

If setting for persons with intellectual disabilities is chosen, specify which of the following:

- 18 Other
- 1 Shared living
- 2 Group home for persons with intellectual disability
- 3 Intermediate Care Facility for the Intellectually Disabled (ICF/ID) or Developmental Center

Is housing section 8 subsidized public housing?	Y/N
Is housing tenant based or housing subsidy through mobile voucher?	Y/N

13. Living Arrangement	a. Lives
1 Alone	
2 With spouse/partner only	
3 With spouse/partner and other(s)	
4 With child (not spouse/partner)	
5 With parent(s) or guardian(s)	
6 With siblings	
7 With other relative(s)	
8 With nonrelative(s)	
d. Is there someone under the age of 18 living in the household? (1) Does that person(s) have a disability?	Y/N
e. Is there someone 60 years or older living in the household? (1) Does that person(s) have a disability?	Y/N
	Y/N
	b. As compared to 90 days ago (or last assessment), person now lives with someone new--e.g. moved in with another person, other moved in
0 No	
1 Yes	
	c. Person or relative feels that the person would be better off living elsewhere
0 No	
1 Yes, other community residence	
2 Yes, institution	
	Have you moved 2 or more times in the last year?
0 No	
1 Yes	

14. Time Since Last Hospital Stay	Code for most recent incidence in last 90 days
	No hospitalization within 90 days
	31-90 days ago
	15-30 days ago
	8-14 days ago
	In the last 7 days
	Now in the hospital

SECTION B. Intake and Initial History

1. Date case opened XXXX-XX-XX

2. Ethnicity and race 0=No 1=Yes

Ethnicity

a Hispanic or Latino

If Hispanic or Latino, is the person one of the following

Cubano

Mexican, Mexican-American, Chicano

Puerto Rican

Other Hispanic/Latino/Spanish

Primary Race

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Additional information about origin: Is the person from

Asian Indian

Filipino

Guamanian or Chamorro

Japanese

Korean

Samoa

Vietnamese

Chinese

Africa

Middle Eastern

Caribbean Island

Haitian Creole

Other--what

Does the person consider themselves to be of mixed race?

0 No

1 Yes

3. Primary language

1 English

2 Spanish

3 French

4 Other (specify 'Other' language in Notes field)

If 'Other' specify below. If language is not in the list, then leave blank.

4 Arabic

5 Albanian

6 American Sign Language (ASL)

7 Amharic

8 Armenian

9 Bengali

10 Bosnian

13 Bulgarian

14 Cambodian (Khmer)

15 Cape Verdean Creole

16 Chinese - Cantonese

17 Chinese - Mandarin

19 Chinese - Other

20 Chinese - Toisanese

21 Croatian

22 Dutch

23 Ethiopian

24 Farsi / Iranian / Persian

25 French Creole

26 German

27 Greek

28 Gujarati

32 Haitian Creole

33 Hebrew

34 Hindi

35 Hmong

36 Hungarian

37 Italian

38 Japanese

39 Korean

40 Kutchi

41 Laotian

- 42 Lithuanian
- 43 Nepali
- 44 Portuguese-Brazilian
- 45 Portuguese-Cape Verdean
- 46 Portuguese-European
- 47 Polish
- 48 Punjabi
- 49 Romanian
- 50 Russian
- 51 Serbian-Cyrillic
- 100 Slovenian
- 115 Somali
- 119 Swahili
- 126 Swedish
- 127 Tagalog
- 128 Tamil
- 129 Thai
- 130 Turkish
- 131 Urdu

Vietnamese
Other--write in if not one of listed

Interpreter needed? Y/N

Does the client understand spoken English?
 0 No
 1 Some
 2 Yes, most or all

Does the client understand written English?
 0 No
 1 Some
 2 Yes, most or all

Indicate preferred spoken language if not the same as primary language.
 Indicate preferred written language if not the same as primary language.

4. Residential history over last 5 years

- 0=No 1=Yes**
- a Long term care facility--e.g. nursing home**
- b Board and care home, assisted living**
- c Mental health residence--e.g. psychiatric group home**
- d Psychiatric hospital/unit**
- e Setting for persons with intellectual disabilities**

Other residences in the last 5 years: have you lived in any of these types of residences in the last 5 years?

- 0=No 1=Yes
- a Acute care hospital
- b Adult Foster Care (AFC)
- c Assisted living or semi-independent living
- d Communal Living residence
- e Correctional facility
- f Foster care (child)
- q Group home for persons with intellectual disability
- h Group home for persons with physical disability
- i Homeless (with or without shelter)
- j Hospice facility/palliative care unit
- k Intermediate Care Facility for the Intellectually Disabled (ICF/ID) or Developmental Center
- l Rehabilitation hospital/unit
- m Rest home
- n Shared living for people with ID
- o Other

Highest level of education completed

- 1 8th grade or less
- 2 9-11 grades
- 3 Graduated High school/high school diploma or equivalent if not from the US
- 4 GED or equivalent if not from the US
- 5 Special education certificate
- 6 Technical or trade school
- 7 Some college/university
- 8 Bachelor's degree or graduated university
- 9 Graduate degree
- 10 No schooling
- 11 INFORMATION NOT AVAILABLE

Current employment (paid employment)

- 1 Employed full time
- 2 Employed part time, work year round
- 3 Work in non-competitive employment
- 4 Employed with job coach or other support service
- 5 Unemployed
- 6 Seasonal work
- 7 Retired
- 8 Disabled, but previously employed
- 9 Has never been employed

Do you participate in volunteer work?

- 0 No
- 1 Yes

Are you interested in starting or increasing volunteer work?

