



The University of California Los Angeles Borun Center  
for Gerontological Research

# **PRE-PILOT TESTING OF A UNIVERSAL ASSESSMENT FOR CALIFORNIA'S HOME- AND COMMUNITY-BASED SERVICES**

**Agreement 15-IA-00039**

## **Deliverable #19**

**Prepared for**

**Eileen Carroll, Deputy Director  
Adult Programs Division, In-Home Supportive Services  
Department of Social Services  
State of California—Health and Human Services Agency**

**By**

**Debra Saliba, MD, MPH, Project Director  
Kate Wilber, PhD, Project Co-Lead, USC Subcontract  
Kisa Fulbright, Project Coordinator**

**Submitted**

**June 30, 2016**

# Draft 1.0 Universal Assessment Tool

## Cover Memorandum

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We are pleased to provide you with this first draft of the universal assessment tool (Draft 1.0 UAT). As you know, getting to this stage represents an inclusive and iterative process. In this phase of the project, this included our work with you and input from the focus groups. More work remains before we arrive at the 2-county pilot testing. We anticipate more items will be removed and refined based on additional feedback from the Advisory Team and stakeholders as well as findings from the upcoming clarity interviews and reliability testing. The goals of these upcoming steps include to further improve the content of the instrument and to ensure that it moves toward the target of a 90-minute assessment.

We have put this instrument into a format that draws on best principles for form design. This includes standardizing the layout to achieve consistency across different types of responses and develop a cognitive map for the assessor. This approach improves the clarity and usability of the form. It also increases the number of pages without increasing the time needed to complete the assessment.

Based on our discussions with the Advisory Team and stakeholder input, we have incorporated three types of information sources into the assessment: consumer report, proxy report and assessor observation. The final ranking assignment would be based on a synthesis of these three sources of information.

You will also notice that there are new judgment items included. These were developed in response to your request that we identify additional items related to judgment. Many of the existing judgment assessment scales were either proprietary or designed to screen individuals for workplace suitability. After eliminating those, we focused on four that were most relevant for HCBS. Drawing from these four, we have generated a set of questions that get at the three basic steps in judgment: (1) generating options, (2) evaluating the risks and benefits of options, and (3) selecting from among the options. We will test the items to identify which items are best of those chosen in order to further decrease the list.

**Draft 1.0**  
**Universal Assessment Tool**

DRAFT

<b>A1. Social Worker Number</b>	
	_____
<b>A2. Recipient Number (Auto-populate from PATI)</b>	
	_____
<b>A3. Social Security Number (Auto-populate from PATI)</b>	
	_____
<b>A4. Recipient Name (Auto-populate from PATI)</b>	
<b>Legal Name of Consumer</b>	
	_____
	a. (First)                      b. (Middle Initial)                      c. (Last)                      d. (Suffix)
<b>A5. Gender Information (Auto-populate from PATI)</b>	
Enter <input type="checkbox"/> Code	<b>a. Gender at Birth</b> 1. Male 2. Female
Enter <input type="checkbox"/> Code	<b>b. Current Gender Identity</b> 1. Male 2. Female 3. Transgender: Male-to-Female (MTF) 4. Transgender: Female-to-Male (FTM) 5. Other Gender Identity: _____
<b>A6. Date of Birth (Auto-populate from PATI)</b>	
	_____
	month                      day                      year
<b>A7. Codes (Auto-populate from PATI)</b>	
	<b>a. Medi-Cal Aid Code</b> _____
	<b>b. Funding Source Aid Code</b> _____
	<b>c. IHSS Aid Code</b> _____
Enter <input type="checkbox"/> Code	<b>d. Federal Funding Participation? (Auto-populate from PATI)</b> 0. No 1. Yes
<b>A8. Language (Auto-populate from PATI)</b>	
Enter <input type="checkbox"/> Code	<b>a. Does the consumer need an interpreter to communicate with health care staff or social worker?</b> 0. No 1. Yes → If yes, specify preferred language: <b>b.</b> _____ 9. No answer or unknown

**A9. Communication (Auto-populate from PATI)**

Enter <input type="checkbox"/> Code	<b>a. Is consumer able to understand basic communication?</b> 0. No 1. Yes 9. No answer or unknown
Enter <input type="checkbox"/> Code	<b>b. Is consumer able to express needs, wants, and daily routines?</b> 0. No 1. Yes 9. No answer or unknown

**A10. Contact Information (Auto-populate from PATI)**

	<b>a. Residence Address</b> _____ i. (Street)                      ii. (Apt)                      iii. (City)                      iv. (State)                      v. (Zip)
	<b>b. Primary Telephone</b> (____) _____ - _____
	<b>c. Secondary Telephone</b> (____) _____ - _____

**A11. Household Information (Auto-populate from PATI)**

	<b>a. Residence Type</b>  
	<b>b. Currently Living With</b>  

**A12. Type of Assessment/Tracking**

Enter <input type="checkbox"/> <input type="checkbox"/> Code	<b>a. Reason for Assessment/Tracking</b> 01. Initial assessment (required by day 30) 02. Reassessment 03. Significant change in status assessment 04. ICT assessment
	<b>b. Application Date</b> ____ - ____ - ____ month      day      year
	<b>c. Home Visit Date</b> ____ - ____ - ____ month      day      year

## Section B Goals & Preferences

### B1. Care Goals, Expectations, Preferences

	a. Ask consumer: <i>"Tell me a little about yourself... what are some things you enjoy doing?"</i>
	b. Ask consumer: <i>"Is there something that you do during the week that is particularly meaningful or important to you?"</i>
	c. Ask consumer: <i>"What assistance do you need to do that?"</i>
Enter <input type="checkbox"/> Code	d. Ask consumer: <i>"Are there things that you would like to do but are currently unable to do?"</i> 0. No 1. Yes – Details:
	e. Ask consumer: <i>"What keeps you from doing what you want to do?"</i>
	f. Ask consumer: <i>"What would you most like to accomplish in the next few months?"</i>

### B2. Educational Goals

Enter <input type="checkbox"/> Code	a. Is the consumer attending school full-time or part-time? 0. No 1. Yes
	b. Current educational goals:

## Section C Informal Support

### C1. Back-Up Caregiver Plan

Enter <input type="checkbox"/> Code	Ask consumer: <i>"If the people who help you are not available, are there other persons who will assist you if asked?"</i> 0. No 1. Yes
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### C2. Observation: Caregiver Stability

Enter <input type="checkbox"/> Code	a. Does the caregiver appear overwhelmed with care needs or to be neglecting own needs to care for consumer? 0. No 1. Yes – Details:
Enter <input type="checkbox"/> Code	b. Any indications observed of abuse, neglect or exploitation of caregiver? 0. No 1. Yes – Details:

# Section D Health Information

## D1. Consumer Self-Rated Health

Enter <input type="text"/> Code	<p>a. Ask consumer: <b><i>“In general, would you say your health is:”</i></b></p> <ol style="list-style-type: none"> <li>1. <b>Excellent</b></li> <li>2. <b>Very Good</b></li> <li>3. <b>Good</b></li> <li>4. <b>Fair</b></li> <li>5. <b>Poor</b></li> <li>9. <b>No answer or unknown</b></li> </ol>
Enter <input type="text"/> Code	<p>b. Ask consumer: <b><i>“Compared to one year ago, how would you say your health is?”</i></b></p> <ol style="list-style-type: none"> <li>1. <b>Better now than one year ago</b></li> <li>2. <b>About the same</b></li> <li>3. <b>Worse now than one year ago</b></li> <li>9. <b>No answer or unknown</b></li> </ol>

## D2. Nutritional Status/Weight Change

Enter <input type="text"/> Code	<p>Ask consumer: <b><i>“Without wanting to, have you lost or gained 10 pounds in the past 6 months?”</i></b></p> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Gained 10 pounds</b></li> <li>2. <b>Lost 10 pounds</b></li> </ol>
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## D3. Hearing/Speech/Vision Assistive Devices

<p>Ask consumer: <b><i>“Which of the following do you use?”</i></b></p>	<p><b>I. Device Presence</b> If device is present, enter yes (1), then assess whether consumer needs help maintaining and using device in Column II.</p>	<p><b>II. Device Maintenance and Use</b> If yes in column I, then ask the consumer: <b><i>“are you able to maintain and use your (insert device name) on your own?”</i></b> Indicate response below.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 50%;">No</th> <th style="width: 50%;">Yes</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> </tr> </tbody> </table>		No	Yes	0	1
No	Yes						
0	1						
<p>a. <b>“Hearing aids”</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Enter <input type="text"/> Code</td> <td> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol> </td> </tr> </table>	Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>	0	1		
Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>						
<p>b. <b>“Eyeglasses/contact lenses”</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Enter <input type="text"/> Code</td> <td> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol> </td> </tr> </table>	Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>	0	1		
Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>						
<p>c. <b>“Computer reader”</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Enter <input type="text"/> Code</td> <td> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol> </td> </tr> </table>	Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>	0	1		
Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>						
<p>d. <b>“Braille”</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Enter <input type="text"/> Code</td> <td> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol> </td> </tr> </table>	Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>	0	1		
Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>						
<p>e. <b>“Amplification device”</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Enter <input type="text"/> Code</td> <td> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol> </td> </tr> </table>	Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>	0	1		
Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>						
<p>f. <b>“Speech aid device”</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Enter <input type="text"/> Code</td> <td> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol> </td> </tr> </table>	Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>	0	1		
Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>						
<p>g. <b>“Other device to help with hearing, vision or speech: _____”</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Enter <input type="text"/> Code</td> <td> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol> </td> </tr> </table>	Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>	0	1		
Enter <input type="text"/> Code	<ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes →</li> <li>9. No answer</li> </ol>						

## Section D Health Information

### D4. Vision

Enter  
  
Code

- a. Ask consumer: ***“At the present time, would you say your eyesight using both eyes (with glasses or contact lenses, if you wear them) is:”***
1. **Excellent**
  2. **Good**
  3. **Fair**
  4. **Poor**
  5. **Legally blind**

