






Functioning Module

This module is for participants age 4 and older.
For participants age 0-3, display the age specific items within the Activities of Daily Living Section in the Level of Care Screen from Participants Under Age 4 Functioning Module Supplement

Key	
Bold Blue Highlight:	Module narrative and directions- assessment level instruction and/or help
Orange:	Items, responses, and other language specifically for participants 0-17 unless otherwise indicated
Green:	Skip patterns
Red:	Additional instructions for assessors- item level help
Purple:	Section level help
Teal:	Notes for automation
	Denotes a shared question with another module (one way only unless otherwise indicated)
Gray Highlight:	Responses/Text Boxes to pull forward to Assessment Output
Yellow Highlight:	Populate and/or pull forward to the Support Plan from another module or section within the Support Plan itself
Green Highlight:	Populate and/or pull forward from the member record to an assessment or from an assessment to the member record
	Denotes mandatory item
	Item populates forward for Reassessment
<i>Italics:</i>	Items from FASI (CARE)- Department use only

Commented [SL1]: The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.

The purpose of the Functioning module of the Assessment process is to identify and document: 1) Activities of Daily Living in which the participant may need additional support, and 2) Preferences, guidance for workers, and supportive equipment needed to complete Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Notes/Comments are present at the end of each section. These are used to: 1) Document additional information that was discussed or observed during the assessment process and was not adequately captured. 2) Document unique behavioral, cognitive or medical issue that were not captured in the assessment items that may increase the need for supervision or support. This narrative can provide additional justification in the event of a case review.



ACTIVITIES OF DAILY LIVING (ADLS) – AGE 4 AND OLDER

When scoring each ADL and IADL item, think about the participant’s performance over the past 3 days and medical, cognitive, physical and behavioral factors unique to the participant that might influence task completion. Then consider the typical support needed to complete the task or the support needed during a task (a participant might complete a task independently, but requires supervision for a medical, behavioral or safety reason). The question to ask for each ADL/IADL item is, “Does the participant have the functional ability to safely complete the tasks or parts of the tasks listed? If not, what support is needed?”

Commented [SL3]: Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.

I. Mobility

1A. Does the participant walk? ⓘ ⓘ (Shared from LOC)

- Yes
- No, and walking is not indicated (Skip to Item 1L- Use wheelchair/scooter)
- No, but walking is indicated in the future (Skip to Item 1L- Use wheelchair/scooter)

1B. Does the participant use a cane or walker for mobility? ⓘ ⓘ (Shared from LOC)

- Yes, required during all mobility activities
- Yes, but used intermittently and not required for all mobility activities
- No

1C. Walk 150 feet indoors: Once standing, the ability to walk at least 150 feet in a corridor or similar space. For example, an aisle in a grocery store. ⓘ

ⓘ (Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper (Skip to Item 1E- Walk 150 Outside of Home)
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age (Skip to Item 1E- Walk 150 Outside of Home)
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort



<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy

1D. Walk 10 feet indoors: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space. (Shared from LOC) (Only show if response to 1C "Walk 150 feet indoors" is NOT "Independent" OR "Age Appropriate Dependence")

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy



1E. Code the participant's level of independence for walking 150 feet OUTSIDE OF THE HOME. (Shared from LOC) (Only show if response to 1C "Walk 150 feet indoors" is "Independent" OR "Age Appropriate Dependence")

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)

- Observation Self-report Proxy

1F. Code the participant's level of independence for walking 10 feet OUTSIDE OF THE HOME. (Shared from LOC) (Only show if response to 1C "Walk 150 feet indoors" is NOT "Independent" OR "Age Appropriate Dependence")

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort



<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy

1G. Walks 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input checked="" type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:
 Observation Self-report Proxy

1H. 12 steps: The ability to go up and down 12 steps with a rail. ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input checked="" type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity



<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

1I. 1 step (curb): The ability to step over a curb or up and down one step.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

1J. Carries something in both hands: While walking indoors e.g., several dishes, light laundry basket, tray with food.

Last 3 Days	Performance Level



<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

1K. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:



- Observation Self-report Proxy

1L. Does the participant use a wheelchair or scooter for mobility? (Shared from LOC)

- Yes, as the primary mechanism for mobility
- Yes, but walking is the primary mechanism for mobility
- No (Skip to Item 1P- Mobility Level of Support Need Varied)

Indicate the type of wheelchair/scooter used for this assessment: (Only Show if either "yes" response is selected in item 1L "Does the participant use a wheelchair...") (Shared from LOC)

- Manual Motorized wheelchair/scooter

1M. Wheel 50 feet with two turns: Once seated in a wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

1N. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

Last 3 Days	Performance Level



<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

10. Wheels for 15 minutes: Without stopping or resting (e.g., department store, supermarket) ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy



1P Has the level of support the participant needs for mobility varied over the last

30 days? (Shared from LOC)

- No (Skip to Item 1T- Mobility Equipment)
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)

- Observation
- Self-report
- Proxy

1Q. How frequently has this enhanced support for mobility been needed in the past

30 days? (Shared from LOC)

- 2 or more times per day
- 3-4 times per month
- Other, specify frequency of enhanced support for mobility: _____
- Daily
- 1-2 times per month
- 4-6 times per week
- 1-3 times per week

1R. Approximately how long does each instance of enhanced mobility support last?