- 0 No
- 1 Yes

Are you interested in starting or increasing paid, competitive employment?

- 0 No
- 1 Yes

SECTION C. COGNITION

Put BIMS here?

1. Cognitive skills for daily decision making

- 0 Making decisions regarding tasks of daily life--e.g. when to eat or have meals**
- 1 Independent**
- 2 Modified independence--some difficulty in new situations only**
- 3 Minimally impaired--in specific recurring situations, decision become poor or unsafe, cues/supervision necessary at those times.**
- 4 Moderately impaired--Decisions consistently poor or unsafe: cues/supervision required at all times**
- 5 Severely impaired--Never or rarely makes decisions**
- 6 No discernable consciousness, coma (skip to functional status section)**

2. Memory/recall ability

- Code for recall of what was learned or known 0=Yes, memory okay 1=Memory problem**
- a Short term memory OK--Seems/appears to recall after 5 minutes**
- b Procedural memory OK--Can perform all or almost all steps in a multitask sequence without cues.**
- c Situational memory OK--Both: recognizes caregivers' names/faces frequently encountered AND knows location of places regularly visited (bedroom, dining room, activity room, therapy room).**

3. Periodic disordered thinking or awareness

- 0=Behavior not present 1=Behavior present, consistent with usual functioning 2=Behavior present, appears different from usual functioning (e.g. new onset or worsening, different from a few weeks ago).
- a Easily distracted--e.g. episodes of difficulty paying attention; gets sidetracked
- b Episodes of disorganized speech--e.g. speech is nonsensical, irrelevant, or rambling from subject to subject; loss train of thought
- c Mental function varies over the course of the day--e.g. sometimes better, sometimes worse

4. Acute change in mental status from person's usual functioning

e.g. restlessness, lethargy, difficult to arouse, altered environmental perception

		Socially inappropriate or disruptive behavior—e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through other's belongings
		Inappropriate public sexual behavior or public disturbing
		Resists care—e.g., taking medications/injections, ADL assistance, eating; includes actively refusing care
Other behaviors use same answering strategy as above (from InterRAI ID tool)		Destructive behaviour — For example, throwing objects, turning over beds or tables, vandalism.
		Echolalia — Repeats the words spoken by others.
		Inattention/hyperactivity, difficulty sticking with a task
		Outburst of anger — Intense flare-up of anger in reaction to a specific action or event (for example, upset with decisions of others).
		Pica — Ingestion of non-food items (for example, soap, dirt, feces).
		Rumination — Regurgitation and re-chewing previously swallowed food.
		Self-injurious behaviour — Self-directed behaviours that may result in harm to the person (for example, banging head on wall; pinching, biting, scratching, hitting, or punching self; pulling own hair).
		Self-talk — Talks to him- or herself.
		Sexually inappropriate behavior not in public, but in front of other people
Indicate behaviors present at a frequency of weekly or less		
Court involvement for any of the above		
Other behaviors		0=Not present 1=Present but not exhibited in last 3 days 2=Exhibited on 1-2 of last 3 days 3=Exhibited daily in last 3 days
Pattern of disordered thinking, impaired executive functioning, confusion, delusions or hallucinations, impairing judgment and decision-making leading to unsafe behavior		
Chronic lack of self-motivation—e.g. due to depression or negative symptoms of psychosis		
Disorganized management of time, care supplies, belongings, personal space, etc.		
Intentional self-injurious behavior without suicidal intent		
Intentional self-injurious behavior with suicidal intent		
Agitation including restlessness and unintentional purposeless movements like hand wringing and pacing		
In the last 2 weeks, how often have you been bothered by any of the following problems?		PHQ 2
a. Little interest or pleasure in doing things.		
	0	Not at all
	1	Several days
	2	More than half the days
	3	Nearly every day
b. Feeling down, depressed, or hopeless.		
	0	Not at all
	1	Several days
	2	More than half the days
	3	Nearly every day
Add scores from a and b.		Score: if score is 2 or higher, then complete the PHQ 9
Person has a behavior plan		
	0	No
	1	Yes
SECTION F. PSYCHOSOCIAL WELL-BEING		
1. Social relationships		
		0=Never 1=More than 30 days ago 2=15-30 days ago 3=8-14 days ago 4=4-7 days ago 5=In last 3 days 8=Unable to determine
a		Participation in social activities of long-standing interest
b		Visit with a long-standing social relation or family member
c		Other interaction with a long-standing social relation or family member—e.g., telephone, email, etc.
d		Conflict or anger with family or friends
e		Fearful of a family member or close acquaintance
f		Neglected, abused, or mistreated
		Says or indicates that he/she feels lonely
		0=No 1=Yes
2. Lonely		
3. Change in social activities in last 90 DAYS (or since last assessment if less than 90 days ago). Decline in the client's level of participation in social, religious, occupational or other preferred activities. IF THERE WAS A DECLINE, client distressed by this fact		
	0	No decline
	1	Decline, not distressed
	2	Decline, distressed
4. Length of time alone during the day (morning and afternoon)		
	0	Less than 1 hour
	1	1-2 hours
	2	More than 2 hours but less than 8 hours
	3	9 hours or more
5. Major life stressor in last 90 days		e.g., episode of severe personal illness; death or severe illness of close family member/friend; loss of home; major loss of income/assets; victim of a crime such as robbery or assault; loss of driving license/car
	0	No
	1	Yes
Choose the relevant life stressor(s) occurring in the last 90 days (check all that apply)		change in care provider or direct care staff death or severe illness of close family member/friend/caregiver (not provider) episode of severe personal illness loss of home/relocation loss of driving license/car major loss of income/assets victim of a crime such as robbery or assault Others?
SECTION G. FUNCTIONAL STATUS		
1. IADL self-performance		
a. MEAL PREPARATION—How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food and utensils)		
		Performance
	0	Independent—No help, setup, or supervision
	1	Setup help only
	2	Supervision—Oversight/cueing
	3	Limited assistance—Help required on some occasions
	4	Extensive assistance—Help required throughout the task, but performs 50% or more of task on own
	5	Maximal assistance—Help required throughout the task, but performs less than 50% of task on own
	6	Total dependence—Full performance of activity during the entire period by others
	8	Activity did not occur—During entire period
		Capacity
	0	Independent—No help, setup, or supervision
	1	Setup help only
	2	Supervision—Oversight/cueing
	3	Limited assistance—Help required on some occasions
	4	Extensive assistance—Help required throughout the task, but performs 50% or more of task on own
	5	Maximal assistance—Help required throughout the task, but performs less than 50% of task on own
	6	Total dependence—Full performance of activity during the entire period by others
	8	Activity did not occur—During entire period
b. ORDINARY HOUSEWORK—How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry)		
		Performance
	0	Independent—No help, setup, or supervision
	1	Setup help only
	2	Supervision—Oversight/cueing
	3	Limited assistance—Help required on some occasions
	4	Extensive assistance—Help required throughout the task, but performs 50% or more of task on own
	5	Maximal assistance—Help required throughout the task, but performs less than 50% of task on own
	6	Total dependence—Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

