 5. Meals/snacks must be completely prepared and served to individual.	

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed

Form 0264 ... BRIGGS Healthcare FUNCTIONAL ASSESSMENT

RE-ENERGIZE

Randomization Number

Lawton Instrumental Activities of Daily Living (IADLs)

Scoring: For each category, circle the item description that most closely resembles the client's highest functional level (either 0 or 1).

Ability to Use Telephone	Operates telephone on own initiative; looks up and dials numbers	1
	Dials a few well-known numbers	1
	Answers telephone, but does not dial	1
	Does not use telephone at all	0
Shopping	Takes care of all shopping needs independently	1
	Shops independently for small purchases	0
	Needs to be accompanied on any shopping trip	0
	Completely unable to shop	0
Food Preparation	Plans, prepares, and serves adequate meals independently	1
	Prepares adequate meals if supplied with ingredients	0
	Heats and serves prepared meals or prepares meals but does not maintain adequate diet	0
	Needs to have meals prepared and served	0
Housekeeping	Maintains house alone with occasion assistance (heavy work)	1
	Performs light daily tasks such as dishwashing, bed making	1
	Performs light daily tasks, but cannot maintain acceptable level of cleanliness	1
	Needs help with all home maintenance tasks	1
	Does not participate in any housekeeping tasks	0
Laundry	Does personal laundry completely	1
	Launders small items, rinses socks, stockings, etc	1
	All laundry must be done by others	0
Mode of Transportation	Travels independently on public transportation or drives own car	1
	Arranges own travel via taxi, but does not otherwise use public transportation	1
	Travels on public transportation when assisted or accompanied by another	1
	Travel limited to taxi or automobile with assistance of another	0
	Does not travel at all	0
Responsibility for Own Medications	Is responsible for taking medication in correct dosages at correct time	1
	Takes responsibility if medication is prepared in advance in separate dosages	0
	Is not capable of dispensing own medication	0
Ability to Handle Finances	Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank); collects and keeps track of income	1
	Manages day-to-day purchases, but needs help with banking, major purchases, etc	1
	Incapable of handling money	0

Add each circled number from the column on the right: **TOTAL POINTS** = _____

SHORT ARTICLE

Assessment of Activities of Daily Living (ADL) in elderly population

Preeti Usha[1], Surekha Kishore[2], Mahendra Singh[3], Pradeep Aggrawal[4], Bhavna Jain[5], Kanchan Gawande[6]

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Abstract | Introduction | Methodology | Results | Conclusion | References | Citation | Tables / Figures

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Citation

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Article Cycle

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Abstract

Introduction: Most of the developing country facing growing number of elderly population because of decrease in fertility and increase in longevity. Elderly age (≥ 60 years) is a period in which people are prone to chronic diseases and their functional independency is probably restricted by physical and mental disabilities. **Aim & Objectives**: To find out the prevalence of physical dependency among elderly in Uttarakhand, India. **Material & Methods:** Activities of daily living (ADL) comprise the basic actions that involve caring for self and body, including personal care, eating and mobility. **Results:** In the present study population of 400, 112 (28%) study population were found to be physically dependent for their daily activities and out of them 63.39 % had moderate to severe dependency. **Conclusion:** High level of physical dependency in this study population need urgent attention towards good quality home care and geriatric health care services in India at primary, secondary and tertiary level.

Keywords

Activities of daily living (ADL); Physical dependency; Elderly

Introduction

The Indian elderly population is second largest in the world and accounts for about 8.2 % (census 2011) of total population and expected to reach 11.1% in 2025.(1) Uttarakhand, a hilly state of North India is witnessing a progressive increase in proportion of aged people from 7.7% in 2001 to 8.9% in 2011.(2)Due to increase in the proportion of older population, there is increase in prevalence of non-communicable diseases and other chronic illness as well as communicable diseases. Being one of the vulnerable and high-risk group in view of health status in society, there are many challenges while considering the health care of elderly such as future economic growth, financial integrity of healthcare and pension systems, and the well-being of the elderly.(3)With increasing age, there will be generalized deterioration of bodily structure and functions along with body organ damage that leads to reduction of physiological functions and dependency.

Aims & Objectives

To estimate the prevalence of various grade of dependency in elderly population and suggest the measures to be taken for care of this population.