Enter  
  
Code

- b. Ask consumer: ***“How much difficulty do you have doing activities that require you to see well up close, such as cooking, sewing, fixing things around the house, or using hand tools?”***
1. **No difficulty at all**
  2. **A little difficulty**
  3. **Moderate difficulty**
  4. **Extreme difficulty**
  5. **Stopped doing this because of your eyesight**
  6. **Stopped doing this for other reasons or not interested in doing this**

Enter  
  
Code

- c. Ask consumer: ***“Because of your eyesight, how much difficulty do you have getting around the house or leaving the house?”***
1. **No difficulty at all**
  2. **A little difficulty**
  3. **Moderate difficulty**
  4. **Extreme difficulty**

### D5. Medical History, Active Diagnoses

Enter  
   
Code

- Ask consumer: ***“What are the main medical conditions for which you are being treated or that affect your daily activities?”***
0. **None identified**
  1. **[See diagnoses list for available options]**
  99. **No answer or unknown**

### D6. Ask Consumer: ***“Do you have any skin ulcers, bed sores, unhealed wounds or skin problems?”***

Enter  
  
Code

0. **No** → Skip to D8, Special Treatments
1. **Yes** → Continue to D7, Skin Condition
9. **No answer or unknown**

### D7. Skin Condition

Enter  
  
Code

- a. Ask consumer: ***“Do you currently need or get help with managing or taking care of these skin conditions?”***
0. **No – No help needed** → Skip C8, Special Treatments
  1. **Yes** → Continue to next question
  9. **No answer or unknown**

Enter  
  
Code

- b. Ask consumer: ***“How much help from another person do you currently need or get?”***
1. **Help to be reminded, guided, directed or encouraged during skin treatment or care**
  2. **Help limited to getting things ready or cleaning up**
  3. **Some help with skin treatment or care**
  4. **A lot or total help with skin treatment or care**
  9. **No answer or unknown**



# Section D Health Information

## D8. Special Treatments

Ask consumer: “Which of the following treatments, indwelling tubes, lines or devices are currently being used as part of your treatment plan?”

Check all that apply.	<input type="checkbox"/>	a. None
	<input type="checkbox"/>	b. Total Parenteral Nutrition
	<input type="checkbox"/>	c. IV or central line medications
	<input type="checkbox"/>	d. Left Ventricular Assistive Device (LVAD)
	<input type="checkbox"/>	e. Hemodialysis
	<input type="checkbox"/>	f. Peritoneal dialysis
	<input type="checkbox"/>	g. Halo
	<input type="checkbox"/>	h. Chest Tube(s) or other drainage tube(s)
	<input type="checkbox"/>	i. Oxygen Therapy
	<input type="checkbox"/>	j. CPAP, BiPAP, or other non-invasive ventilation
	<input type="checkbox"/>	k. Ventilator
	<input type="checkbox"/>	l. Nebulizer
	<input type="checkbox"/>	m. Other Major Treatments: _____

## D9. Assign Respiratory Treatment Functional Rank

Does the consumer need assistance with management of equipment? (includes oxygen/IV infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment, or supplies)

Rank 1: Independent. Does not use respirator or other oxygen equipment or is able to use and clean independently.

Rank 5: Needs help with self-administration and/or cleaning.

Rank 6: Paramedical

Enter Rank  
in Box

Respiratory Treatment:

Enter Rank

## D10. ED, Hospital, and Nursing Facility Use

Recent health care encounters (in the past year):

<b>Coding:</b> 0. None 1. 1 time 2. 2-3 times 3. 4+ times	Enter Codes ↓ in Boxes	Enter <input type="text"/> Code	a. 911 call
		Enter <input type="text"/> Code	b. Emergency room visit
		Enter <input type="text"/> Code	c. Inpatient mental health/Psychiatric hospital
		Enter <input type="text"/> Code	d. Hospitalization
<b>Coding:</b> 0. None 1. 1 month 2. 2-3 months 3. 4+ months	Enter Codes ↓ in Boxes	Enter <input type="text"/> Code	e. Nursing Facility/Nursing Home/Inpatient Rehab Facility

# Section D Health Information

## D11. Gait and Balance Assessment/Falls Interview

<b>Coding:</b> 0. No 2. Yes	Enter Codes ↓ in Boxes ↓	Enter <input type="text"/> Code	a. Ask consumer: <b>“Have you fallen in the past year?”</b> If yes, <b>“how many times?”</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more  If yes, <b>“did you injure yourself seriously enough to need medical treatment?”</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		Enter <input type="text"/> Code	b. Ask consumer: <b>“Do you use or have you been advised to use a cane or walker to get around safely?”</b>
<b>Coding:</b> 0. No 1. Yes	Enter Codes ↓ in Boxes ↓	Enter Code <input type="text"/>	c. Ask consumer: <b>“Do you sometimes feel unsteady when walking?”</b>
		Enter Code <input type="text"/>	d. Ask consumer: <b>“Are you worried about falling?”</b>
		Enter Code <input type="text"/>	e. Ask consumer: <b>“Do you often have to rush to the toilet?”</b>

### Summary Score

 

Enter Numbers

Add scores for above questions and fill in total score (00–07)  
 Enter 99 if unable to complete interview

## D12. Gait and Balance Assessment/Falls Observation

Enter <input type="text"/> Code	Observe poor balance/unsteady gait? 0. No 1. Yes 9. Did not observe
---------------------------------------	--

## D13. Medication Adherence Interview

Ask consumer:	I. Response		II. Frequency		
	If yes (1), then obtain frequency in Column II.		If yes in column I, then ask the consumer: <b>“about how often does this occur?”</b> Read and show the consumer a card with the frequency choices. Indicate response below.		
			Rarely	Sometimes	Frequently
a. <b>“Do you ever forget to take your medicine?”</b>	Enter <input type="text"/> Code	0. No 1. Yes → 9. No answer	0	1	2
b. <b>“When you feel better do you sometimes stop taking your medicine or change the dosage?”</b>	Enter <input type="text"/> Code	0. No 1. Yes → 9. No answer	0	1	2
c. <b>“Sometimes if you feel worse when you take your medicine, do you stop taking it?”</b>	Enter <input type="text"/> Code	0. No 1. Yes → 9. No answer	0	1	2
d. <b>“Do you decrease doses of your medicine or delay getting medicine because it costs too much?”</b>	Enter <input type="text"/> Code	0. No 1. Yes → 9. No answer	0	1	2
Enter <input type="text"/> Code	e. If sometimes or frequently to any of the above, ask consumer: <b>“have you discussed this with your doctor?”</b> 0. No 1. Yes				

# Section D Health Information

## D14. Medications

Enter  
  
Code

Say to consumer: ***“It would be helpful if I could look at any medicine bottles (including over-the-counter medications, vitamins and herbal supplements) that you have so that I can spell the medicine name correctly.”***

0. **No Medications**

[electronic form will allow for multiple medication entries]

Fill Date:

Medicine Name:

Times of Day Taken:

## D15. Ask consumer: ***“Have you had pain or hurting at any time in the last 5 days?”***

Enter  
  
Code

0. **No** → Skip to D19, Pain Observation

1. **Yes** → Continue to D16, Pain Frequency

9. **No answer or unknown**

## D16. Pain Frequency

Enter  
  
Code

Ask consumer: ***“How much of the time have you experienced pain or hurting over the last 5 days?”***

1. **Almost constantly**

2. **Frequently**

3. **Occasionally**

4. **Rarely**

9. **No answer or unknown**

## D17. Pain Effect on Function

Ask consumer:

### I. Response

If yes (1), then obtain symptom frequency in Column II.

### II. Frequency

If yes in column I, then ask the consumer: ***“about how much does pain make it hard?”*** Read and show the consumer a card with the frequency choices. Indicate response below.

a. ***“Over the past 5 days, has pain made it hard for you to sleep at night?”***

Enter  
  
Code

0. **No**  
1. **Yes** →  
9. **No answer**

A little	Some	A lot
----------	------	-------

0	1	2
---	---	---

b. ***“Over the past 5 days, have you limited your day-to-day activities because of pain?”***

Enter  
  
Code

0. **No**  
1. **Yes** →  
9. **No answer**

0	1	2
---	---	---

## D18. Pain Intensity—Administer one of the following pain intensity questions (a or b)

Enter Number

### a. Numeric Rating Scale (00–10)

Ask consumer: ***“Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine.”*** (Show consumer 0–10 pain scale.)

Enter two-digit response. Enter 99 if no answer.

Enter  
  
Code

### b. Verbal Descriptor Scale

Ask consumer: ***“Please rate the intensity of your worst pain over the last 5 days”*** (Show consumer verbal scale.)

1. **Mild**

2. **Moderate**

3. **Severe**

4. **Very severe, horrible**

9. **No answer or unknown**

## Section D Health Information

### D19. Pain Observation

If consumer could not be interviewed for pain assessment, note all indicators of pain or possible pain. (If appropriate, ask the caregiver if he or she has observed any of the following indicators of pain.)

- |                       |                          |   |
|-----------------------|--------------------------|---|
| Check all that apply. | <input type="checkbox"/> | a. Non-verbal sounds (e.g., crying, whining, gasping, moaning or groaning)  |
|                       | <input type="checkbox"/> | b. Vocal complaints of pain (e.g., "ouch")  |
|                       | <input type="checkbox"/> | c. Facial expressions (e.g., grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw)  |
|                       | <input type="checkbox"/> | d. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement) |
|                       | <input type="checkbox"/> | e. None of these signs observed   |

### D20. Advance Care Planning

- |       |                      |   |
|-------|----------------------|---|
| Enter | <input type="text"/> | Does the consumer have a completed Physician's Orders for Life-Sustaining Treatment (POLST) or California's Advanced Healthcare Directive document? |
| Code  |                      | 0. No   |
|       |                      | 1. Yes  |
|       |                      | 9. No answer or unknown   |

DRAFT

# Section E CSEB

**E1. Should Brief Interview for Mental Status be Conducted?**—Attempt to conduct interview with all consumers

- Enter  Code
0. **No** (consumer is rarely/never understood) → Skip E2-E5, Continue to E6
1. **Yes** → Continue to E2, Repetition of Three Words

## Brief Interview for Mental Status (BIMS)

### E2. Repetition of Three Words

Ask consumer: *“I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed.** Now tell me the three words.”*

Enter  Code

**Number of words repeated after first attempt**

- 0. **None**
- 1. **One**
- 2. **Two**
- 3. **Three**

After the consumer’s first attempt, repeat the words using cues (*“sock, something to wear; blue, a color; bed, a piece of furniture”*). You may repeat the words up to two more times.