Capacity

0 Independent--No help, setup, or supervision

1 Setup help only

2 Supervision--Oversight/cueing

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

c. MANAGING FINANCE-How bills are paid, checkbook is balanced, household expenses are balanced

Performance

0 Independent--No help, setup, or supervision

1 Setup help only

2 Supervision--Oversight/cueing

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

Capacity

0 Independent--No help, setup, or supervision

1 Setup help only

2 Supervision--Oversight/cueing

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

d. MANAGING MEDICATIONS-How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)

Performance

0 Independent--No help, setup, or supervision

1 Setup help only

2 Supervision--Oversight/cueing

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

Capacity

0 Independent--No help, setup, or supervision

1 Setup help only

2 Supervision--Oversight/cueing

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

MANAGING/SELF-ADMINISTRATION OF MEDICATIONS - ORAL MEDICATIONS-Including remembering to take medication (can be with technology supports), taking the right dose, opening bottles, ability to do the procedure (e.g., injection) if applicable

Performance

0 Independent--No help, setup, or supervision

1 Setup help only

2a Supervision--Oversight, encouragement provided, but not all through task

2b Supervision--Direct supervision and cueing by a person present throughout whole activity

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

Capacity

0 Independent--No help, setup, or supervision

1 Setup help only

2a Supervision--Oversight, encouragement provided, but not all through task

2b Supervision--Direct supervision and cueing by a person present throughout whole activity

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

MANAGING/SELF-ADMINISTRATION OF MEDICATIONS - INTRAMUSCULAR MEDICATIONS-Including remembering to take medication (can be with technology supports), taking the right dose, opening bottles, ability to do the procedure (e.g., injection) if applicable

Performance

0 Independent--No help, setup, or supervision

1 Setup help only

2a Supervision--Oversight, encouragement provided, but not all through task

2b Supervision--Direct supervision and cueing by a person present throughout whole activity

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

Capacity

0 Independent--No help, setup, or supervision

1 Setup help only

2a Supervision--Oversight, encouragement provided, but not all through task

2b Supervision--Direct supervision and cueing by a person present throughout whole activity

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own

6 Total dependence--Full performance of activity during the entire period by others

8 Activity did not occur--During entire period

MANAGING/SELF-ADMINISTRATION OF MEDICATIONS - INTRAVENOUS MEDICATIONS-Including remembering to take medication (can be with technology supports), taking the right dose, opening bottles, ability to do the procedure (e.g., injection) if applicable

Performance

0 Independent--No help, setup, or supervision

1 Setup help only

2a Supervision--Oversight, encouragement provided, but not all through task

2b Supervision--Direct supervision and cueing by a person present throughout whole activity

3 Limited assistance--Help required on some occasions

4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own

MANAGING/SELF-ADMINISTRATION OF MEDICATIONS -Administration of eye, ear, nose, and other medication drops-including remembering to take medication (can be with technology supports), taking the right dose, opening bottles, ability to do the procedure (e.g., injection) if applicable

- Performance
- 0 Independent--No help, setup, or supervision
- 1 Setup help only
- 2a Supervision--Oversight, encouragement provided, but not all through task
- 2b Supervision--Direct supervision and cueing by a person present throughout whole activity
- 3 Limited assistance--Help required on some occasions
- 4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
- 5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
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- Capacity
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- 2a Supervision--Oversight, encouragement provided, but not all through task
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- 3 Limited assistance--Help required on some occasions
- 4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
- 5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
- 6 Total dependence--Full performance of activity during the entire period by others
- 8 Activity did not occur--During entire period

What assistive devices does the client use to help with medication management?

- 1 None
- 2 Daily-Weekly-monthly Pillbox
- 3 Enhanced PERS
- 4 Medication Dispensing Machine
- 5 Pharmacy Profile
- 6 Phone or mobile app
- 7 Other

e. PHONE USE-How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)

- Performance
- 0 Independent--No help, setup, or supervision
- 1 Setup help only
- 2 Supervision--Oversight/cueing
- 3 Limited assistance--Help required on some occasions
- 4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
- 5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
- 6 Total dependence--Full performance of activity during the entire period by others
- 8 Activity did not occur--During entire period
- Capacity
- 0 Independent--No help, setup, or supervision
- 1 Setup help only
- 2 Supervision--Oversight/cueing
- 3 Limited assistance--Help required on some occasions
- 4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
- 5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
- 6 Total dependence--Full performance of activity during the entire period by others
- 8 Activity did not occur--During entire period

What assistive devices does the client currently use for telephone use?