Material & Methods

The study was conducted in randomly selected Rural and Urban areas of Dehradun district, Uttarakhand between November 2017 to November 2019. Data were collected in Predesigned, pre tested & semi structured questionnaire. All elderly person of the age of ≥60 years were included in the study and sample size of 400 were calculated considering morbidity of 64.8%(4), absolute precision of 10% and expected dropout of 10%. Equal number of participants (200 each) were studied in

The Independent Living Skills Survey: A Comprehensive Measure of the Community Functioning of Severely and Persistently Mentally Ill Individuals

by Charles J. Wallace, Robert Paul Liberman, Robert Tauber, and Jeannie Wallace

Abstract

The research reported in this article investigated the psychometric characteristics of the Independent Living Skills Survey (ILSS), a comprehensive, objective, performance-focused, easy-to-administer measure of the basic functional living skills of individuals with severe and persistent mental illness (SPMI). Two versions were developed, one for informants and one for self-report. Data from three research projects were analyzed to determine the versions' internal consistency, stability, interrater reliability, sensitivity to the effects of skills training, and concurrent and predictive validity. The results indicated that the two versions have acceptable psychometric characteristics, and suggestions are offered for their use in planning individualized treatment, evaluating programmatic services, and determining eligibility for benefits.

Keywords: Severe and persistent mental illness, assessment, community functioning, self-report, informant.

***Schizophrenia Bulletin*, 26(3):631–658, 2000.**

Within the past two decades, the standard of treatment of individuals with SPMI has expanded from reducing their symptoms to improving their social and instrumental role functioning (National Institute of Mental Health [NIMH] 1991). This expanded treatment—variously labeled biopsychosocial treatment, psychoeducational treatment, or psychiatric rehabilitation—is based on the premise that role functioning is a product of an individual's skills and motivation and of the environment's rewards, opportunities, and demands. Functioning can be improved by a combination of enhancing the individual's skills, increasing the environment's opportunities and rewards, and reducing the environment's demands (Liberman 1992).

Psychiatric rehabilitation begins with a comprehensive and detailed assessment of the individual's current functioning. The assessment is focused on the "degree to which the individual's abilities and performance match the demands of his or her home, work, school, family, and social situations. By comparing the functional skills and resources possessed by the individual to those required to maintain community tenure, one gleans information about functional areas of strengths and deficits. Treatment is targeted at deficit areas" (Bedell et al. 1997, p. 219).

As treatment progresses, the assessment is repeated and the changes in functioning measure the treatment's efficacy. On the basis of these changes, the plan is modified by altering the mix of services, the functional areas to be treated, or both. Because the assessment is a continuing guide for allocating often scarce treatment resources, it must be psychometrically sound and its results must be easily and unambiguously interpreted by a wide range of practitioners.

In addition to its role in planning individualized treatment, the assessment could be used to evaluate the effects of a program of services on role functioning. The results of the assessment would be aggregated across a program's participants, and the summary statistics would describe the program's case mix and its participants' typical level of functioning. Changes in these summary statistics across repeated administrations would measure the efficacy of its services for improving functioning and point to programwide revisions to accommodate new needs of a changing case mix. Were the assessment to be administered across programs, payers could compare the results and select programs that produce a desired balance between costs and improvement (Smith et al. 1997). Paying for services based on achieving outcomes such as improved functioning has been advocated by a number of stakeholders, including the providers themselves (Meyer 1997; Outcomes Roundtable, Smith et al. 1997).

The assessment could also provide a standardized means of collecting, recording, and summarizing the

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Characteristics	Total N (%)	Examination scores 0 - 17 50(3.8)	18 – 23 222(17.1)	24 - 30 1027(79.1)	P-value
Living arrangement					
Alone	73 (5.6)	2 (2.7)	9 (12.3)	62 (84.9)	0.447
With relative	1226 (94.4)	48 (3.9)	213 (17.4)	965 (78.7)	
Needs help					
No	1075 (82.8)	33 (3.1)	160 (14.9)	882 (82.0)	0.001
Yes	224 (17.2)	17 (7.6)	62 (27.7)	145 (64.7)	
Activities of daily living					
Severe functional impairment	23 (1.8)	11 (47.8)	3 (13.0)	9 (39.1)	
Moderate functional impairment	26 (2.0)	6 (23.1)	10 (38.5)	10 (38.5)	0.001
Fully functional	1250 (96.2)	33 (2.6)	209 (16.7)	1008 (80.6)	
Nutrition status					
Normal	1124 (86.5)	33 (2.9)	169 (15.0)	922 (82.0)	
Risk of malnutrition	167 (12.9)	14 (8.4)	52 (31.1)	101 (60.5)	0.001
Malnourished	8 (0.6)	3 (37.5)	1 (12.5)	4 (50.0)	
Body mass index					
<25	252 (19.4)	14 (5.6)	44 (17.5)	194 (77.0)	
25-29.9	535 (41.2)	16 (3.0)	99 (18.5)	420 (78.5)	0.31
30+	512 (39.4)	20 (3.9)	79 (15.4)	413 (80.7)	