### E3. Temporal Orientation (orientation to year, month, and day)

Enter  Code

Ask consumer: *“Please tell me what year it is right now.”*

- a. **Able to report correct year**
- 3. **Correct**
- 2. **Missed by 1 year**
- 1. **Missed by 2–5 years**
- 0. **Missed by > 5 years or no answer**

Enter  Code

Ask consumer: *“What month are we in right now?”*

- b. **Able to report correct month**
- 2. **Accurate within 5 days**
- 1. **Missed by 6 days to 1 month**
- 0. **Missed by >1 month or no answer**

Enter  Code

Ask consumer: *“What day of the week is today?”*

- c. **Able to report correct day of the week**
- 1. **Correct**
- 0. **Incorrect or no answer**

### E4. Recall

Ask consumer: *“Let’s go back to an earlier question. What were those three words that I asked you to repeat?”*

If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

- Enter  Code
- a. **Able to recall “sock”**
  - 2. **Yes, no cue required**
  - 1. **Yes, after cueing** (“something to wear”)
  - 0. **No**—could not recall
- Enter  Code
- b. **Able to recall “blue”**
  - 2. **Yes, no cue required**
  - 1. **Yes, after cueing** (“a color”)
  - 0. **No**—could not recall
- Enter  Code
- c. **Able to recall “bed”**
  - 2. **Yes, no cue required**
  - 1. **Yes, after cueing** (“a piece of furniture”)
  - 0. **No**—could not recall

### E5. Summary Score

Enter Numbers

**Add scores** for questions C2–C4 and fill in total score (00–15)

**Enter 99 if unable to complete interview**

# Section E CSEB

## E6. Judgment – Option Generation

Say to consumer: ***“Now I would like you to tell me some solutions to everyday problems or situations. Please be as complete as possible with your responses.”***

Enter <input type="text"/> Code	<p>a. Ask consumer: <b><i>“You rent an apartment and are disturbed by your neighbor’s music. Tell me as many different solutions to this problem as you can.”</i></b></p> <p>0. Poor (no relevant options)</p> <p>1. Adequate (2 or fewer relevant options or questions)</p> <p>2. Good (more than 2 relevant options or questions)</p>
Enter <input type="text"/> Code	<p>b. Ask consumer: <b><i>“You are vacationing far from home and realize you don’t have enough blood pressure pills for the entire trip. Tell me as many different solutions to this problem as you can.”</i></b></p> <p>0. Poor (no relevant options)</p> <p>1. Adequate (2 or fewer relevant options or questions)</p> <p>2. Good (more than 2 relevant options or questions)</p>
Enter <input type="text"/> Code	<p>c. Ask consumer: <b><i>“You are far from home visiting relatives and suddenly realize that you may have left the stove in your home turned on. Tell me as many different solutions to this problem as you can.”</i></b></p> <p>0. Poor (no relevant options)</p> <p>1. Adequate (2 or fewer relevant options or questions)</p> <p>2. Good (more than 2 relevant options or questions)</p>

## E7. Judgment – Option Evaluation

Say to consumer: ***“I’m going to tell you about potential situations then list two possible solutions to each situation. Please tell me the advantages (pros) and downsides (cons) to each option.”***

Enter <input type="text"/> Code	<p>a. Ask consumer: <b><i>“You receive a phone call from someone who says they are from your bank. The caller asks you for your address, social security number, and bank account information. Possible solutions include:</i></b></p> <p style="padding-left: 20px;"><b><i>(1) Tell him you are not comfortable giving the information over the phone and hang up</i></b></p> <p style="padding-left: 20px;"><b><i>(2) Provide him with the information he needs</i></b></p> <p><b><i>What are the advantages and downsides to each option?”</i></b></p> <p>0. Poor (no relevant pros or cons)</p> <p>1. Good (at least 1 relevant pro or con)</p>
Enter <input type="text"/> Code	<p>b. Ask consumer: <b><i>“You are in your bedroom and start to smell smoke coming from the kitchen. You realize your house is on fire. Possible solutions include:</i></b></p> <p style="padding-left: 20px;"><b><i>(1) Hide in the closet to protect yourself from the fire</i></b></p> <p style="padding-left: 20px;"><b><i>(2) Stay low and evacuate from the house quickly</i></b></p> <p><b><i>What are the advantages and downsides to each option?”</i></b></p> <p>0. Poor (no relevant pros or cons)</p> <p>1. Good (at least 1 relevant pro or con)</p>

## E8. Judgment – Option Selection (Handouts provided in Appendix A)

Enter <input type="text"/> Code	<p>a. Provide emergency phone list to consumer. Ask consumer: <b><i>“If you lived in Pleasant Gap and your neighbor fell and broke her hip, what number would you need to dial?”</i></b></p> <p>0. Incorrect</p> <p>1. Correct</p>
Enter <input type="text"/> Code	<p>b. Provide cough medication label to consumer. Ask consumer: <b><i>“What is the maximum number of teaspoons you should take in 24 hours?”</i></b></p> <p>0. Incorrect</p> <p>1. Correct</p>
Enter <input type="text"/> Code	<p>c. Provide instructions on how to clean a toaster to consumer. Ask consumer: <b><i>“Before cleaning the outside of the toaster, what should you do?”</i></b></p> <p>0. Incorrect</p> <p>1. Correct</p>

# Section E CSEB

## E9. Assign Memory Functional Rank (using information gathered via self-report, proxy & observations)

<p>Rank 1: <b>Memory is clear.</b> Recipient is able to give you accurate information about his/her medical history; is able to talk appropriately about comments made earlier in the conversation; has good recall of past events. The recipient is able to give you detailed information in response to your questions.</p> <p>Rank 2: <b>Memory loss is moderate or intermittent.</b> Recipient shows evidence of some memory impairment, but not to the extent where s/he is at risk. Recipient needs occasional reminding to do routine tasks or help recalling past events.</p> <p>Rank 5: <b>Severe memory deficit.</b> Recipient forgets to start or finish activities of daily living that are important to his/her health and/or safety. Recipient cannot maintain much continuity of thought in conversation with you.</p>	↓Enter Rank↓ in Box	<b>Memory:</b>	Enter Rank <input type="text"/>
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## E10. Assign Orientation Functional Rank (using information gathered via self-report, proxy & observations)

<p>Rank 1: <b>No problem: Orientation is clear.</b> Recipient is aware of where s/he is and can give you reliable information when questioned about activities of daily living, family, etc.; is aware of passage of time during the day.</p> <p>Rank 2: <b>Occasional disorientation and confusion is apparent but recipient does not put self at risk.</b> Recipient has general awareness of time of day; is able to provide limited information about family, friends, age, daily routine, etc.</p> <p>Rank 5: <b>Severe disorientation which puts recipient at risk.</b> Recipient wanders off; lacks awareness or concern for safety or well-being; is unable to identify significant others or relate safely to environment or situation; has no sense of time of day.</p>	↓Enter Rank↓ in Box	<b>Orientation:</b>	Enter Rank <input type="text"/>
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## E11. Assign Judgment Functional Rank (using information gathered via self-report, proxy & observations)

<p>Rank 1: <b>Judgment unimpaired.</b> Able to evaluate environmental cues and respond appropriately.</p> <p>Rank 2: <b>Judgment mildly impaired.</b> Shows lack of ability to plan for self; has difficulty deciding between alternatives, but is amenable to advice; social judgment is poor.</p> <p>Rank 5: <b>Judgment severely impaired.</b> Recipient fails to make decisions or makes decisions without regard to safety or well-being.</p>	↓Enter Rank↓ in Box	<b>Judgment:</b>	Enter Rank <input type="text"/>
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### Summary Score

<input type="text"/>	<input type="text"/>	Add scores for above questions (E9 – E11) and fill in total score (00–15)
Enter Numbers		

## E12. Impairment Severity Observation

Enter <input type="text"/> Code	<p>a. <b>Is the consumer mentally impaired or mentally ill and non-self-directing so as to not keep him or herself safe from harm or injury?</b></p> <p>0. No 1. Yes 9. No answer or unknown</p>
Enter <input type="text"/> Code	<p>b. <b>Does the consumer have the capacity to place him/herself at risk for illness, injury, hazard or accident?</b></p> <p>0. No 1. Yes 9. No answer or unknown</p>

# Section E CSEB

## E13. Should Consumer Mood Interview be Conducted?—Attempt to conduct interview with all consumers

Enter <input type="text"/> Code	0. <b>No</b> (consumer is rarely/never understood) → Instead complete (E17–E19) Proxy Mood Interview
	1. <b>Yes</b> → Continue to E14, Consumer Mood Interview

## E14. Consumer Mood Interview (PHQ-8®)

Ask consumer: <i>“Over the last 2 weeks, have you been bothered by any of the following problems?”</i>	<b>I. Symptom Presence</b>		<b>II. Symptom Frequency</b>			
	If symptom is present, enter yes (1), then obtain symptom frequency in Column II.		If yes in column I, Symptom Presence, then ask the consumer: <i>“about how often have you been bothered by this?”</i> Read and show the consumer a card with the symptom frequency choices. Indicate response below.			
			<b>1 Day</b> “Rarely”	<b>2–6 Days</b> “Several days”	<b>7–11 Days</b> “More than half the days”	<b>12–14 Days</b> “Nearly every day”
a. <b>Little interest or pleasure in doing things</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
b. <b>Feeling down, depressed, or hopeless</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3

## E15. Screener Severity Score

Enter Numbers

**Add scores for above selected frequency responses** in Column II, Symptom Frequency. Score may be between 00 and 06. Enter 99 if unable to complete interview (i.e., “No answer” to items) and skip to E17. If score is 2 or more, continue to (c-h) below. If score is less than 2, skip to E20.

c. <b>Trouble falling or staying asleep, or sleeping too much</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
d. <b>Feeling tired or having little energy</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
e. <b>Poor appetite or overeating</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
f. <b>Feeling bad about yourself—or that you are a failure or have let yourself or your family down</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
g. <b>Trouble concentrating on things, such as reading the newspaper or watching television</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
h. <b>Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3

## E16. Total Severity Score

Enter Numbers

**Add scores for all selected frequency responses** in Column II, Symptom Frequency. Score may be between 00 and 27. Enter 99 if unable to complete interview (i.e., “No answer” to 3 or more items).