- None
- Amplified
- Flashing
- Large Numbers
- PERS
- TTY (teletypewriter)
- Other

Programmable

g. SHOPPING-How shopping is performed for food and household items (e.g., selecting items, managing money)

- Performance
- 0 Independent--No help, setup, or supervision
- 1 Setup help only
- 2 Supervision--Oversight/cueing
- 3 Limited assistance--Help required on some occasions
- 4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
- 5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
- 6 Total dependence--Full performance of activity during the entire period by others
- 8 Activity did not occur--During entire period
- Capacity
- 0 Independent--No help, setup, or supervision
- 1 Setup help only
- 2 Supervision--Oversight/cueing
- 3 Limited assistance--Help required on some occasions
- 4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
- 5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
- 6 Total dependence--Full performance of activity during the entire period by others
- 8 Activity did not occur--During entire period

h. TRANSPORTATION-How client travels by vehicle (e.g., gets to places beyond walking distance)

- Performance
- 0 Independent--No help, setup, or supervision
- 1 Setup help only
- 2 Supervision--Oversight/cueing
- 3 Limited assistance--Help required on some occasions
- 4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
- 5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
- 6 Total dependence--Full performance of activity during the entire period by others
- 8 Activity did not occur--During entire period
- Capacity
- 0 Independent--No help, setup, or supervision
- 1 Setup help only
- 2 Supervision--Oversight/cueing
- 3 Limited assistance--Help required on some occasions
- 4 Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
- 5 Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
- 6 Total dependence--Full performance of activity during the entire period by others
- 8 Activity did not occur--During entire period

Select the types of transportation that the client is able to use (if able to use a private vehicle either as a driver or passenger, then check only that. Otherwise check all that apply)

- 1 Private Vehicle, driver
- 2 Private Vehicle, passenger
- 3 Taxi
- 4 Ride sharing (Lyft, Uber, etc.)

	3 Shoe Horn
	4 Sock Clip
	5 Other
j. Eating--How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition).	
	0 Independent--No physical help, setup, or supervision in any episode
	1 Independent, setup help only--Article or device provided or placed within reach, no physical assistance or supervision in any episode
	2a Supervision--Oversight, encouragement provided, but not all through task
	2b Supervision--Direct supervision and cueing by a person present throughout whole activity
	3 Limited assistance--Guided maneuvering of limbs, physical guidance without taking weight
	4 Extensive assistance--Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
	5 Maximal assistance--Weight-bearing support (including lifting limbs) by 2+ helpers--OR-- Weight-bearing support for more than 50% of subtasks
	6 Total dependence--Full performance of activity during all episodes
	8 Activity did not occur--During entire period
What assistive devices/medical equipment are currently used by the client for eating?	
	1 None
	2 Dentures
	4 Enteral Tube Feeding
	5 Hand splint/braces
	6 Soacial utensil/plate/cup
	7 Other
ACTIVE RANGE OF MOTION--person is able to maintain joint flexibility by active range of motion	Yes/No
PASSIVE RANGE OF MOTION--person needs passive range of motion to maintain joint flexibility.	Yes/No
If the person needs passive range of motion to maintain joint flexibility, then how does this occur	
	0 Independent--No physical help, setup, or supervision in any episode
	1 Independent, setup help only--Article or device provided or placed within reach, no physical assistance or supervision in any episode
	2a Supervision--Oversight, encouragement provided, but not all through task
	2b Supervision--Direct supervision and cueing by a person present throughout whole activity
	3 Limited assistance--Guided maneuvering of limbs, physical guidance without taking weight
	4 Extensive assistance--Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
	5 Maximal assistance--Weight-bearing support (including lifting limbs) by 2+ helpers--OR-- Weight-bearing support for more than 50% of subtasks
	6 Total dependence--Full performance of activity during all episodes
	8 Activity did not occur--During entire period
h. Toilet use--How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes--Exclude transfer on and off toilet	
	0 Independent--No physical help, setup, or supervision in any episode
	1 Independent, setup help only--Article or device provided or placed within reach, no physical assistance or supervision in any episode
	2a Supervision--Oversight, encouragement provided, but not all through task
	2b Supervision--Direct supervision and cueing by a person present throughout whole activity
	3 Limited assistance--Guided maneuvering of limbs, physical guidance without taking weight
	4 Extensive assistance--Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
	5 Maximal assistance--Weight-bearing support (including lifting limbs) by 2+ helpers--OR-- Weight-bearing support for more than 50% of subtasks
	6 Total dependence--Full performance of activity during all episodes
	8 Activity did not occur--During entire period
g. Transfer toilet--How moves on and off toilet or commode	
	0 Independent--No physical help, setup, or supervision in any episode
	1 Independent, setup help only--Article or device provided or placed within reach, no physical assistance or supervision in any episode
	2a Supervision--Oversight, encouragement provided, but not all through task
	2b Supervision--Direct supervision and cueing by a person present throughout whole activity
	3 Limited assistance--Guided maneuvering of limbs, physical guidance without taking weight
	4 Extensive assistance--Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
	5 Maximal assistance--Weight-bearing support (including lifting limbs) by 2+ helpers--OR-- Weight-bearing support for more than 50% of subtasks
	6 Total dependence--Full performance of activity during all episodes
	8 Activity did not occur--During entire period
i. Bed mobility--How moves to and from lying position, turns from side to side, and positions body while in bed	
	0 Independent--No physical help, setup, or supervision in any episode
	1 Independent, setup help only--Article or device provided or placed within reach, no physical assistance or supervision in any episode
	2a Supervision--Oversight, encouragement provided, but not all through task
	2b Supervision--Direct supervision and cueing by a person present throughout whole activity
	3 Limited assistance--Guided maneuvering of limbs, physical guidance without taking weight
	4 Extensive assistance--Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
	5 Maximal assistance--Weight-bearing support (including lifting limbs) by 2+ helpers--OR-- Weight-bearing support for more than 50% of subtasks
	6 Total dependence--Full performance of activity during all episodes
	8 Activity did not occur--During entire period
Select all appliances or assistive devices the client uses in transferring in and out of bed or chair and for bed mobility	
	1 None
	2 Cane
	3 Electric Lift Chair
	4 Hospital Bed
	5 Mechanical/hydraulic Lift
	6 Slide board
	7 Trapeze
	8 Walker
	9 Other
g.1. Transfer--including moving to and between surfaces--to/from bed, chair, wheelchair, standing position. Excludes to/from bath or toilet.	
	0 Independent--No physical help, setup, or supervision in any episode
	1 Independent, setup help only--Article or device provided or placed within reach, no physical assistance or supervision in any episode
	2a Supervision--Oversight, encouragement provided, but not all through task
	2b Supervision--Direct supervision and cueing by a person present throughout whole activity
	3 Limited assistance--Guided maneuvering of limbs, physical guidance without taking weight
	4 Extensive assistance--Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
	5 Maximal assistance--Weight-bearing support (including lifting limbs) by 2+ helpers--OR-- Weight-bearing support for more than 50% of subtasks
	6 Total dependence--Full performance of activity during all episodes
	8 Activity did not occur--During entire period
e. Walking--How walks between locations on same floor indoors	
	0 Independent--No physical help, setup, or supervision in any episode
	1 Independent, setup help only--Article or device provided or placed within reach, no physical assistance or supervision in any episode
	2a Supervision--Oversight, encouragement provided, but not all through task
	2b Supervision--Direct supervision and cueing by a person present throughout whole activity
	3 Limited assistance--Guided maneuvering of limbs, physical guidance without taking weight
	4 Extensive assistance--Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
	5 Maximal assistance--Weight-bearing support (including lifting limbs) by 2+ helpers--OR-- Weight-bearing support for more than 50% of subtasks
	6 Total dependence--Full performance of activity during all episodes
	8 Activity did not occur--During entire period
What assistive devices does the client currently use for aid in indoor mobility? (Check all that apply)	
	1 None
	2 Cane
	3 Crutches
	4 Guide dog
	5 Leg braces
	6 Needs to hold onto a person to walk outside