(Shared from LOC)

- 0-15 minutes
- 31-45 minutes
- Greater than 60 minutes
- 16-30 minutes
- 46-60 minutes

1S. Describe the circumstances that result in this additional need for mobility support. (Shared from LOC)



1T. Does the participant have or need any adaptive equipment to assist with mobility? ⓘ

- No **(Skip mobility equipment table) follow automation instructions after the table**
- Yes

II. Mobility Equipment

Mobility Equipment Status

In Use of Device column use the following responses:

- **Assistive device needed and available-** Participant needs this device to complete daily activities and has the device in the home
- **Assistive device needed but current device unsuitable-** Devices is in home but no longer meets participant's needs
- **Assistive device needed but not available-** Participant needs the device but it is not available in the home
- **Participant refused-** Participant chooses not to use needed device

Type of Assistive Device	Use of Device (Drop down)	Comments/Supplier
Cane	Drop down	
Crutch	Drop down	
Gait belt	Drop down	
Gel pad	Drop down	
Manual wheelchair	Drop down	
Motorized wheelchair/scooter	Drop down	
Medical response alert unit	Drop down	
Lower body prosthetics/orthotics (e.g., brace)	Drop down	
Prostheses, other	Drop down	
Quad cane	Drop down	
Ramps	Drop down	
Repositioning wheelchair	Drop down	
Room monitor	Drop down	
Scooter	Drop down	
Service animal	Drop down	
Specialized medical equipment	Drop down	
Specialized seating pad (e.g., air-filled, gel, shaped foam) sensory is device/aid	Drop down	



Stair/chair glides/ Lift chair	Drop down	
Stair rails	Drop down	
Splint/Braces	Drop down	
Walker	Drop down	
Walker with seat	Drop down	
Other mobility equipment (1) Describe other mobility equipment (1): _____	Drop down	
Other mobility equipment (2) Describe other mobility equipment (2): _____	Drop down	

Preferences and guidance for workers and training/skill building should only be asked of participants who require support for mobility. If **ANY** of the following scenarios are met, the participant does not require support for mobility and system should skip to Notes/Comments mobility.

- Respond "Yes" to Item 1A AND "Independent" or "Age Appropriate Dependence" to ALL Applicable (Based on Skip Logic) Items 1C-K AND "No" to Item 1L AND "No" to Item 1P OR
- Respond "No, but walking is indicated in the future" or "No, and walking is not indicated in the future" to item 1A AND "Yes" to Item 1L AND "Independent" or "Age Appropriate Dependence" to ALL OF Items 1M-1O AND "No" to Item 1P OR
- Respond "Yes" to Item 1A AND "Independent" or "Age Appropriate Dependence" to ALL OF Items 1C-K asked of the participant AND "Yes" to Item 1L AND "Independent" or "Age Appropriate Dependence" to ALL OF Items 1M-1O AND "No" to Item 1P
- Refers to only questions asked of participant based on age

III. Mobility-Preferences and Guidance for Workers

1U. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her to get around his/her home. Consider age appropriate factors. 

- | | |
|--|--|
| <input type="checkbox"/> Access to backup equipment or same day repair | <input type="checkbox"/> Caregivers use a gait belt |
| <input type="checkbox"/> Activity limited; afraid of falling | <input type="checkbox"/> Contact guard when walking |
| <input type="checkbox"/> Assist participant over thresholds | <input type="checkbox"/> Cooperates with caregiver |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Crutch |
| <input type="checkbox"/> Can walk, but prefers wheelchair | <input type="checkbox"/> Disease/symptoms interfere with performing task |



- Has a steady gait
- Keep walkways clear
- Leans to one side
- Leave assistive device within reach
- Manage his/her own ability needs
- Manual wheelchair
- Misplaces/forgets assistive device
- Poor navigation
- Propels own wheelchair
- Pushed in wheelchair
- Provide contact guard when walking
- Provide physical support with stairs

- Remind to use assistive device
- Recharge batteries daily
- Sees well enough to navigate independently
- Unable to walk/bear weight
- Visual impairment
- Will not use assistive device
- Other,
Describe preferences for support to get around at home: _____
- None