# Section E CSEB

## E17. Should the Proxy Assessment of Mood be Conducted?

0. **No** (because Consumer Mood Interview was completed) → Skip to E20, Anxiety Interview
1. **Yes** (because 3 or more items in Consumer Mood Interview not completed) → Continue to E18, Proxy Assessment of Mood

## E18. Proxy Assessment of Mood (PHQ-8-OV<sup>®</sup>)

Do not conduct if Consumer Mood Interview (E14 – E16) was completed

Ask proxy: "Over the last 2 weeks, did the consumer have any of the following problems or behaviors?"	I. Symptom Presence If symptom is present, enter yes (1), then move to column II and select symptom frequency.		II. Symptom Frequency If yes in column I, Symptom Presence, select frequency.			
			1 Day "Rarely"	2–6 Days "Several days"	7–11 Days "More than half the days"	12–14 Days "Nearly every day"
a. <i>Little interest or pleasure in doing things</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
b. <i>Feeling or appearing down, depressed, or hopeless</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
c. <i>Trouble falling or staying asleep, or sleeping too much</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
d. <i>Feeling tired or having little energy</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
e. <i>Poor appetite or overeating</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
f. <i>Indicating that s/he feels bad about self, is a failure, or has let self or family down</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
g. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
h. <i>Moving or speaking so slowly that other people have noticed. Or the opposite—being so fidgety or restless that s/he has been moving around a lot more than usual</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
i. <i>Being short-tempered, easily annoyed</i>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3

## E19. Total Severity Score

 

Enter Numbers

Add scores for all selected frequency responses in column II, Symptom Frequency. Score may be between 00 and 30.

# Section E CSEB

## E20. Consumer Anxiety Interview (GAD-7<sup>®</sup>)

Ask consumer: "Over the last 2 weeks, have you been bothered by any of the following problems?"

### I. Symptom Presence

If symptom is present, enter yes (1), then obtain symptom frequency in Column II.

### II. Symptom Frequency

If yes in column I, Symptom Presence, then ask the consumer: "about **how often** have you been bothered by this?" Read and show the consumer a card with the symptom frequency choices. Indicate response below.

			1 Day "Rarely"	2-6 Days "Several days"	7-11 Days "More than half the days"	12-14 Days "Nearly every day"
a. <b>Feeling nervous, anxious or on edge</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
b. <b>Not being able to stop or control worrying</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3

## E21. Screener Severity Score

Enter Numbers

**Add scores for above selected frequency responses** in Column II, Symptom Frequency. Score may be between 00 and 06. Enter 99 if unable to complete interview (i.e., "No answer" to items).  
→ If score is 2 or more, continue to (c-h) below. If score is less than 2, skip to E23.

c. <b>Worrying too much about different things</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
d. <b>Trouble relaxing</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
e. <b>Being so restless that it is hard to sit still</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
f. <b>Becoming easily annoyed or irritable</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3
g. <b>Feeling afraid as if something awful might happen</b>	Enter <input type="text"/> Code	0. <b>No</b> 1. <b>Yes</b> → 9. <b>No answer</b>	0	1	2	3

## E22. Total Severity Score

Enter Numbers

**Add scores for all selected frequency responses** in Column II, Symptom Frequency. Score may be between 00 and 27. Enter 99 if unable to complete interview (i.e., "No answer" to 3 or more items).

## E23. Risk of Self-Neglect/Self-Harm

Show consumer the response options and say: "How often have you had difficulty..."

<b>Coding:</b> 1. <b>Often</b> 2. <b>Some of the time</b> 3. <b>Hardly ever or never</b>	Enter Codes in Boxes →	Enter Code <input type="text"/>	a. <b>getting enough food or water?</b>
		Enter Code <input type="text"/>	b. <b>getting to a medical appointment because you didn't have a way to get there?</b>

# Section E CSEB

## E24. Abuse or Neglect (potential for or history of)

Note: The following questions should be asked privately. Ask consumer:

<b>Coding:</b> 0. No 1. Yes 9. No answer	Enter Codes → in Boxes ↓	Enter Code <input type="text"/>	a. <i>“Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?”</i>
		Enter Code <input type="text"/>	b. <i>“Have you been upset because someone talked to you in a way that made you feel shamed or threatened?”</i>
		Enter Code <input type="text"/>	c. <i>“Has anyone tried to force you to sign papers or to use your money against your will?”</i>
		Enter Code <input type="text"/>	d. <i>“Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?”</i>
Enter <input type="text"/> Code	e. Questions were answered with proxy present? 0. No 1. Yes		
Enter <input type="text"/> Code	f. Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these during the visit? 0. No 1. Yes 9. Did not observe or unknown		

## E25. Social Participation/Isolation

Enter <input type="text"/> Code	a. Ask consumer: <i>“How much of the time do you feel lonely or isolated from others?”</i> 1. Often 2. Some of the time 3. Hardly ever or never 9. No answer or unknown
Enter <input type="text"/> Code	b. Ask consumer: <i>“Do you have a friend, family member, or acquaintance on whom you can rely if you have a serious problem or crisis?”</i> 0. No → Skip c and continue to E26. 1. Yes 9. No answer or unknown
Enter <input type="text"/> Code	c. Ask consumer: <i>“How much can you rely on them if you have a serious problem?”</i> 1. A lot 2. Some 3. A little 9. No answer or unknown

## E26. Alcohol or Other Substance Use Screener

Ask consumer: *“During the past 6 months, have you used alcohol or drugs? By drugs, I mean things like marijuana, cocaine, meth, heroin, uppers, downers, hallucinogens, or inhalants.”*

Enter <input type="text"/> Code	0. No → Skip to Section E28, Tobacco Use
Enter <input type="text"/> Code	1. Yes → Continue to E27, Alcohol or Other Substance Use Questionnaire

# Section E CSEB

## E27. Alcohol or Other Substance Use Questionnaire

a. Ask consumer: ***"In the last 3 months:"***

<b>Coding:</b> 0. No 1. Yes 9. No answer	Enter Codes in Boxes →	Enter Code <input type="checkbox"/>	a. <b><i>"Have you felt you should cut down or stop drinking or using drugs?"</i></b>
		Enter Code <input type="checkbox"/>	b. <b><i>"Has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?"</i></b>
		Enter Code <input type="checkbox"/>	c. <b><i>"Have you felt guilty or bad about how much you drink or use drugs?"</i></b>
		Enter Code <input type="checkbox"/>	d. <b><i>"Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?"</i></b>

## E28. Tobacco Use Screener

Ask consumer: ***"Do you use tobacco products?"***

Enter <input type="checkbox"/> Code	0. No → Skip to Section F, Functional Status
	1. Yes → Continue to E29

## E29. Tobacco Use Questionnaire

Ask consumer: ***"If yes, have any of the following ever occurred?"***

Check all that apply.	<input type="checkbox"/>	1. Drops cigarettes/ashes
	<input type="checkbox"/>	2. Falls asleep when smoking
	<input type="checkbox"/>	3. Smokes in bed

# Section F Functional Status

**Note:** The functional status section begins with assessor observations that are completed throughout the interview. Those are followed by consumer report (or proxy report, when applicable) interview items. The items are grouped according to a specific data collection method to facilitate completion. Functional rank assignments are based on the synthesis of the observations and interview items.

F1. Functional Observations		
Enter <input type="checkbox"/> Code	<b>a. Was the consumer able to remain sitting upright for 15 minutes?</b> 0. No 1. Yes, with support 2. Yes, without support 3. Not assessed due to medical restriction 9. Did not observe	
Enter <input type="checkbox"/> Code	<b>b. If yes, was the consumer able to shift weight when sitting?</b> 0. No 1. Yes 9. Did not observe	
Enter <input type="checkbox"/> Code	<b>c. Observe the consumer's ability to stand</b> 0. No difficulty 1. A little difficulty 2. Some difficulty 3. A lot of difficulty 4. Unable to do 9. Did not observe	
<b>d. Did the consumer walk/wheel during the interview (e.g., retrieve meds, open door, use bathroom, etc.)?</b>		
Enter <input type="checkbox"/> Code	0. No → Skip walking/wheeling observations <b>Why not?</b> _____ <input type="checkbox"/> Bed bound	
	1. Yes, walked → complete consumer walking observations	
	2. Yes, wheeled → complete consumer wheeling observations	
Enter <input type="checkbox"/> Code	<b>e. Walking (with assistive device if used):</b> 1. Steady at all times 2. Not steady, but able to stabilize without human assistance 3. Not steady, only able to stabilize with human assistance 9. Did not observe	
<b>f. Observe the consumer walking/wheeling:</b>		
<b>Coding:</b>  0. No 1. Yes 9. Did not observe	Enter Code <input type="checkbox"/> ↓ Enter Codes in Boxes ↓ <input type="checkbox"/> ↓ Enter Codes in Boxes ↓ <input type="checkbox"/> ↓ Enter Codes in Boxes ↓ <input type="checkbox"/>	<b>i. Maneuvered around furniture or other obstacles</b>
		<b>ii. Stabilized him/herself using furniture/walls</b>
		<b>iii. Used an assistive device for mobility</b>
		<b>iv. Asked for assistance walking across the room</b>