7	Prosthesis
8	Ramp access
9	Scooter
10	Walker, non-rolling
11	Walker, rolling
12	Wheelchair, electric
13	Wheelchair, manual
14	Other

What assistive devices does the client currently use for aid in outdoor mobility? (Check all that apply)

1	None
2	Cane
3	Crutches
4	Guide dog
5	Leg braces
6	Needs to hold onto a person to walk outside
7	Prosthesis
8	Ramp access
9	Scooter
10	Walker, non-rolling
11	Walker, rolling
12	Wheelchair, electric
13	Wheelchair, manual
14	Other

f. Locomotion--How moves between locations on same floor (walking or wheeling), if in wheelchair, self-sufficiency once in chair

0	Independent--No physical help, setup, or supervision in any episode
1	Independent, setup help only--Article or device provided or placed within reach, no physical assistance or supervision in any episode
2a	Supervision--Oversight, encouragement provided, but not all through task
2b	Supervision--Direct supervision and cueing by a person present throughout whole activity
3	Limited assistance--Guided maneuvering of limbs, physical guidance without taking weight
4	Extensive assistance--Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
5	Maximal assistance--Weight-bearing support (including lifting limbs) by 2+ helpers--OR-- Weight-bearing support for more than 50% of subtasks
6	Total dependence--Full performance of activity during all episodes
8	Activity did not occur--During entire period

f. STAIRS--How full flights of stairs is managed (12-14 stairs)

Performance	
0	Independent--No help, setup, or supervision
1	Setup help only
2	Supervision--Oversight/cueing
3	Limited assistance--Help required on some occasions
4	Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
5	Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
6	Total dependence--Full performance of activity during the entire period by others
8	Activity did not occur--During entire period
Capacity	
0	Independent--No help, setup, or supervision
1	Setup help only
2	Supervision--Oversight/cueing
3	Limited assistance--Help required on some occasions
4	Extensive assistance--Help required throughout the task, but performs 50% or more of task on own
5	Maximal assistance--Help required throughout the task, but performs less than 50% of task on own
6	Total dependence--Full performance of activity during the entire period by others
8	Activity did not occur--During entire period

3. Locomotion/Walking

a. Primary mode of locomotion [indoors]

0	Walking, no assistive device
1	Walking, uses assistive device--e.g., cane, walker, crutch, pushing wheelchair
2	Wheelchair, scooter
3	Bed-bound

b. Timed 4-meter (13 foot) walk; [have person walk 13 feet at normal pace and time; enter time in seconds up to 30 seconds]

30	30 or more seconds to walk 4 meters
77	Stopped before test complete
88	Refused to do the test
99	Not tested--e.g., does not walk on own

c. Distance walked--Farthest distance walked at one time without sitting down in the last 3 days (with support as needed)

0	Did not walk
1	Less than 15 feet (under 5 meters)
2	15-149 feet (5-49 meters)
3	150-299 feet (50-99 meters)
4	300+ feet (100+ meters)
5	1/2 mile or more (1+ kilometers)

c. Distance walked--Farthest distance walked at one time without sitting down in the last 90 days (with support as needed)