1V. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her to get around the community. Consider age appropriate factors.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Access to backup equipment or same day repair <input type="checkbox"/> Activity limited; afraid of falling <input type="checkbox"/> Assist on uneven surfaces <input type="checkbox"/> Behavioral issues <input type="checkbox"/> Can evacuate in emergency <input type="checkbox"/> Can walk, but prefers wheelchair <input type="checkbox"/> Caregivers use a gait belt <input type="checkbox"/> Cannot open doors <input type="checkbox"/> Contact guard when walking <input type="checkbox"/> Cue to use assistive device <input type="checkbox"/> Difficulty navigating unfamiliar environments <input type="checkbox"/> Disease/symptoms interfere with performing task <input type="checkbox"/> Gait belt <input type="checkbox"/> Gets lost outside residence <input type="checkbox"/> Has good endurance <input type="checkbox"/> Independent with stairs <input type="checkbox"/> Keep assistive device within reach | <ul style="list-style-type: none"> <input type="checkbox"/> Manage his/her own need <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Navigates safely in community <input type="checkbox"/> Needs assistance with stairs <input type="checkbox"/> Needs wheelchair for distance <input type="checkbox"/> Outings in the afternoon <input type="checkbox"/> Outings in the morning <input type="checkbox"/> Poor safety awareness <input type="checkbox"/> Pushed in wheelchair <input type="checkbox"/> Remembers to use assistive device <input type="checkbox"/> Residence has ramp <input type="checkbox"/> Set brakes for participant <input type="checkbox"/> Visual impairment <input type="checkbox"/> Will ask for assistance <input type="checkbox"/> Other,
Describe preferences for support getting around the community: _____ <input type="checkbox"/> None |
|---|---|

1W. Is training/skill building needed to increase independence with mobility?

- No
- Yes, describe training/skill building needed around mobility: _____

1X. Notes/Comments: Mobility

IV. Transfers

2A. Does the participant use a cane or walker for transferring? ⓘ ⓘ (Shared from LOC)

- No, does not use cane or walker
- No, only uses cane or walker for mobility
- Yes, required during all transferring activities
- Yes, but used intermittently and not required for all transferring activities

2B. Roll left and right- *The ability to roll from lying on back to left and right side and return to lying on back on the bed.* ⓘ ⓘ (Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: ⓘ ⓘ (Shared w/LOC)

- Observation Self-report Proxy



2C. Sit to stand- *The ability to safely come to a standing position from sitting in a chair or on the side of the bed.* ⓘ ⓘ (Shared w/LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- <i>The participant requires a level of support consistent with his/her age</i>
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: ⓘ (Shared from LOC)

- Observation Self-report Proxy

2D. Chair/Bed-to-Chair Transfer - *The ability to safely transfer to and from a bed to a chair.* ⓘ ⓘ (Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- <i>The participant requires a level of support consistent with his/her age</i>
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused



- Activity not attempted** due to short-term medical condition or safety concern
- Not applicable-** Participant does not usually do this activity

Scoring based on: § (Shared from LOC)

- Observation Self-report Proxy

2E. Car transfer- The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	<i>Age appropriate dependence-</i> The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

2F. Has the level of support the participant needs for transferring varied over the last 30 days? § (Shared from LOC)

No (Skip to Item 3A- Bathing)

Yes, identify the highest level of support needed in the past 30 days:

Past 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	<i>Age appropriate dependence-</i> The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort



<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)

Observation Self-report Proxy

2G. How frequently has this enhanced support for transferring been needed in the past 30 days? (Shared from LOC)

- 2 or more times per day
- Daily
- 4-6 times per week
- 1-3 times per week
- 3-4 times per month
- 1-2 times per month
- Other, specify frequency of enhanced support for transferring: _____

2H. Approximately how long does each instance of enhanced transferring support last?

(Shared from LOC)

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

2I. Describe the circumstances that result in this additional need for transferring support.

(Shared from LOC)

2J. Does the participant have or need any adaptive equipment to assist with transfers?

- No (Skip transferring equipment table) follow automation instructions after the table
- Yes

V. Transferring Equipment

Transfer Equipment Status

In Use of Device column use the following responses:

- **Assistive device needed and available**- Participant needs this device to complete daily activities and has the device in the home



- **Assistive device needed but current device unsuitable-** *Devices is in home but no longer meets participant's needs*
- **Assistive device needed but not available-** *Participant needs the device but it is not available in the home*
- **Participant refused-** *Participant chooses not to use needed device*