# Section F Functional Status

## F1. Functional Observations (continued)

### g. Observe the consumer's movement:

<b>Coding:</b> 0. No 1. Yes 9. Did not observe	↓ Enter Codes in Boxes ↓	Enter Code <input type="checkbox"/>	i. Reached across body to reach object without difficulty (getting at trunk rotation/flexibility)
		Enter Code <input type="checkbox"/>	ii. Rotated trunk and look over shoulder in sitting
		Enter Code <input type="checkbox"/>	iii. Rotated trunk and look over shoulder in standing
		Enter Code <input type="checkbox"/>	iv. Leaned back in chair to slide bottom to edge of chair before leaning forward to stand up
		Enter Code <input type="checkbox"/>	v. Reached back of neck using left arm
		Enter Code <input type="checkbox"/>	vi. Reached back of neck using right arm
		Enter Code <input type="checkbox"/>	vii. Picked an item up off the floor
		Enter Code <input type="checkbox"/>	viii. Touched toes
		Enter Code <input type="checkbox"/>	ix. Reached middle of lower back with dominant hand
		Enter Code <input type="checkbox"/>	x. Stood from chair without use of arm rest or use of arms
		Enter Code <input type="checkbox"/>	xi. Rocked back and forth multiple times before standing up from a chair
		Enter Code <input type="checkbox"/>	xii. Carried an item across the room safely

### h. Observe the consumer's ability to reach and grip strength:

<b>Coding:</b> 0. No 1. Yes 9. Did not observe	↓ Enter Codes in Boxes ↓	Enter Code <input type="checkbox"/>	i. Reached an item on the shelf and remove it
		Enter Code <input type="checkbox"/>	ii. Manipulated pen/pencil
		Enter Code <input type="checkbox"/>	iii. Opened medications bottles

# Section F Functional Status

## F1. Functional Observations (continued)

i. Observe the consumer's functional limitation in range of motion (limitation that interferes in daily functions or places consumer at risk of injury)

	Upper Extremity (includes shoulder, elbow, wrist and hand)		Lower Extremity (includes hip, knee, ankle, foot)	
	One Side	Both Sides	One Side	Both Sides
No Impairment				
Partial Impairment				
Full Impairment				

j. Observe the home environment:

<p><b>Coding:</b></p> <p>0. No</p> <p>1. Yes</p> <p>9. Did not observe</p>	Enter Codes in Boxes ↓	<b>General:</b>	
		Enter Code <input type="checkbox"/>	i. Heavy cleaning assistance may be needed
		Enter Code <input type="checkbox"/>	ii. Appears to be a hoarder and has difficulty throwing things away even though access through the home is limited
		Enter Code <input type="checkbox"/>	iii. Significant debris or clutter is apparent, garbage odor present, bathroom needs scouring
		Enter Code <input type="checkbox"/>	iv. There is evidence of pet or rodent feces in home
		Enter Code <input type="checkbox"/>	v. Piles of unwashed clothing, saturated in urine or fecal matter
		Enter Code <input type="checkbox"/>	vi. Appears utilities have been shut off or are in danger of being shut off
		Enter Code <input type="checkbox"/>	vii. Home displays significant safety hazards such as clothing has burn holes, faulty wiring, leaking gas
		Enter Code <input type="checkbox"/>	viii. Has a list of numbers to call in case of an emergency
		<b>Kitchen:</b>	
		Enter Code <input type="checkbox"/>	ix. Perishable items appear to be in inappropriate places
		Enter Code <input type="checkbox"/>	x. Limited food on hand in the refrigerator and cupboard
		Enter Code <input type="checkbox"/>	xi. There is rotten or moldy food
		Enter Code <input type="checkbox"/>	xii. Food present, but of poor nutritional value

# Section F Functional Status

F1. Functional Observations (continued)			
Enter <input type="text"/> Code			<b>k. Consumer appears to have severely limited vision.</b> 0. No 1. Yes 9. Did not observe
Enter <input type="text"/> Code			<b>l. Observe the consumer's ability to see in adequate light</b> 0. Adequate: sees fine detail, including regular print in newspapers/books 1. Mildly/moderately impaired: can identify objects; may see large print 2. Severely Impaired: No vision or object identification questionable 9. Unable to assess
<b>m. Behaviors observed during the interview:</b>			
<b>Coding:</b>  0. No 1. Yes 9. Did not observe	Enter Codes ↓ in Boxes	Enter Code <input type="text"/>	<b>i. Appears able to make needs known</b>
		Enter Code <input type="text"/>	<b>ii. Does not make decision without advice from other person</b>
		Enter Code <input type="text"/>	<b>iii. Appears able to understand options when explained</b>

Say to consumer: ***"I am going to ask you some questions about some activities you may do on a typical day. I will ask how much help from another person you currently need with each activity. When you think about help, consider whether someone helps you get things in place, helps put away things, gives hands-on help or helps with guidance, reminders, supervision or encouragement during the task. This includes if you need or get someone to help you with each activity."***

F2. Shopping (Item captures the amount of shopping for which assistance is needed)			
Enter <input type="text"/> Code			<b>a. Ask consumer: "Do you currently need or get help from another person with shopping for food, household or personal items, or medications?"</b> 0. No – No help needed → Skip to F2, Shopping Functional Rank 1. Yes 9. No answer or unknown
Enter <input type="text"/> Code			<b>b. Ask consumer: "How much help do you currently need or get?"</b> 1. Help to be reminded, guided, directed or encouraged during shopping 2. Help limited to getting things ready such as creating lists or putting items away 3. Help with some shopping 4. A lot or total help with shopping 9. No answer or unknown
F3. Assign Shopping Functional Rank (using information gathered via self-report, proxy & observations)			
Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b>		Enter Rank in Box ↓	Shopping: <input type="text"/>
Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b> [Note: rank not currently in the reg for shopping]			
Rank 3: <b>Can perform the function with some human assistance</b> [To achieve consistency with the amount of shopping, rank should be reworded as in the AAC "requires the assistance of another person for some shopping"]			
Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b>			



# Section F Functional Status

F4. Meal Preparation/Cleanup			
Enter <input type="text"/> Code		<p>a. Ask consumer: <b>“Do you currently need or get help from another person with planning meals, cooking and/or meal cleanup?”</b></p> <p>0. <b>No – No help needed</b> → Skip to F4, Meal Preparation/Cleanup Functional Rank</p> <p>1. <b>Yes</b></p> <p>9. <b>No answer or unknown</b></p>	
Enter <input type="text"/> Code		<p>b. Ask consumer: <b>“How much help do you currently need or get?”</b></p> <p>1. <b>Help to be reminded, guided, directed or encouraged during meal preparation/cleanup</b></p> <p>2. <b>Help limited to getting things ready or cleaning up</b></p> <p>3. <b>Some help with meal preparation/cleanup</b></p> <p>4. <b>A lot or total help with meal preparation/cleanup</b></p> <p>9. <b>No answer or unknown</b></p>	
Enter <input type="text"/> Code		<p>c. Ask consumer: <b>“Is your diet modified for any of the following reasons?”</b></p>	
Check all that apply.	<input type="checkbox"/>	1. <b>Allergies</b>	
	<input type="checkbox"/>	2. <b>Eats more than three times a day</b>	
	<input type="checkbox"/>	3. <b>Medical reasons</b>	
	<input type="checkbox"/>	4. <b>Pureed foods or thickened liquids</b>	
	<input type="checkbox"/>	5. <b>Religious/ethnic foods</b>	
Enter Days/Week	<input type="text"/>	d. Ask consumer: <b>“How many days per week do you need help?”</b>	
Enter Times/Day	<input type="text"/> <input type="text"/>	e. Ask consumer: <b>“How many times per day do you need help?”</b>	
F5. Assign Meal Preparation/Cleanup Functional Rank (using information gathered via self-report, proxy & observations)			
<p>Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b></p> <p>Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b></p> <p>Rank 3: <b>Can perform the function with some human assistance</b></p> <p>Rank 4: <b>Can perform the function but only with substantial human assistance</b></p> <p>Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b></p> <p>Rank 6: <b>Paramedical</b></p>		→ Enter Rank in Box →	Meal Preparation/ Cleanup: <input type="text"/>
F6. Eating			
		<p>a. Ask consumer: <b>“How do you get food and nutrition?”</b></p>	
Check all that apply.	<input type="checkbox"/>	1. <b>By mouth</b>	
	<input type="checkbox"/>	2. <b>Feeding tube - nasogastric or abdominal (PEG)</b> → Complete F6, Tube Feeding	
	<input type="checkbox"/>	3. <b>Parenteral/IV feeding</b>	
Enter <input type="text"/> Code		<p>b. Ask consumer: <b>“Do you currently need or get help from another person with eating and drinking? (Including bringing food to your mouth and swallowing food once the meal is on a table/tray)”</b></p> <p>0. <b>No – No help needed</b> → Skip to F7, Eating Functional Rank</p> <p>1. <b>Yes</b></p> <p>9. <b>No answer or unknown</b></p>	

# Section F Functional Status

## F6. Eating (continued)

Enter <input type="text"/> Code	<p><b>c.</b> Ask consumer: <i>“How much help do you currently need or get?”</i></p> <ol style="list-style-type: none"> <li>1. <b>Help to be reminded, guided, directed or encouraged while eating and drinking</b></li> <li>2. <b>Help limited to getting things ready or cleaning up</b></li> <li>3. <b>Some help with eating and drinking</b></li> <li>4. <b>A lot or total help with eating and drinking</b></li> <li>9. <b>No answer or unknown</b></li> </ol>
<input type="text"/> <input type="text"/> Enter Times/Day	<p><b>d.</b> Ask consumer: <i>“How many times per day do you need help?”</i></p>

## F7. Tube Feeding

Enter <input type="text"/> Code	<p><b>a.</b> Ask consumer: <i>“How much help from another person do you currently need or get with managing tube feeds or its equipment/supplies?”</i></p> <ol style="list-style-type: none"> <li>0. <b>No help needed</b></li> <li>1. <b>Help to be reminded, guided, directed or encouraged during tube feeding</b></li> <li>2. <b>Help limited to getting things ready or cleaning up</b></li> <li>3. <b>Some help with tube feeding</b></li> <li>4. <b>A lot or total help with tube feeding</b></li> <li>9. <b>No answer or unknown</b></li> </ol>
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## F8. Assign Eating Functional Rank (using information gathered via self-report, proxy & observations)