0	Did not walk
1	Less than 15 feet (under 5 meters)
2	15-149 feet (5-49 meters)
3	150-299 feet (50-99 meters)
4	300+ feet (100+ meters)
5	1/2 mile or more (1+ kilometers)

d. Distance wheeled self--Farthest distance wheeled self at one time in the last 3 days (includes independent use of motorized wheelchair)

0	Wheeled by others
1	Used motorized wheelchair/scooter
2	Wheeled self less than 15 feet (under 5 meters)
3	Wheeled self 15-149 feet (5-49 meters)
4	Wheeled self 150-299 feet (50-99 meters)
5	Wheeled self 300+ feet (100+ meters)
8	Did not use wheelchair

d. Distance wheeled self--Farthest distance wheeled self at one time in the last 90 days (includes independent use of motorized wheelchair)

0	Wheeled by others
1	Used motorized wheelchair/scooter
2	Wheeled self less than 15 feet (under 5 meters)
3	Wheeled self 15-149 feet (5-49 meters)
4	Wheeled self 150-299 feet (50-99 meters)
5	Wheeled self 300+ feet (100+ meters)
8	Did not use wheelchair

4. Activity level

a. Total hours of exercise or physical activity in last 3 days--e.g., walking

0	None
1	Less than 1 hour
2	1-2 hours
3	3-4 hours

	1	Present in past
	2	Present
Gastrointestinal		
i. Constipation--No bowel movement in 3 days or difficult passage of hard stool		
	0	Not present
	1	Present, but not exhibited in last 3 days
	2	Exhibited in 1 of last 3 days
	3	Exhibited in 2 of last 3 days
	4	Exhibited daily in last 3 days
m. Diarrhea		
	0	Not present
	1	Present, but not exhibited in last 3 days
	2	Exhibited in 1 of last 3 days
	3	Exhibited in 2 of last 3 days
	4	Exhibited daily in last 3 days
Dysphagia		
	0	Not present
	1	Present in past
	2	Present
Gastroesophageal Reflux Disease (GERD)		
	0	Not present
	1	Present in past
	2	Present
k. [Symptoms] Acid reflux--Reurgitation of acid from stomach to throat		
	0	Not present
	1	Present, but not exhibited in last 3 days
	2	Exhibited in 1 of last 3 days
	3	Exhibited in 2 of last 3 days
	4	Exhibited daily in last 3 days
Ulcer or other stomach disease		
	0	Not present
	1	Present in past
	2	Present
n. Vomiting		
	0	Not present
	1	Present, but not exhibited in last 3 days
	2	Exhibited in 1 of last 3 days
	3	Exhibited in 2 of last 3 days
	4	Exhibited daily in last 3 days
Genetic diagnoses and other etiologic conditions		
	a.	Angelman Syndrome
	b.	DiGeorge Syndrome
	c.	Down Syndrome or Trisomy 21
	d.	Fetal Alcohol Spectrum Disorder
	e.	Fragile X Syndrome
	f.	Mitochondrial disorder
	g.	Prader Willi Syndrome
	h.	Reti Syndrome
	i.	Smith-Magenis Syndrome
	j.	Tuberous Sclerosis
	k.	Velocardifacial syndrome
	l.	William Syndrome
	k.	Other--What?
Infections		
Bloodborne disease		
	0	Not present
	1	Present in past
	2	Present
r. Pneumonia		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Tuberculosis		
	0	Not present
	1	Present in past
	2	Present
s. Urinary tract infection in last 30 days		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Kidney, urinary, bladder		
Benign prostatic hypertrophy		
	0	Not present
	1	Present in past
	2	Present
Bladder cancer		
	0	Not present
	1	Present in past
	2	Present
Kidney disease		
	0	Not present
	1	Present in past
	2	Present
Neurogenic bladder		
	0	Not present
	1	Present in past
	2	Present
Musculoskeletal		
Arthritis		
	0	Not present
	1	Present in past
	2	Present
a. Hip fracture during last 30 days (or since last assessment if less than 30 days)		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
b. Other fracture during last 30 days (or since last assessment if less than 30 days)		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Osteoporosis		
	0	Not present
	1	Present in past

Rheumatoid arthritis	2	Present
	0	Not present
	1	Present in past
	2	Present
Scoliosis	0	Not present
	1	Present in past
	2	Present
Neurological (including developmental disabilities)		
c. Alzheimer's disease	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Amyotrophic lateral sclerosis (ALS)	0	Not present
	1	Present in past
	2	Present
i. Aphasia	0	Not present
	1	Present, but not exhibited in last 3 days
	2	Exhibited in 1 of last 3 days
	3	Exhibited in 2 of last 3 days
	4	Exhibited daily in last 3 days
Acquired brain injury	0	Not present
	1	Present in past
	2	Present
Autism spectrum disorder	0	Not present
	1	Present in past
	2	Present
Cerebral palsy	0	Not present
	1	Present in past
	2	Present
Comatose	0	Not present
	1	Present in past
	2	Present
Decreased sensation	0	Not present
	1	Present in past
	2	Present
d. Dementia other than Alzheimer's disease	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
e. Hemiplegia	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Huntington's chorea	0	Not present
	1	Present in past
	2	Present
Intellectual disability	0	Not present
	1	Present in past
	2	Present
Mild cognitive impairment or cognitive decline	0	Not present
	1	Present in past
	2	Present
f. Multiple sclerosis	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Muscular dystrophy	0	Not present
	1	Present in past
	2	Present
g. Paraplegia	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
h. Parkinson's disease	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
i. Quadriplegia	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Spinal cord injury	0	Not present
	1	Present in past
	2	Present
Spinal muscular atrophy	0	Not present
	1	Present in past
	2	Present
Seizure disorder	0	Not present
	1	Present in past
	2	Present
j. Stroke/CVA	0	Not present
	1	Primary diagnosis/diagnoses for current stay