Scores: 24-30 intact cognitive function, 18-23 mild cognitive impairment, 0-17 severe cognitive impairment

sectional study of older adults in the family medicine clinics affiliated with King Faisal Specialist Hospital and Research Centre, Riyadh, Saudi Arabia using the Montreal Cognitive Assessment test.[31] Yet, our findings are consistent with the 5-7% global prevalence of dementia and the 10-20% prevalence of cognitive impairment among the elderly.[32,33] The regional prevalences of dementia and mild cognitive impairment both range between 4.4% and 32%.[34-36] But better than 69.8% of Morocco's older adults were classed as having cognitive impairment. The malnutrition,

and offers medical, emotional, and financia affected individuals and their families.[46,29] need to control risk factors for cognitive in Saudi Arabia because, as the aging popul the prevalence of dementia could increase si

Our study revealed a significant associati impaired cognitive function and inc female gender, low education level, and l This finding is consistent with previous which increased age, female gender, low level and low income were also associated

Essentials for living list. Essentials for daily living assessment. Essentials for living assessment training. Essentials for living assessment pdf. Essentials for living aba assessment. Essentials for living assessment login. What are essentials for living.

Essential for Living is a communication, behavior, and functional skills assessment, curriculum, and skill-tracking instrument for both children and adults with moderate-to-severe disabilities. It is especially useful for learners with limited communication repertoires, minimal daily living skills, or severe problem behavior. This instrument is based on concepts, principles, and empirically-validated procedures from Applied Behavior Analysis (ABA) and from B. F. SkinnerÃ¢Â¢ÃÂ¬Â¢ÃÂ¢Âs ground-breaking analysis of verbal behavior (Skinner, 1957).Essential for Living is both an assessment and a curriculum. It is used to determine the current performance level of each child or adult with respect to skills that are part of the instrument, in other words, to conduct a curriculum-based assessment. This instrument is also used to develop appropriate goals and objectives for individual education or support plans and to track skill acquisition and problem behavior.Essential for Living was developed by Patrick McGreevy. Ph.D., a behavior analyst with 40 years experience with children and adults with severe disabilities. He was assisted by Troy Fry and Colleen Cornwall, who also have extensive experience with children and adults with limited skill repertoires and severe problem behavior. ¯Ã»Â¿ÂDo you know what the essential eight skills are...and why they're the most important skills you can teach children and adults with disabilities? Take a look at Essential for Living, a communication, behavior, and functional skills assessment, curriculum, and skill-tracking instrument for children and adults with severe disabilities, including autism, and limited skill repertoires. Essential for Living is a communication, behavior, and functional skills assessment, curriculum, and skill-tracking instrument for both children and adults with moderate-to-severe disabilities. It is especially useful for learners with limited communication repertoires, .ossecorp o odot etnarud o£Ãm Â oditnam sioped e o£Ã§Ãisnart ad otnemajenalp od oicÃni on ra§Ãnacla ªÃcov euq osrucer oriemirp o res eved adiv a arap laicnessE . setneilc e sonula sues ed adiv an ovitacifingis e oterid otcapmi mu mªÃt euq sedadilibah e sedadilibah sasse revlovnesed e racifitnedi arap oir¡Ãssecen otium orietor mu o£Ã§Ãisnart me satsilaicepse e otnematropmoc ed satsilana ,serodacude ,siap a ecenrof adiv a arap laicnesse ,rasu ed lic¡Ãf e ovitasnep , etnegnarbA ".ossecorp essen raiug son arap reviv arap laicnesse somet aroga ,etnemzileF .otluda omoc zacife adiv a arap siartnec o£Ãs sedadilibah siauq erbos odatimil otnemidnetne osson olep siam otief ©Ã etnemlareg e rodaifased ©Ã ,edadi reuqlauq me ,o£Ã§Ãisnart ad otnemajenalp O" .evarg ocit¡Ãmelborp otnematropmoc e sadatimil sedadilibah ed soir³Ãtreper moc