Type of Assistive Device	Use of Device (Drop down)	Comments/Supplier
Bed rail	Drop Down	
Brace	Drop Down	
Ceiling lift track system	Drop Down	
Draw sheet	Drop Down	
Durable medical equipment (e.g., cane/walker)	Drop Down	
Electronic bed	Drop Down	
Gait belt	Drop Down	
Mechanical lift (e.g., Hoyer lift)	Drop Down	
Lift chair	Drop Down	
Slide board	Drop Down	
Specialized medical equipment	Drop Down	
Transfer board	Drop Down	
Other transfer equipment (1) Describe other transfer equipment (1): _____	Drop Down	
Other transfer equipment (2) Describe other transfer equipment (2): _____	Drop Down	

If the participant responded "Independent" or "Age Appropriate Dependence" to ALL Items 2B-E AND "No" to item 2F, skip to "Notes/Comments- Transfers". Refers to only questions asked of participant based on age

VI. Transfers-Preferences and Guidance for Workers

2K. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with transfers. Consider age appropriate factors.

- Asks for assistance Aware of safety



- Behavioral issues
- Can transfer self
- Caregivers use a gait belt
- Cooperates with caregiver
- Cue to use adaptive equipment
- Disease/symptoms interfere with performing task
- Has good upper body strength
- Maintain contact until steady
- Motivated
- Talk participant through each transfer
- Transfer quickly
- Transfer slowly
- Transfers with some support
- Two-person transfer
- Unable to transfer without assistance
- Unsteady during transfer
- Use a transfer board/pole
- Use mechanical lift and/or ceiling lifts for transfers
- Weight bearing transfer
- Other, Describe preferences for support with transfers: _____
- None

Notes/Comments: Transfers

VII. Bathing

3A. Shower/bathe self: *The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.* ⓘ ⓘ
(Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused



<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy

3B. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:
 Observation Self-report Proxy

3C. Has the level of support the participant needs for bathing varied over the last 30 days? (Shared from LOC)

- No (Skip to Item 3G- Bathing Equipment)
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity



<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: (Shared from LOC)

Observation Self-report Proxy

3D. How frequently has this enhanced support for bathing been needed in the past 30 days? (Shared from LOC)

- 2 or more times per day
- Daily
- 4-6 times per week
- 1-3 times per week
- 3-4 times per month
- 1-2 times per month
- Other, specify frequency of enhanced support for bathing: _____

3E. Approximately how long does each instance of enhanced bathing support last?

(Shared from LOC)

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

3F. Describe the circumstances that result in this additional need for bathing support. (Shared from LOC)

3G. Does the participant have or need any adaptive equipment to assist with bathing?

- No **(Skip bathing equipment table) follow automation instructions after the table**
- Yes




VIII. Bathing Equipment

Bathing Equipment Status

In Use of Device column use the following responses:

- **Assistive device needed and available-** Participant needs this device to complete daily activities and has the device in the home
- **Assistive device needed but current device unsuitable-** Devices is in home but no longer meets participant's needs
- **Assistive device needed but not available-** Participant needs the device but it is not available in the home
- **Participant refused-** Participant chooses not to use needed device

Type of Assistive Device	Use of Device (Drop down) 	Comments/Supplier
Bath bench	Drop Down	
Grab bars	Drop Down	
Hand-held shower	Drop Down	
Hoyer lift	Drop Down	
Walk/wheel-in shower	Drop Down	
Shower chair	Drop Down	
Specialized medical equipment	Drop Down	
Transfer bench	Drop Down	
Other bathing equipment (1) Describe other bathing equipment (1): _____	Drop Down	
Other bathing equipment (2) Describe other bathing equipment (2): _____	Drop Down	

If the participant responded "Independent" or "Age Appropriate Dependence" to Item 3A & 3B AND "No" to Item 3C, skip to "Notes and Comments: Bathing"?

Refers to only questions asked of participant based on age



IX. Bathing-Preferences and Guidance for Workers

3H. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with bathing. Consider age appropriate factors.

- | | |
|--|--|
| <input type="checkbox"/> Able to direct caregiver | <input type="checkbox"/> Prefers bed/sponge baths |
| <input type="checkbox"/> Able to manage his/her own needs | <input type="checkbox"/> Prefers showers |
| <input type="checkbox"/> Afraid of bathing | <input type="checkbox"/> Scald guard for bathtub |
| <input type="checkbox"/> Assist with drying | <input type="checkbox"/> Soak feet |
| <input type="checkbox"/> Bathes self with cueing | <input type="checkbox"/> Special toys |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Standby during bathing |
| <input type="checkbox"/> Cannot be left unattended | <input type="checkbox"/> Transfer in/out of tub/shower |
| <input type="checkbox"/> Cannot feel/judge water temperature | <input type="checkbox"/> Unable to shampoo hair |
| <input type="checkbox"/> Cooperates with caregiver | <input type="checkbox"/> Unable to stand alone |
| <input type="checkbox"/> Disease/symptoms interfere with performing task | <input type="checkbox"/> Use specific products |
| <input type="checkbox"/> Enjoys bathing | <input type="checkbox"/> Wash back, legs, feet |
| <input type="checkbox"/> Female caregiver | <input type="checkbox"/> Weight bearing |
| <input type="checkbox"/> Male caregiver | <input type="checkbox"/> Other, |
| <input type="checkbox"/> Perform skin inspection | <input type="checkbox"/> Describe preferences for support for bathing: _____ |
| <input type="checkbox"/> Prefers baths | <input type="checkbox"/> None |

3I. Is training/skill building needed to increase independence with bathing?