	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Traumatic brain injury	0	Not present
	1	Present in past
	2	Present
Other		
Anemia or other blood disease	0	Not present
	1	Present in past
	2	Present
t. Cancer		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
u. Diabetes mellitus		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Cataract	0	Not present
	1	Present in past
	2	Present
Glaucoma	0	Not present
	1	Present in past
	2	Present
Thyroid disease (hyper or hypo)	0	Not present
	1	Present in past
	2	Present
Psychiatric		
g. Abnormal thought process—e.g., loosening of associations, blocking, flight of ideas, tangentiality, circumstantiality	0	Not present
	1	Present, but not exhibited in last 3 days
	2	Exhibited in 1 of last 3 days
	3	Exhibited in 2 of last 3 days
	4	Exhibited daily in last 3 days
n. Anxiety		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Atypical psychosis	0	Not present
	1	Present in past
	2	Present
o. Bipolar disorder		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Borderline or Antisocial Personality Disorder	0	Not present
	1	Present in past
	2	Present
h. Delusions—Fixed false beliefs		
	0	Not present
	1	Present, but not exhibited in last 3 days
	2	Exhibited in 1 of last 3 days
	3	Exhibited in 2 of last 3 days
	4	Exhibited daily in last 3 days
p. Depression		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
i. Hallucinations—False sensory perceptions		
	0	Not present
	1	Present, but not exhibited in last 3 days
	2	Exhibited in 1 of last 3 days
	3	Exhibited in 2 of last 3 days
	4	Exhibited daily in last 3 days
Schizoaffective disorder	0	Not present
	1	Present in past
	2	Present
q. Schizophrenia		
	0	Not present
	1	Primary diagnosis/diagnoses for current stay
	2	Diagnosis present, receiving active treatment
	3	Diagnosis present, monitored, but no active treatment
Somatiform disorder	0	Not present
	1	Present in past
	2	Present
Substance use disorder, alcohol	0	Not present
	1	Present in past
	2	Present
Substance use disorder, Cocaine	0	Not present
	1	Present in past
	2	Present
Substance use disorder, Cannabis	0	Not present
	1	Present in past
	2	Present
Substance use disorder, opiate	0	Not present
	1	Present in past
	2	Present
Substance use disorder, other	0	Not present

	e	Hearing exam in last 2 years
	f	Influenza vaccine in last year
	g	Mammogram or breast exam in last 2 years (for women)
	h	Pneumovax vaccine in last 5 years or after age 65
Other prevention		Shingles vaccine
		Prostate exam (any kind)
		OB/GYN exam
		Pneumonia vaccine, ever received
2. Treatments and programs received or scheduled in the last 3 days (or since the last assessment if less than 3 days)		
Treatments		
Cancer		
a. Chemotherapy	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
f. Radiation	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
Respiratory		
Use of BIPAP or CPAP		
	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
Nasopharyngeal aspiration		
	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
e. Oxygen therapy	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
If answer to oxygen 1, 2, or 3 above, then is oxygen continuous or intermittent?		
	1	Continuous
	2	Intermittent
g. Suctioning	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
h. Tracheostomy care	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
j. Ventilatory or respirator	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
Other		
b. Dialysis	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
c. Infection control--e.g., isolation, quarantine	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
d. IV medication	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
i. Transfusion	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
Wounds		
k. Wound care	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
Treatment and application of wound care including irrigation, medication, or sterile dressings		
	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
	2	1-2 of last 3 days
	3	Daily in last 3 days
Programs		
Alcohol/drug treatment program		
	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
Glucose monitoring		
	0	Not ordered and did not occur
	1	Yes
m. Palliative care program	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days
l. Scheduled toileting program	0	Not ordered and did not occur
	1	Ordered, not implemented

	2	1-2 of last 3 days
	3	Daily in last 3 days
n. Turning/repositioning program (schedule)	0	Not ordered and did not occur
	1	Ordered, not implemented
	2	1-2 of last 3 days
	3	Daily in last 3 days

Presence of any of the above treatments and programs in a frequency of less than 1 to 2 of the last 3 days.

3. Formal care: number of days and total number of minutes of care in last 7 days

a. Home health aides	X	Number of days
	XXX	Number of minutes
b. Home nurse	X	Number of days
	XXX	Number of minutes
c. Homemaking services	X	Number of days
	XXX	Number of minutes
d. Meals	X	Number of days
e. Physical therapy	X	Number of days
	XXX	Number of minutes
f. Occupational therapy	X	Number of days
	XXX	Number of minutes
g. Speech-language pathology and audiology services	X	Number of days
	XXX	Number of minutes
h. Psychological therapy (by any licensed mental health professional)	X	Number of days
	XXX	Number of minutes

Other formal LTSS services the person participates in or receives.