sotluda e sa§Ãnairc moc aicnªÃirepxe atsav amu mªÃt m©Ãbmat euq ,llawnroC neelloC e yrF yorT rop oditsissa iof elE . sevarg saicnªÃicifed moc sotluda e sa§Ãnairc moc aicnªÃirepxe ed sona 04 moc otnematropmoc ed atsilana ,DhP ,yveerGcM kcirtaP rop odivlovnesed iof .ocit¡Ãmelborp otnematropmoc o e sedadilibah ed o£Ã§Ãisiuqa a raertsar arap e oiopa ed sonalp so uo laudividni o£Ã§Ãacude a arap sodairporpa sovitejbo e sovitejbo revlovnesed arap odasu ©Ã m©Ãbmat otnemurtsni etsE .olucÃrruc on adaesab o£Ã§Ãailava amu razilaer arap ,sarvalap sartuo me ,otnemurtsni od etrap mezaf euq sedadilibah s Ã o£Ã§Ãaler me otluda uo a§Ãnairc adac ed ohnepmesed ed lauta levÃn o ranimreted arap odasu Ã .olucÃrruc mu e o£Ã§Ãailava amu ©Ã adiv a arap laicnessE .)7591 ,rennikS(labrev otnematropmoc o erbos rennikS .F.B ed esil¡Ãna ad e)ABA(adacilpa otnematropmoc ed esil¡Ãna ad sodadilav etnemaciripme sotnemidecorp e soipÃcnirp ,sotiecnoc me odaesab ©Ã otnemurtsni etsE .siaicepse sedadissecen ed otejorp on sievÃnopsid m©Ãbmat sobma ,SLLBA o uo PPAM-BV o moc otnujnoc me odasu res edop ele ,sa§Ãnairc sa moC .evarg ocit¡Ãmelborp otnematropmoc uo air¡Ãid adiv ed sedadilibaH recommended. "-Peter Gerhardt, JPG Consultation Group Times shown are the US in the peaceful (for example, Los Angeles, Seattle or San Francisco) Special need List events and advertisements of interest in our calendar without billing as public service. They are the work of the listed sponsor. Make sure to confirm details with event sponsors when making your plans. We welcome submissions at . Lists are selected for consistency with our mission. Ads appear only for 3 consecutive days. The essential for life (EFL) is a functional curriculum that has been designed for children and adults with neurological disorders, congenital or acquired conditions or delays in global development. It can be used to identify deficits in functional skills and problematic behaviors as well as track the student's progress. The essential for life is based on empirically validated concepts, principles and procedures of Applied Behavior Analysis (ABA). During this evaluation, seven skill domains are evaluated, including (1) requests, (2) responding as a listener to requests, (3) answering questions and participating in conversations, (4) daily life and related skills (5) Functional academic and related skills, (6) tolerating skills and egg shells and (7) tool and component skills. There is also a domain in the behavior of the problem. The skills within the seven skill domains are sequenced from less to more difficult and more functional and projected mandatory, should have, good to have or pleasant to have. Compulsory skills, also called eight essentials, are usually evaluated and taught first. The eight essential skills are skills, which are absolutely essential for a happy, rewarding and productive life when a child or an adult, are the central focus of the essential for life. In the absence of these skills, children and adults are less likely to learn other functional skills,More likely to display problematic forms of behavior, less likely to have access to items, activities, places and preferred people and less likely to have contact contact interaction with the community in which they live. Your Super Kids Behaviour Consultant will be able to let you know if this assessment will be useful within your child's programming. We, Patrick McGreevy, Ph.D., P.A. and Associates, accept and encourage online orders through this store, along with purchase orders, through email [office@essentialforliving.com], fax [407-514-2604], and traditional mail, 4767 New Broad Street, Orlando, FL USA 32814. Shop now The mission of Essential for Living is to provide children and adults with moderate-to-severe disabilities, including but not limited to autism, a comprehensive life skills curriculum with social validity, along with evidence-based teaching and measurement strategies and procedures, that result in the dignity and quality of life these children and adults deserveEssential for Living is also available in Italian; currently you can order it from this website it will soon be available in Simplified (Mandarin)Ã ÂChinese and Spanish.Many children and adults with moderate-to-severe disabilitiesÃ Âand limited skill repertoires experience deficits in the Essential Eight Skills:These skills are also known as ¢ÂÂÂthe must-have skills¢ÂÂÂ and are some of the first skills addressed in Essential for Living.