- No
- Yes, describe training/skill building needed around bathing: _____

3J. Notes/Comments: Bathing

X. Dressing



4A. Upper Body Dressing - The ability to put on and remove shirt or pajama top. Includes buttoning, if applicable. ⓘ ⓘ (Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: ⓘ ⓘ (Shared from LOC)
 Observation Self-report Proxy

4B. Lower Body Dressing - The ability to dress and undress below the waist, including fasteners. Does not include footwear. ⓘ ⓘ (Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused



<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)

Observation Self-report Proxy

4C. Putting on/taking off footwear - The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility. (Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)

Observation Self-report Proxy

4D. Has the level of support the participant needs for dressing varied over the last 30 days? (Shared from LOC)

No (Skip to Item 4H- Dressing Equipment)

Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity



<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: (S) (Shared from LOC)

Observation Self-report Proxy

4E. How frequently has this enhanced support for dressing been needed in the past 30 days? (S) (Shared w/LOC)

- 2 or more times per day
- Daily
- 4-6 times per week
- 1-3 times per week
- 3-4 times per month
- 1-2 times per month
- Other, specify frequency of enhanced support for dressing: _____

4F. Approximately how long does each instance of enhanced dressing support last? (S) (Shared from LOC)

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

4G. Describe the circumstances that result in this additional need for dressing support. (S) (Shared from LOC)

4H. Does the participant have or need any equipment or devices to assist with dressing? (S) (Shared from LOC)

- No (Skip dressing equipment table) follow automation instructions after the table
- Yes



XI. Dressing Equipment

Dressing Equipment Status

In Use of Device column use the following responses:

- **Assistive device needed and available-** Participant needs this device to complete daily activities and has the device in the home
- **Assistive device needed but current device unsuitable-** Devices is in home but no longer meets participant's needs
- **Assistive device needed but not available-** Participant needs the device but it is not available in the home
- **Participant refused-** Participant chooses not to use needed device

Type of Assistive Device	Use of Device (Drop down) ↕	Comments/ Supplier
Adapted clothing	Drop Down	
Button hook	Drop Down	
Elastic shoelaces	Drop Down	
Helmet	Drop Down	
Orthotics/Brace	Drop Down	
Prosthesis	Drop Down	
Protective gear	Drop Down	
Reacher/grabber	Drop Down	
Sock aid	Drop Down	
Specialized medical equipment	Drop Down	
TED hose	Drop Down	
AFOs	Drop Down	
Correct lighting	Drop Down	
Other dressing equipment (1) Describe other dressing equipment (1) status: _____	Drop Down	
Other dressing equipment (2) Describe other dressing equipment (2) status: _____	Drop Down	

If the participant responded to items 4A, B and C as "Independent" or "Age Appropriate Dependence" AND 4D as "No" skip to "Notes and Comments: Dressing".

Refers to only questions asked of participant based on age

XII. Dressing-Preferences and Guidance for Workers



4I. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with dressing. Consider age appropriate factors.

- Able to direct caregiver
- Behavioral issues
- Cannot button clothing
- Cannot lift arms
- Cannot put on shoes/socks
- Changes clothes multiple times daily
- Cooperates with caregiver
- Disease/symptoms interfere with performing task
- Dress participant’s lower body
- Dress participant’s upper body
- Female caregiver
- Gets dressed with cueing
- Help select appropriate, clean, and/or matching clothes
- Label/organize clothing by color, style, etc.
- Loose clothing
- Male caregiver
- Manage his/her own need
- Motivated
- Prefers slip on shoes
- Prefers to choose own clothes
- Prefers to wear same clothing daily
- Unable to tie
- Unable to undress independently
- Unable to zip
- Uses assistive device
- Velcro closures
- Will wear dirty clothes
- Worker put on/take off footwear
- Worker put on/take off sock/TED hose
- Other, Describe preferences for support when dressing: _____
- None

4J. Is training/skill building needed to increase independence with dressing?

- No
- Yes, describe training/skill building needed around dressing: _____

4K. Notes/Comments: Dressing

XIII. Toileting

5A. Toilet hygiene-*The ability to maintain perineal/feminine hygiene, adjust clothes before and after using toilet, commode, bedpan, urinal. If managing ostomy, include wiping opening but not managing equipment.* ⓘ (Shared from LOC)

Last 3 Days	Performance Level
--------------------	--------------------------



<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy

5B. Toilet Transfer: The ability to safely get on and off a toilet or commode. !

(Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy



5C. Menses Care- Able to use tampons, sanitary napkins, or other menses care items; wash hands after changing tampons or sanitary napkins; change tampons or sanitary napkins as required to keep the blood from soaking through clothes; and properly dispose of tampons or sanitary napkins. ⓘ ⓘ (Shared from LOC)

Last 30 Days Note: only ADL item that uses last 30 days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: ⓘ ⓘ (Shared from LOC)

- Observation Self-report Proxy

5D. Has the level of support the participant needs for toileting varied over the last 30 days? ⓘ ⓘ (Shared from LOC)

No (Skip to Item 5H- Toileting Equipment)

Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently



<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy

5E. How frequently has this enhanced support for toileting been needed in the past 30 days? (Shared from LOC)

- 2 or more times per day
- Daily
- 4-6 times per week
- 1-3 times per week
- 3-4 times per month
- 1-2 times per month
- Other, specify frequency of enhanced support for toileting: _____

5F. Approximately how long does each instance of enhanced toileting support last? (Shared from LOC)

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

5G. Describe the circumstances that result in this additional need for toileting support. (Shared from LOC)

5H. Does the participant have or need any equipment or devices to assist with toileting?

- No (Skip toileting equipment table) follow automation instructions after the table
- Yes

XIV. Toileting Equipment



Toileting Equipment Status

In Use of Device column use the following responses:

- **Assistive device needed and available-** Participant needs this device to complete daily activities and has the device in the home
- **Assistive device needed but current device unsuitable-** Devices is in home but no longer meets participant's needs
- **Assistive device needed but not available-** Participant needs the device but it is not available in the home
- **Participant refused-** Participant chooses not to use needed device

Type of Assistive Device	Use of Device (Drop down)	Comments/Supplier
Barrier cream	Drop Down	
Bed pad	Drop Down	
Incontinence briefs/pads	Drop Down	
Colostomy bag	Drop Down	
Commode chair	Drop Down	
Disinfectant spray	Drop Down	
External catheter	Drop Down	
Gloves	Drop Down	
Grab bars	Drop Down	
Ileostomy bag	Drop Down	
Internal catheter	Drop Down	
Mattress cover	Drop Down	
Raised toilet seat	Drop Down	
Specialized medical equipment	Drop Down	
Urinal	Drop Down	
Other toileting equipment (1) Describe other toileting equipment (1) status: _____	Drop Down	
Other toileting equipment (2) Describe other toileting equipment (2) status: _____	Drop Down	

If the participant answered items 5A and B as "Independent" or "Age Appropriate Dependence" AND 5C as "Independent" or "Age Appropriate



Dependence” or “Not Applicable”, AND 5D as “No”, skip to Item 5K-Frequency of Bladder Incontinence.

XV. Toileting-Preferences and Guidance for Workers

5I. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her to stay dry and clean. Consider age appropriate factors.

- | | |
|---|--|
| <input type="checkbox"/> Able to use incontinence products | <input type="checkbox"/> Needs reminders to use/change feminine hygiene products |
| <input type="checkbox"/> Assists caregiver with transfer | <input type="checkbox"/> Pads/briefs when going out |
| <input type="checkbox"/> Aware of need to use toilet | <input type="checkbox"/> Painful urination |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Refuses to use pads/briefs |
| <input type="checkbox"/> Bed pan only | <input type="checkbox"/> Specific products |
| <input type="checkbox"/> Bowel/bladder program | <input type="checkbox"/> Prefers bedside commode |
| <input type="checkbox"/> Can toilet with cueing | <input type="checkbox"/> Prefers feminine hygiene pads/sanitary napkins |
| <input type="checkbox"/> Cannot always find bathroom | <input type="checkbox"/> Prefers tampons |
| <input type="checkbox"/> Cannot change incontinence pads | <input type="checkbox"/> Prefers urinal |
| <input type="checkbox"/> Cannot do own peri care | <input type="checkbox"/> Unaware of need |
| <input type="checkbox"/> Cannot empty ostomy/catheter bag | <input type="checkbox"/> Use condom catheter as needed |
| <input type="checkbox"/> Cooperates with caregiver | <input type="checkbox"/> Wets/soils bed/furniture |
| <input type="checkbox"/> Does not need assistance at night | <input type="checkbox"/> Workers change pads as needed |
| <input type="checkbox"/> Experiences urgency | <input type="checkbox"/> Other, |
| <input type="checkbox"/> Female caregiver | Describe preferences for support |
| <input type="checkbox"/> Knows how to use feminine hygiene products | in staying dry and clean: _____ |
| <input type="checkbox"/> Male caregiver | <input type="checkbox"/> None |
| <input type="checkbox"/> Manages his/her own need | |

5J. Is training/skill building needed to increase independence with toileting?