- Adult Day Health
- Adult Foster Care
- Day Habilitation
- Home health nursing
- Home health aide
- Personal care attendant
- Hospice
- Nursing facility
- [waiver services]
- FEW
- DDS waiver

4. Hospital use, emergency room use, physician visit: number of times during last 90 days or since last assessment if less than 90 days)

a. Inpatient acute hospital with overnight stay	X	Number of times
b. Emergency room visit (not counting overnight stays)	X	Number of times
c. Physician visit (or authorized assistant or practitioner)	X	Number of times

4a. List number of times in the last 90 days or since the last assessment if less than 90 days that the person used the following services:

a. Urgent care (not urgent visit to PCP or specialist)	X	Number of times
b. Emergency room or hospital observation stays	X	Number of times

5. Physically restrained—Limbs restrained, used bed rails, restrained to chair when sitting

0=No 1=Yes

SECTION O: Responsibility

1. Legal guardian	0	No
	1	Yes

Legal guardian name
Legal guardian contact information
Other responsibility (need a new term)

- 1 Financial guardian (court appointed)
- 2 Guardian of the person (court appointed)
- 3 Medical guardian, permanent
- 4 Medical guardian, temporary
- 5 Representative Payee
- 6 Volunteer money manager

Consumer has the following Directives in place

- 1 None
- 2 Active Advance Medical Directive (including DNR, do not hospitalize, etc.)
- 3 Advance Medical Directive not active (other than MOLST)
- 5 HCP - Health Care proxy
- 6 Living Will
- 7 MOLST - Medical Order for Life Sustaining Treatment
- 8 POA - Power of Attorney
- 9 Other

SECTION P: Social Supports

1. Two key informal helpers		
a. Relationship to person		Informal helper #1
	1	Child or child-in-law
	2	Spouse
	3	Partner/significant other
	4	Parent/Guardian
	5	Sibling
	6	Other relative
	7	Friend
	8	Neighbor
	9	No informal helper

Language(s) spoken by caregiver

Primary language (choose from language list above)

Can the caregiver communicate in English? Yes/No

b. Lives with person	0	No
	1	Yes, 6 months or less
	2	Yes, more than 6 months
	8	No informal helper

c. Area of help during last 3 days: IADL	0	No
	1	Yes
	8	No informal helper

d. Area of help during last 3 days: ADL	0	No
---	---	----

	1	Yes
	8	No informal helper
2. Informal helper status		
a. Informal helper(s) is unable to continue in caring activities--e.g., decline in health of helper makes it difficult to continue	0	No
	1	Yes
b. Primary informal helper expresses feelings of distress, anger, or depression	0	No
	1	Yes
c. Family or close friends report feeling overwhelmed by person's illness	0	No
	1	Yes
Informal caregiver needs assistance		
	0	No
	1	Yes
3. Hours of informal care and active monitoring during last 3 days		
	XXX	Include total number of hours provided by family, friends, and neighbors for IADLs and ADLs in the last 3 days.
Hours of informal care and active monitoring during last 7 days		
	XXX	Total number of hours provided during the week
	XXX	Total number of hours provided during the weekend
	xxx	Total in the last 7 days.
4. Strong and supportive relationship with family		
	0	No
	1	Yes
Other status conditions/issues identified		
		Check all that apply
a		Neglected, abused, or mistreated
b		Unexplained injuries, broken bones, or burns
c		None of the above

SECTION Q. Environmental Assessment

1. Home environment		Code for anything that makes the home environment hazardous or uninhabitable (if temporarily in institution, base assessment on home visit) 0=No 1=Yes
a. Disrepair of the home--e.g., hazardous clutter; inadequate or no lighting in living room, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes		
b. Squalid condition--e.g., extremely dirty, infestation by rats or bugs		
c. Inadequate heating or cooling--e.g., too hot in summer, too cold in winter		
d. Lack of personal safety--e.g., fear of violence, safety problem in going to mailbox or visiting neighbors, heavy traffic in street		
e. Limited access to home or rooms in home--e.g., difficulty entering or leaving home, unable to climb stairs, difficulty maneuvering within rooms, no railings although needed		
Other environmental		
a. Presence of working smoke detectors in the home		0=No 1=Yes
b. Presence of working carbon monoxide detectors in the home		
c. Presence of a working land line phone in the home		
d. Has a cell phone with active plan		
e. Access to land line or cell phone through family, friends or neighbor		
f. Have clean, running water in the home		
g. Able to keep electricity on in the home for the last 6 months.		
h. Able to keep heat on throughout most recent winter		
2. Lives in apartment or house re-engineered accessible for person with disabilities	0	No
	1	Yes
3. Outside environment		
a. Availability of emergency assistance--e.g., telephone, alarm response system	0	No
	1	Yes
b. Accessibility to grocery store without assistance	0	No
	1	Yes
c. Availability of home delivery of groceries	0	No
	1	Yes
c. Finances: because of limited funds during the last 30 days made trade-offs among purchasing any of the following: adequate food, shelter, clothing; prescribed medications; sufficient home heat or cooling; necessary health care		
	0	No
	1	Yes
d. Accessibility to pharmacy to pick up prescriptions without assistance		
	0	No
	1	Yes
e. Availability of home delivery of prescriptions		
	0	No
	1	Yes

SECTION R. Discharge potential and overall status

1. One or more care goals met in the last 90 days (or since last assessment if less than 90 days)	0	No
	1	Yes
2. Overall self-sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days)	0	Improved [skip to section S]
	1	No change [skip to section S]
	2	Deteriorated
		#
3. Number of 10 ADL areas in which person was independent prior to deterioration		#
4. Number of 8 IADL performance areas in which person was independent prior to deterioration		#
Number of 10 ADLs person scores 2b, 3, 4, 5, or 6		#
5. Time of onset of the precipitating event or problem related to deterioration	0	Within the last 7 days
	1	8-14 days ago
	2	15-30 days ago
	3	31-60 days ago
	4	More than 60 days ago
	8	No clear precipitating event

SECTION S. Discharge

1. Last day of stay		YYYY/MM/DD
2. Residential/Living status after discharge		
1		Private home/apartment/rented room
2		Board and care
3		Assisted living or semi-independent living
4		Mental health residence--e.g., psychiatric group home