<p>Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b></p> <p>Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b></p> <p>Rank 3: <b>Can perform the function with some human assistance</b></p> <p>Rank 4: <b>Can perform the function but only with substantial human assistance</b></p> <p>Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b></p> <p>Rank 6: <b>Paramedical</b></p>	→ Enter Rank in Box →	<b>Eating:</b>	Enter Rank <input type="text"/>
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## F9. Laundry

Enter <input type="text"/> Code	<p><b>a.</b> Ask consumer: <i>“Do you currently need or get help from another person with laundry?”</i></p> <ol style="list-style-type: none"> <li>0. <b>No – No help needed</b> → Skip to F9, Laundry Functional Rank</li> <li>1. <b>Yes</b></li> <li>9. <b>No answer or unknown</b></li> </ol>
Enter <input type="text"/> Code	<p><b>b.</b> Ask consumer: <i>“How much help do you currently need or get?”</i></p> <ol style="list-style-type: none"> <li>1. <b>Help to be reminded, guided, directed or encouraged while doing laundry</b></li> <li>2. <b>Help limited to getting things ready or cleaning up</b></li> <li>3. <b>Some help with laundry</b></li> <li>4. <b>A lot or total help with laundry</b></li> <li>9. <b>No answer or unknown</b></li> </ol>

# Section F Functional Status

## F10. Assign Laundry Functional Rank (using information gathered via self-report, proxy & observations)

<p>Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b></p> <p>Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b> [Note: rank not currently in the reg for laundry]</p> <p>Rank 3: <b>Can perform the function with some human assistance</b> [Note: rank not currently in the reg for laundry; however, since this rank includes set-up (i.e., giving laundry to machine or sorting) and clean up (i.e., returning clothes to storage) could consider adding this rank to facilitate coding]</p> <p>Rank 4: <b>Can perform the function but only with substantial human assistance</b></p> <p>Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b></p> <p>Rank 6: <b>Paramedical</b></p>	→ Enter Rank in Box →	<b>Laundry:</b>	Enter Rank <input type="text"/>
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## F11. Ordinary Housekeeping

Enter <input type="text"/> Code	<p>a. Ask consumer: <b>“Do you currently need or get help from another person with housework?”</b></p> <p>0. <b>No – No help needed</b> → Skip to F11, Housework Functional Rank</p> <p>1. <b>Yes</b></p> <p>9. <b>No answer or unknown</b></p>
Enter <input type="text"/> Code	<p>b. Ask consumer: <b>“How much help do you currently need or get?”</b></p> <p>1. <b>Help to be reminded, guided, directed or encouraged during housework</b></p> <p>2. <b>Help limited to getting things ready or cleaning up</b></p> <p>3. <b>Some help with housework</b></p> <p>4. <b>A lot or total help with housework</b></p> <p>9. <b>No answer or unknown</b></p>

## F12. Assign Housework Functional Rank (using information gathered via self-report, proxy & observations)

<p>Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b></p> <p>Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b></p> <p>Rank 3: <b>Can perform the function with some human assistance</b></p> <p>Rank 4: <b>Can perform the function but only with substantial human assistance</b></p> <p>Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b></p> <p>Rank 6: <b>Paramedical</b></p>	→ Enter Rank in Box →	<b>Housework:</b>	Enter Rank <input type="text"/>
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## F13. Managing Finances

Enter <input type="text"/> Code	<p>a. Ask consumer: <b>“Because of a health or memory problem, do you currently need or get help with managing your money -- such as paying your bills and keeping track of expenses?”</b></p> <p>0. <b>No – No help needed</b> → Skip to F13, Managing Finances Functional Rank</p> <p>1. <b>Yes</b></p> <p>9. <b>No answer or unknown</b></p>
Enter <input type="text"/> Code	<p>b. Ask consumer: <b>“How much help do you currently need or get?”</b></p> <p>1. <b>Help to be reminded, guided, directed or encouraged while managing your money</b></p> <p>2. <b>Help limited to getting things ready or cleaning up</b></p> <p>3. <b>Some help with managing your money</b></p> <p>4. <b>A lot or total help with managing your money</b></p> <p>9. <b>No answer or unknown</b></p>

# Section F Functional Status

## F14. Managing Medications

Enter <input type="text"/> Code	<p>a. Ask consumer: <b><i>“Do you currently need or get help from another person to manage and take your medications?”</i></b></p> <p>0. No – No help needed → Skip to F14, Dressing</p> <p>1. Yes</p> <p>9. No answer or unknown</p>
Enter <input type="text"/> Code	<p>b. Ask consumer: <b><i>“How much help do you currently need or get?”</i></b></p> <p>1. Help to be reminded, guided, directed or encouraged while managing and taking your medication</p> <p>2. Help limited to getting things ready or cleaning up</p> <p>3. Some help with managing and taking your medication</p> <p>4. A lot or total help with managing and taking your medication</p> <p>9. No answer or unknown</p>
<input type="text"/> Enter Days/Week	<p>c. Ask consumer: <b><i>“How many days per week do you need help?”</i></b></p>
<input type="text"/> <input type="text"/> Enter Times/Day	<p>d. Ask consumer: <b><i>“How many times per day do you need help?”</i></b></p>

## F15. Dressing

Enter <input type="text"/> Code	<p>a. Ask consumer: <b><i>“Do you currently need or get help from another person to put on or take off clothing?”</i></b></p> <p>0. No – No help needed → Skip to F15, Dressing Functional Rank</p> <p>1. Yes</p> <p>9. No answer or unknown</p>
Enter <input type="text"/> Code	<p>b. <u>Upper body dressing.</u> Ask consumer: <b><i>“How much help do you currently need with putting on and removing shirt or pajama top? (Includes buttoning if applicable.)”</i></b></p> <p>0. No help needed</p> <p>1. Help to be reminded, guided, directed or encouraged during putting on and removing shirt or pajama top</p> <p>2. Help limited to getting things ready or cleaning up</p> <p>3. Some help with putting on and removing shirt or pajama top</p> <p>4. A lot or total help with putting on and removing shirt or pajama top</p> <p>9. No answer or unknown</p>
<input type="text"/> <input type="text"/> Enter Minutes	<p>c. Ask consumer: <b><i>“How much time does it take each time someone helps you?”</i></b></p>
Enter <input type="text"/> Code	<p>d. <u>Lower body dressing.</u> Ask consumer: <b><i>“Not including shoes and socks, how much help do you currently need with dressing and undressing below the waist? (Including fasteners. Does not include footwear.)”</i></b></p> <p>0. No help needed</p> <p>1. Help to be reminded, guided, directed or encouraged during dressing and undressing below the waist</p> <p>2. Help limited to getting things ready or cleaning up</p> <p>3. Some help with dressing and undressing below the waist</p> <p>4. A lot or total help with dressing and undressing below the waist</p> <p>9. No answer or unknown</p>
<input type="text"/> <input type="text"/> Enter Minutes	<p>c. Ask consumer: <b><i>“How much time does it take each time someone helps you?”</i></b></p>

# Section F Functional Status

## F15. Dressing (continued)

Enter <input type="text"/> Code	f. <u>Putting on/taking off footwear.</u> Ask consumer: <b><i>“How much help do you currently need with putting on and taking off socks and shoes or other footwear that are appropriate for safe mobility?”</i></b> 0. No help needed 1. Help to be reminded, guided, directed or encouraged during putting on and taking off socks and shoes or other footwear 2. Help limited to getting things ready or cleaning up 3. Some help with putting on and taking off socks and shoes or other footwear 4. A lot or total help with putting on and taking off socks and shoes or other footwear 9. No answer or unknown
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<input type="text"/> <input type="text"/> Enter Minutes	e. Ask consumer: <b><i>“How much time does it take each time someone helps you?”</i></b>
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## F16. Assign Dressing Functional Rank (using information gathered via self-report, proxy & observations)

Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b> Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b> Rank 3: <b>Can perform the function with some human assistance</b> Rank 4: <b>Can perform the function but only with substantial human assistance</b> Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b> Rank 6: <b>Paramedical</b>	→ Enter Rank in Box →	Dressing: <input type="text"/>	Enter Rank <input type="text"/>
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## Ambulation/Mobility

### F17. Mobility Devices and Aids

Check all that apply.	<input type="checkbox"/>	a. Do you ever use any of the following mobility devices and aids? 0. None apply, bed bound → Skip to F17, Mode of Mobility 1. None apply, ambulates without devices/aids → Skip to F17, Mode of Mobility 2. Canes/crutch 3. Orthotics/prosthetics 4. Walker 5. Wheelchair/scooter: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time 6. Other: _____ 9. No answer or unknown
	Enter Code <input type="text"/>	b. Are there times when you need help getting and or setting up your [insert device(s) checked in question 1]? 0. No 1. Yes 9. No answer or unknown
	Enter Code <input type="text"/>	c. Do you require assistance maintaining/taking care of device? 0. No 1. Yes 9. No answer or unknown

# Section F Functional Status

## F18. Mode of Mobility

What is the longest distance you can walk/wheel comfortably once standing on a flat surface?  
How much help from another person do you currently need or get to walk/wheel that distance?

### Coding:

- 0. No help needed
- 1. Help to be reminded, guided, directed or encouraged while walking/wheeling
- 2. Help limited to getting things ready or cleaning up
- 3. Some help with walking/wheeling
- 4. A lot or total help with walking/wheeling
- 9. No answer

Enter Codes  
→  
in Boxes  
→

Select the longest distance the consumer walks and code his/her level of independence on that distance.

Enter Code

a. Walk at least a block

Enter Code

b. Walk across room (at least 10 feet)

Select the longest distance the consumer wheels and code his/her level of independence on that distance.