- No
- Yes, describe training/skill building needed around toileting: _____



5K. Indicate the frequency of bladder incontinence:

- | | |
|---|--|
| <input type="radio"/> Continent (no documented incontinence) (Skip to Item 5N-Frequency of bowel incontinence) | <input type="radio"/> Incontinent less than daily |
| <input type="radio"/> Continent due to existing support/program | <input type="radio"/> Incontinent daily (at least once a day) |
| <input type="radio"/> Stress incontinence only- bladder (e.g., when coughing or jumping) | <input type="radio"/> Always incontinent |
| | <input type="radio"/> No urine output (e.g., renal failure) |
| | <input type="radio"/> Not applicable (e.g., indwelling catheter) |

Scoring based on:



Observation Self-report Proxy



5L. Does the participant require assistance with managing equipment related to bladder incontinence (e.g., urinal, bedpan, indwelling catheter, intermittent catheterization, incontinence pads/ undergarments) ?  

(Shared from LOC)

- Yes
- No
- N/A - Does not use equipment

Scoring based on:  **(Shared from LOC)**

Observation Self-report Proxy

5M. Is a bladder program (e.g., scheduled toileting or prompted voiding) currently being used to manage the participant's urinary continence?  

(Shared from LOC)



- Yes
- No

5N. Indicate the frequency of bowel incontinence:

- Continent (no documented incontinence) **(Skip to Notes and Comments: Toileting)**
- Continent due to existing support/program
- Incontinent less than daily
- Incontinent daily (at least once a day)
- Always incontinent
- No bowel output
- Not applicable (e.g., indwelling catheter)

Scoring based on:

Observation Self-report Proxy

5O. Does the participant require assistance with managing equipment related to bowel incontinence (e.g., ostomy, incontinence pads/ undergarments)?  

(Shared from LOC)

- Yes
- No
- N/A - Does not use equipment

Scoring based on:  **(Shared from LOC)**

Observation Self-report Proxy



5P. Is a bowel program currently being used to manage the participant's bowel continence? (Shared from LOC)

- Yes
- No

5Q. Notes/Comments: Toileting

XVI. Eating

6A. Eating - The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. This includes modified food consistency. (Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy

6B. Cutting food-The ability to use suitable utensils to cut food once meal is presented on a table/tray.



Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper.
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age.
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity.
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

6C. Does the participant need a modified diet because of a concern about choking or aspirating? ⓘ

- No
- Yes, type of modified diet:
- Soft/pureed food
 - Thickened liquids/foods
 - Moistening dry foods
 - Cut food into small pieces
 - Other diet modification for choking/aspirating: _____

Scoring based on:

- Observation Self-report Proxy

6D. Does the participant exhibit conditions/diagnoses, behaviors, or symptoms that may cause choking or aspirating? ⓘ

- No
- Yes, conditions/diagnoses, behaviors, or symptoms that may cause choking or aspirating:
- Coughing during meals
 - Holding food in mouth/cheeks
 - Difficulty or pain swallowing
 - Other condition, behavior, or symptom around choking/aspirating: _____

Scoring based on:



Observation Self-report Proxy

6E. Tube feeding - The ability to manage all equipment/supplies related to obtaining nutrition.

(Shared from LOC)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared from LOC)

Observation Self-report Proxy

6F. Has the level of support the participant needs for eating varied over the last 30 days? (Shared from LOC)

No **(Skip to Item 6J- Eating Equipment)**

Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort



<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: (Shared from LOC)
 Observation Self-report Proxy

6G. How frequently has this enhanced support for eating been needed in the past 30 days? (Shared from LOC)

- 2 or more times per day
- Daily
- 4-6 times per week
- 1-3 times per week
- 3-4 times per month
- 1-2 times per month
- Other, specify frequency of enhanced support for eating: _____

6H. Approximately how long does each instance of enhanced eating support last?

(Shared from LOC)

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

6I. Describe the circumstances that result in this additional need for eating support .

(Shared from LOC)

6J. Does the participant have or need any adaptive equipment to assist with eating?