____ Many children and adults with moderate-to-severe disabilities and limited skill repertoiresÃ Âare not able to communicate effectively with ¢ÂÂÂspoken words¢ÂÂÂ and require an alternative method of speaking (AMS). Ã Â Ã Â Ã Â Ã Â Ã ÂÃ ÂChapter 6 ofÃ ÂEssential for Living [EFL]Ã Âdescribes and demonstrates a systematic set of procedures for selecting an alter-native, primary method of speakingÃ Â[AMS]Ã Âfor a non-verbal child or adult. Ã ÂThese procedures begin by designating the learner¢ÂÂÂs sensory, skill, and behavioral repertoires and displaying these repertoires on theÃ ÂSelection Diagram, a depoleved saw Âloot siht,ees nac uoy sA .elif eht nepo Âdna looT noitceles SMA Âeht Âdaolnwo D Â:loo T noitceles SMA Âeht ot knil si gniwollof ehT .] Âmoc.gnivilroflaitnesse@eciffo ♪ I'm gonna go ♪ bE dna smailliW retnuH yb depoleved Âsaw loot sihT .tluda ro dlihc labrev-non a rof gnikaeps fo dohtem avoidnretla in the rof setadidnac enimreted ylkciuq ,serudecorp emas eht gnisu ,dna ÂmargaiD noitceleS Âeht ssapyb ot sresu stimrep Â Â Â T nosirapmoC SMA Âeht secalper dna setadpu hcihw,loot sihT Â!!eucser eht ot Âloo T noitcele SMA ÂweN eht,revewoH .ssecorp noitceles eht fo trap sa desu eb regnol on nac Âseipoc eseht ,tluser a sA .gnikaeps fo sdohtem Âevitanretla 64 eht fo hcae rof ÂLFE Âfo 6 retpahc Âni smargaid eht sa ezis emas eht regnol on si ti taht os âyllatnoziroh dehctertssâ neeb sah margaiD noitceleS eht ,ralym eht fo seipoc emos htiw taht erawa emoceb yltnecer y nirev evah ? *Excel and the product is an Excel file. This file, however, is not supported by an iPad or an iPhone. If you come a box that asks about macros, you will need to select Macrosan € € to use this tool. If you come a box with the visual Basic for Applications, select End (if the same box appears a second time, select end again). Then select the help boxes for instructions on the use of the AMS selection tool. You can highlight any of those who have been selected with a color of your choice. You can also print the pãnão when finishing or saving it with the initials of a student for future reference. What is up? Chapter 6 of Essential for Living [EFL] is dedicated to ensuring that how many individuals with moderate disabilities may become effective speakers and remain thus for a lifetime. If you are working with a child or adult who currently has no way to speak, and you are able to select a whole for them who become effective, please send us Your story [Office@essentialforliving.com] With respect to your privacy, we will celebrate your and your achievement on this site. What's going on? A sample of the 3,000 skills in the Essential EFL for Living is composed of 3,000 functional skills. The first three domains contain 1,900 speech and listening skills. The remaining four domains contain 1,100 life, leisure, vocational, functional academia, toleration and component skills. The following is a sample of these skills: click here what is going on? The essential to live app the Essential for Living Web-Based App allows user: performing an evaluation, recording the student's progress in relation to the skills .OVITACILPA .LFE ovitacilpa on o£Ã§Ãautnop ed sarutanissa uo siaunam ed arpmoc ad setna adip¡Ãr o£Ã§ÃailavA ariemirp aus metelpmoc soir¡Ãusu sovon euq odnitimrep ,¢Ãlfe adip¡Ãr o£Ã§Ãailava a arap o£Ã§Ãautnop ed edarg a iulcni m©Ãbmat otnemucod etsE :me levÃnopsid ¡Ãtse ,oir¡Ãusu od aiug omoc evres m©Ãbmat euq ,adiv a arap laicnesse a o£Ã§Ãudortni amU ____ :ra§Ãemoc a ol- ¡Ãduja medop riuges a seµÃ§Ãamrofni sa ,m©ÃroP .oriemirp on odagerracerbos ocuop mu recerap edop oviv lanoissiforp ocit¡Ãrp od launam o arap laicnesse O ____ ____ moc.ppalfe@zil :rehaM ziL moc otatnoc me ertne ,atiutarg etset ed atnoc amu arap iuqa euqilc :LFE ovitacilpa o rasseca araP .soir³Ãtaler eraperp e ossergorp essed o£Ãsnetxe a amuser ,ocit¡Ãmelborp otnematropmoC

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