Enter Code

c. Wheel at least a block

Enter Code

d. Wheel across room (at least 10 feet)

Enter Days/Week

e. Ask consumer: *"How many days per week do you need help?"*



Enter Times/Day

f. Ask consumer: *"How many times per day do you need help?"*



Enter Minutes

g. Ask consumer: *"How much time does it take each time someone helps you?"*

## F19. Ambulation

Enter

Code

Ask consumer: *"Do you currently need or get help with walking between your front door and car for medical appointments?"*

- 0. No
- 1. Yes
- 9. No answer or unknown

## F20. Mobility (only asked if wheelchair/scooter is selected in F16a)

Enter

Code

Ask consumer: *"Once seated in wheelchair, do you currently need or get help going up and down a ramp?"*

- 0. No
- 1. Yes
- 9. No answer or unknown

## F21. Mobility Outdoors

Enter

Code

a. Ask consumer: *"Do you currently need or get help with walking outdoors?"*

- 0. No → Skip to F21, Ambulation/Mobility Functional Rank
- 1. Yes
- 9. No answer or unknown

# Section F Functional Status

<b>F21. Mobility Outdoors (continued)</b>			
Check all that apply. <input type="checkbox"/> <input type="checkbox"/>	b. Ask consumer: <b><i>“Do you currently need or get help from another person with...?”</i></b>		
	1. <b>Walking 10 feet on uneven or sloping surfaces, such as grass, gravel, or a ramp</b>		
	2. <b>Stepping over a curb or up and down one step</b>		
Enter <input type="text"/> Code	c. Ask consumer: <b><i>“When do you need to walk on uneven or sloping surfaces to perform daily activities?”</i></b> 0. <b>Never</b> 1. <b>Details:</b>		
<b>F22. Assign Ambulation/Mobility Functional Rank (using information gathered via self-report, proxy &amp; observations)</b>			
Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b> Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b> Rank 3: <b>Can perform the function with some human assistance</b> Rank 4: <b>Can perform the function but only with substantial human assistance</b> Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b> Rank 6: <b>Paramedical</b>		→ Enter Rank in Box →	<b>Ambulation/ Mobility:</b> <input type="text"/>
<b>F23. Bed Mobility</b>			
Enter <input type="text"/> Code	a. Ask consumer: <b><i>“Do you currently need or get help from another person with repositioning (moving around) when in bed?”</i></b> 0. <b>No – No help needed → Skip to F23, Chair Mobility</b> 1. <b>Yes</b> 9. <b>No answer or unknown</b>		
Enter <input type="text"/> Code	b. Ask consumer: <b><i>“How much help do you currently need or get?”</i></b> 1. <b>Help to be reminded, guided, directed or encouraged during repositioning (moving around) when in bed</b> 2. <b>Help limited to getting things ready or cleaning up</b> 3. <b>Some help with repositioning (moving around) when in bed</b> 4. <b>A lot or total help with repositioning (moving around) when in bed</b> 9. <b>No answer or unknown</b>		
<input type="text"/> Enter Days/Week	d. Ask consumer: <b><i>“How many days per week do you need help?”</i></b>		
<input type="text"/> <input type="text"/> Enter Times/Day	e. Ask consumer: <b><i>“How many times per day do you need help?”</i></b>		
<input type="text"/> <input type="text"/> Enter Minutes	f. Ask consumer: <b><i>“How much time does it take each time someone helps you?”</i></b>		

# Section F Functional Status

F24. Chair Mobility	
Enter <input type="text"/> Code	a. Ask consumer: <b><i>“Do you currently need or get help from another person with repositioning (moving around) when in a chair?”</i></b> 0. No – No help needed → Skip to F24, Skin Care 1. Yes 9. No answer or unknown
Enter <input type="text"/> Code	b. Ask consumer: <b><i>“How much help do you currently need or get?”</i></b> 1. Help to be reminded, guided, directed or encouraged during repositioning (moving around) when in a chair 2. Help limited to getting things ready or cleaning up 3. Some help with repositioning (moving around) when in a chair 4. A lot or total help with repositioning (moving around) when in a chair 9. No answer or unknown
<input type="text"/> Enter Days/Week	c. Ask consumer: <b><i>“How many days per week do you need help?”</i></b>
<input type="text"/> <input type="text"/> Enter Times/Day	d. Ask consumer: <b><i>“How many times per day do you need help?”</i></b>
<input type="text"/> <input type="text"/> Enter Minutes	e. Ask consumer: <b><i>“How much time does it take each time someone helps you?”</i></b>
F25. Skin Care	
Enter <input type="text"/> Code	a. Ask consumer: <b><i>“Do you currently need or get help with skin care to promote circulation or prevent skin breakdown?”</i></b> 0. No – No help needed → Skip to F25, Range of Motion 1. Yes 9. No answer or unknown
	b. Ask consumer: <b><i>“What type of assistance is required?”</i></b> <b>Details:</b>
<input type="text"/> Enter Days/Week	c. Ask consumer: <b><i>“How many days per week do you need help?”</i></b>
<input type="text"/> <input type="text"/> Enter Times/Day	d. Ask consumer: <b><i>“How many times per day do you need help?”</i></b>
<input type="text"/> <input type="text"/> Enter Minutes	e. Ask consumer: <b><i>“How much time does it take each time someone helps you?”</i></b>
F26. Range of Motion	
Enter <input type="text"/> Code	a. Ask consumer: <b><i>“Do you currently need or get help to do exercises to maintain or improve your strength, or endurance; move your arms and legs or assist you with walking?”</i></b> 0. No – No help needed → Skip to F26, Repositioning & Rubbing Skin Functional Rank 1. Yes 9. No answer or unknown



# Section F Functional Status

<b>F26. Range of Motion (continued)</b>				
<input type="text"/> Enter Days/Week	b. Ask consumer: <i>“How many days per week do you need help?”</i>			
<input type="text"/> <input type="text"/> Enter Times/Day	c. Ask consumer: <i>“How many times per day do you need help?”</i>			
<input type="text"/> <input type="text"/> Enter Minutes	d. Ask consumer: <i>“How much time does it take each time someone helps you?”</i>			
<b>F27. Assign Repositioning and Rubbing Skin Functional Rank (using information gathered via self-report, proxy &amp; observations)</b>				
Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b> Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b> Rank 3: <b>Can perform the function with some human assistance</b> Rank 4: <b>Can perform the function but only with substantial human assistance</b> Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b> Rank 6: <b>Paramedical</b>		↑ Enter Rank in Box ↓	Repositioning and Rubbing Skin:	Enter Rank <input type="text"/>
<b>F28. Transferring</b>				
Enter <input type="text"/> Code	a. Ask consumer: <i>“Do you currently need or get help moving from one standing, sitting or lying position to another? This includes transfer from a bed, chair, couch, wheelchair, walker or other equipment.”</i> 0. No – No help needed → Skip to F28, Transfer Functional Rank 1. Yes 9. No answer or unknown			
Check all that apply.	<input type="checkbox"/>	b. Ask consumer: <i>“Do you currently need or get help with...?”</i>		
	<input type="checkbox"/>	1. Moving between sitting and lying and between lying and sitting on side of bed		
	<input type="checkbox"/>	2. Moving from a sitting to standing position		
	<input type="checkbox"/>	9. Safely transferring to and from a chair (or wheelchair)		
Enter <input type="text"/> Code	c. Ask consumer: <i>“How much help do you currently need or get?”</i> 1. Help to be reminded, guided, directed or encouraged during transferring 2. Help limited to getting things ready or cleaning up 3. Some help with transferring 4. Help with a lot or all transferring 9. No answer or unknown			
<input type="text"/> <input type="text"/> Enter Minutes	d. Ask consumer: <i>“How much time does it take each time someone helps you?”</i>			

# Section F Functional Status

<b>F28. Transferring (continued)</b>			
Enter <input type="text"/> Code		<p>e. Ask consumer: <b>“How much help from another person do you currently need or get with transferring in and out of a vehicle? (Does not include the ability to open/close door or fasten seat belt)”</b></p> <p>0. No help needed</p> <p>1. Help to be reminded, guided, directed or encouraged during transferring in and out of a vehicle</p> <p>2. Help limited to getting things ready or cleaning up</p> <p>3. Some help with transferring in and out of a vehicle</p> <p>4. A lot or total help with transferring in and out of a vehicle</p> <p>9. No answer or unknown</p>	
<b>F29. Assign Transfer Functional Rank (using information gathered via self-report, proxy &amp; observations)</b>			
<p>Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b></p> <p>Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b></p> <p>Rank 3: <b>Can perform the function with some human assistance</b></p> <p>Rank 4: <b>Can perform the function but only with substantial human assistance</b></p> <p>Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b></p>		Enter Rank in Box ↓ Enter Rank in Box ↓	Transfer: <input type="text"/>
<b>30. Toileting</b>			
Check all that apply. <input type="checkbox"/> <input type="checkbox"/>		<p>a. Ask consumer: <b>“Do you have a catheter or ostomy?”</b></p> <p>1. Urinary Catheter</p> <p>2. Ostomy</p>	
Enter <input type="text"/> Code		<p>b. Ask consumer: <b>“Do you currently need or get help managing the equipment or device?”</b></p> <p>0. No</p> <p>1. Yes</p> <p>9. No answer or unknown</p>	
Enter <input type="text"/> Code		<p>c. Ask consumer: <b>“Which of the following best describes your bladder function or control?”</b></p> <p>0. Never lose control – no leakage</p> <p>1. Rarely lose control (&lt;1/week)</p> <p>2. Sometimes lose control (Several times/week)</p> <p>3. Almost always lose control (at least daily)</p> <p>9. No answer or unknown</p>	
Enter <input type="text"/> Code		<p>d. Ask consumer: <b>“Which of the following best describes your bowel function or control?”</b></p> <p>0. Never lose control – no leakage</p> <p>1. Rarely lose control (&lt;1/month)</p> <p>2. Frequently lose control</p> <p>9. No answer or unknown</p>	
Enter <input type="text"/> Code		<p>e. Ask consumer: <b>“Do you currently need or get help with getting safely on and off a toilet or commode?”</b></p> <p>0. No – No help needed</p> <p>1. Yes</p> <p>9. No answer or unknown</p>	

# Section F Functional Status

<b>F30. Toileting (continued)</b>			
Enter <input type="text"/> Code		<p><b>f.</b> Ask consumer: <b><i>“Do you currently need or get help from another person with toileting? This includes adjusting your clothes before and after using the toilet, using bedpan or urinal, cleansing of self, or changing disposable briefs if you use them.”</i></b></p> <p>0. <b>No – No help needed</b> → Skip to F30, Menstrual Assistance</p> <p>1. <b>Yes</b></p> <p>9. <b>No answer or unknown</b></p>	
Enter <input type="text"/> Code		<p><b>g.</b> Ask consumer: <b><i>“How much help do you currently need or get?”</i></b></p> <p>1. <b>Help to be reminded, guided, directed or encouraged during toileting</b></p> <p>2. <b>Help limited to getting things ready or cleaning up</b></p> <p>3. <b>Some help with toileting</b></p> <p>4. <b>A lot or total help with toileting</b></p> <p>9. <b>No answer or unknown</b></p>	
<input type="text"/> <input type="text"/> Enter Times/Day		<p><b>h.</b> Ask consumer: <b><i>“How many times per day do you need help?”</i></b></p>	
<input type="text"/> <input type="text"/> Enter Minutes		<p><b>i.</b> Ask consumer: <b><i>“How much time does it take each time someone helps you?”</i></b></p>	
<b>F31. Menstrual Assistance</b>			
Enter <input type="text"/> Code		<p><b>a.</b> Ask consumer: <b><i>“If you experience a menstrual cycle, do you currently need or get help with applying sanitary napkins, external cleaning and repositioning for napkin changes, using and disposing of pads, managing clothing?”</i></b></p> <p>0. <b>No – No help needed</b> → Skip to F31, Bowel &amp; Bladder Functional Rank</p> <p>1. <b>Yes</b></p> <p>9. <b>No answer or unknown</b></p>	
<input type="text"/> Enter Days/Month		<p><b>b.</b> Ask consumer: <b><i>“How many days per month do you need help?”</i></b></p>	
<input type="text"/> <input type="text"/> Enter Times/Day		<p><b>c.</b> Ask consumer: <b><i>“How many times per day do you need help?”</i></b></p>	
<b>F32. Assign Bowel &amp; Bladder Functional Rank (using information gathered via self-report, proxy &amp; observations)</b>			
<p>Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b></p> <p>Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b></p> <p>Rank 3: <b>Can perform the function with some human assistance</b></p> <p>Rank 4: <b>Can perform the function but only with substantial human assistance</b></p> <p>Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b></p> <p>Rank 6: <b>Paramedical</b></p>		<p>→</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Enter Rank in Box</p> <p>→</p>	<p><b>Bowel &amp; Bladder:</b></p> <p style="text-align: right;">Enter Rank <input type="text"/></p>
<b>F33. Bathing</b>			
Enter <input type="text"/> Code		<p><b>a.</b> Ask consumer: <b><i>“Do you currently need or get help from another person with cleaning and drying all parts of your body?”</i></b></p> <p>0. <b>No – No help needed</b> → Skip to F33, Grooming</p> <p>1. <b>Yes</b></p> <p>9. <b>No answer or unknown</b></p>	

# Section F Functional Status

<b>F33. Bathing (continued)</b>	
Enter <input type="checkbox"/> Code	b. Ask consumer: <b>"How much help do you currently need or get?"</b> 1. <b>Help to be reminded, guided, directed or encouraged during bathing</b> 2. <b>Help limited to getting things ready or cleaning up</b> 3. <b>Some help with bathing</b> 4. <b>A lot or total help with bathing</b> 9. <b>No answer or unknown</b>
Enter Days/Week <input type="checkbox"/>	c. Ask consumer: <b>"How many days per week do you need help?"</b>
Enter Times/Day <input type="checkbox"/> <input type="checkbox"/>	d. Ask consumer: <b>"How many times per day do you need help?"</b>
Enter Minutes <input type="checkbox"/> <input type="checkbox"/>	e. Ask consumer: <b>"How much time does it take each time someone helps you?"</b>
Enter <input type="checkbox"/> Code	f. Ask consumer: <b>"Do you currently need or get help with getting in and out of shower/tub?"</b> 0. <b>No – No help needed</b> 1. <b>Yes</b> 9. <b>No answer or unknown</b>
<b>F34. Grooming</b>	
Enter <input type="checkbox"/> Code	a. Ask consumer: <b>"Do you currently need or get help from another person with washing face and hands, hair care (including hair washing), shaving or applying makeup, or nail care?"</b> 0. <b>No – No help needed → Skip to F34, Oral Care</b> 1. <b>Yes</b> 9. <b>No answer or unknown</b>
Check all that apply. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. Ask consumer: <b>"What do you currently need or get help with?"</b> 1. <b>Combing/brushing hair</b>
	2. <b>Fingernail/toenail care</b>
	3. <b>Hair trimming</b>
	4. <b>Shampooing, applying conditioner and drying hair</b>
	5. <b>Shaving</b>
Enter Days/Week <input type="checkbox"/>	c. Ask consumer: <b>"How many days per week do you need help?"</b>
<b>F35. Oral Care</b>	
Enter <input type="checkbox"/> Code	a. Ask consumer: <b>"Do you currently need or get help from another person with cleaning teeth and/or managing dentures?"</b> 0. <b>No – No help needed → Skip to F35, Bathing/Hygiene Functional Rank</b> 1. <b>Yes</b> 9. <b>No answer or unknown</b>
Check all that apply. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. Ask consumer: <b>"What do you currently need or get help with?"</b> 1. <b>Applying toothpaste</b>
	2. <b>Brushing teeth/rinsing mouth</b>
	3. <b>Flossing teeth</b>
	4. <b>Caring for dentures</b>
	5. <b>Retrieving or putting above items away</b>

# Section F Functional Status

**F36. Assign Bathing/Hygiene Functional Rank** (using information gathered via self-report, proxy & observations)

<p>Rank 1: <b>Independent – Able to perform the function without human assistance (completion, with or without device or aid, does not pose risk to safety)</b></p> <p>Rank 2: <b>Able to perform the function, but needs verbal assistance, such as reminding, guidance, or encouragement</b></p> <p>Rank 3: <b>Can perform the function with some human assistance</b></p> <p>Rank 4: <b>Can perform the function but only with substantial human assistance</b></p> <p>Rank 5: <b>Dependent – Cannot perform the function, with or without human assistance</b></p> <p>Rank 6: <b>Paramedical</b></p>	<p>↓ Enter Rank in Box ↓</p>	<p><b>Bathing/ Hygiene:</b></p>	<p>Enter Rank <input type="text"/></p>
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# Section G Environment Information

## G1. Emergency Preparedness

Enter <input type="text"/> Code	<p><b>a.</b> Ask consumer: <i>“Is personal emergency alert equipment available to you (e.g., life alert or alarm response system)?”</i></p> <p>0. No 1. Yes 9. No answer or unknown</p>
Enter <input type="text"/> Code	<p><b>b.</b> Ask consumer: <i>“If there is a need to evacuate your home quickly, what would your plan be?”</i></p> <p>0. Incorrect 1. Correct - Sensible 9. No answer or unknown</p>
Enter <input type="text"/> Code	<p><b>c.</b> Ask consumer: <i>“Do you have a list of numbers to call in case of an emergency?”</i></p> <p>0. No 1. Yes 9. No answer or unknown</p>
Enter <input type="text"/> Code	<p><b>d.</b> Ask consumer: <i>“Does a hearing impairment make it difficult for you to hear warning sirens, smoke alarms and/or doorbells while you are in your house?”</i></p> <p>0. No 1. Yes 9. No answer or unknown</p>

Does the consumer have?

<b>Coding:</b>	Enter Codes in Boxes	Enter Code <input type="text"/>	<b>e. Smoke alarm</b>
0. No 1. Yes 9. Did not observe		Enter Code <input type="text"/>	<b>f. Carbon monoxide alarm</b>

Enter <input type="text"/> Code	<p><b>g.</b> Suppose a disaster or extreme weather event occurred, and water, electricity, heat or air conditioning were not available. What degree of contact would be required?</p> <p>0. Not needed 1. Critical 2. Urgent 3. Moderate</p>
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## G2. Transportation Access

Enter <input type="text"/> Code	<p><b>a.</b> Ask consumer: <i>“Do you need or get help traveling away from your home, driving, or taking public transportation?”</i></p> <p>0. No 1. Yes 9. No answer or unknown</p>
<b>b. If yes:</b>	
Check all that apply.	<p><input type="checkbox"/> 1. Medical appointments</p> <p><input type="checkbox"/> 2. Shopping</p> <p><input type="checkbox"/> 3. Other: _____</p>

# Section G Environment Information

## G3. Condition of Home

Observe the home environment. (Select all that apply)

	Present	Appears Questionable or Nonfunctional	Did Not Observe
<b>Appliances/Equipment:</b>			
a. Refrigerator			
b. Washer			
c. Dryer			
d. Lighting			
e. Phone			
f. Heating			
g. A/C unit			

## G4. Mobility Environment

Observe the home environment. (Select all that apply)

	Present	Appears Questionable or Unsafe	Interferes with Mobility	Did Not Observe
a. Inside stairs				
b. Outside stairs				
c. Inside ramp				
d. Outside ramp				
e. Narrow or obstructed doorways				

## G5. Trip Hazards

	Present	Appears Questionable or Unsafe	Interferes with Mobility	Did Not Observe
a. Loose rugs				
b. Electrical cords				
c. Debris				

## G6. Condition of Yard

Enter <input type="checkbox"/> Code	<p>a. Is there a yard present?</p> <p>0. No</p> <p>1. Yes</p>
Enter <input type="checkbox"/> Code	<p>b. If yes, is there a need for yard hazard abatement?</p> <p>0. No</p> <p>1. Yes</p>

## G7. Snow/Ice Removal

Enter <input type="checkbox"/> Code	<p>Is there a need for removal of snow and/or ice?</p> <p>0. No</p> <p>1. Yes</p>
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# Section G Environment Information

## G8. Housing Accessibility

Enter <input type="checkbox"/> Code	<b>a. Did you see a bathroom?</b> 0. No 1. Yes		
<b>b. Does Consumer Have? (Select all that apply)</b>			
	<b>Present</b>	<b>Appears Questionable or Nonfunctional</b>	<b>Did Not Observe</b>
<b>Appliances/Equipment:</b>			
i. Tub			
ii. Shower			
iii. Hand-held shower			
iv. Bath bench			
v. Grab bars, toilet			
vi. Grab bars, shower			
vii. Grab bars, tub			
viii. Raised toilet seat			
ix. Bedside commode			

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