- No **(Skip eating equipment table) follow automation instructions after the table**
- Yes

XVII. Eating Equipment

Eating Equipment Status

In Use of Device column use the following responses:

- **Assistive device needed and available-** Participant needs this device to complete daily activities and has the device in the home



- **Assistive device needed but current device unsuitable-** *Devices is in home but no longer meets participant's needs*
- **Assistive device needed but not available-** *Participant needs the device but it is not available in the home*
- **Participant refused-** *Participant chooses not to use needed device*

Type of assistive device	Use of Device (Drop down)	Comments/Supplier
Adapted cup	Drop Down	
Adapted utensils	Drop Down	
Dentures	Drop Down	
Non-slip mat	Drop Down	
Gastrostomy tube	Drop Down	
Parenteral/IV feeding	Drop Down	
Jejunostomy tube	Drop Down	
Mechanically altered diet	Drop Down	
Nasogastric or abdominal feeding tube (PEG)	Drop Down	
Plate guard	Drop Down	
Straw	Drop Down	
Therapeutic diet	Drop Down	
Other eating equipment (1) Describe other eating equipment (1) status: _____	Drop Down	
Other eating equipment (2) Describe other eating equipment (2) status: _____	Drop Down	

If the participant responded "Independent" or "Age Appropriate Dependence" to Items 6A AND 6B; "No" to Items 6C AND 6D; "Independent", "Age Appropriate Dependence", or "Not Applicable" to Item 6E AND "No" to item 6F, skip to "Notes and Comments: Personal Hygiene"

Refers to only questions asked of participant based on age



XVIII. Eating-Preferences and Guidance for Workers

6K. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with eating. Consider age appropriate factors.

- | | |
|--|---|
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Monitor liquids |
| <input type="checkbox"/> Bland diet | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Cannot cut food | <input type="checkbox"/> Mouth pain |
| <input type="checkbox"/> Chewing problem | <input type="checkbox"/> Plate to mouth assistance needed |
| <input type="checkbox"/> Choking problem | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Cold food | <input type="checkbox"/> Problems with taste |
| <input type="checkbox"/> Cooperates with caregivers | <input type="checkbox"/> Provide cues |
| <input type="checkbox"/> Cut food into small pieces | <input type="checkbox"/> Scalding alert |
| <input type="checkbox"/> Disease/symptoms interfere with performing task | <input type="checkbox"/> Only eats specific foods |
| <input type="checkbox"/> Eats alone | <input type="checkbox"/> Small portions |
| <input type="checkbox"/> Eats with others present | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Finger foods | <input type="checkbox"/> Soft/pureed foods |
| <input type="checkbox"/> Has a good appetite | <input type="checkbox"/> Swallowing problems |
| <input type="checkbox"/> Hot food | <input type="checkbox"/> Uses dentures |
| <input type="checkbox"/> Independent with equipment/adaptations | <input type="checkbox"/> Uses own recipes |
| <input type="checkbox"/> Large portions | <input type="checkbox"/> Other, |
| <input type="checkbox"/> Manages own tube feeding | Describe preferences for support eating: _____ |
| | <input type="checkbox"/> None |

6L. Is training/skill building needed to increase independence with eating?

- No
- Yes, describe training/skill building needed around eat: _____

6M. Notes/Comments: Eating

XIX. Personal Hygiene



7A. Does the participant have unusually poor or neglected hygiene? ⚠️ (This item should not be asked to the participant and should only be responded to by assessors.)

- No
- Yes, due to support needs
- Yes, not due to support needs

7B. Oral Hygiene – The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth and manage equipment for soaking and rinsing them.] ⚠️

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

7C. Personal Hygiene- The ability to manage personal hygiene, including combing hair, shaving, applying makeup, trimming nails, applying deodorant, and washing and drying face and hands. DOES NOT include bathing, washing upper body, or oral hygiene. ⚠️

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity



<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

7D. Has the level of support the participant needs for hygiene varied over the last 30 days? ⓘ

- No (Skip items 7E-7G: 7E. How frequently has this enhanced support for hygiene been needed in the past 30 days?; 7F. Approximately how long does each instance of enhanced personal hygiene support last?; 7G. Describe the circumstances that result in this additional need for personal hygiene support.) follow automation instructions after item 7G
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy



7E. How frequently has this enhanced support for hygiene been needed in the past 30 days? ⓘ

- 2 or more times per day
- Daily
- 4-6 times per week
- 1-3 times per week
- 3-4 times per month
- 1-2 times per month
- Other, specify frequency of enhanced support for hygiene_____

7F. Approximately how long does each instance of enhanced personal hygiene support last? ⓘ

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

7G. Describe the circumstances that result in this additional need for personal hygiene support. ⓘ

If the participant responded "Independent" or "Age Appropriate Dependence" to items 7B & 7C AND "No" to 7D, skip to "Notes and Comments: Personal Hygiene".
Refers to only questions asked of participant based on age

XX. Personal Hygiene-Preferences and Guidance to Workers

7H. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with personal hygiene tasks. Consider age appropriate factors. ⓘ

- | | |
|---|--|
| <input type="checkbox"/> Able to apply make-up, lotions, etc. | <input type="checkbox"/> Cannot raise arms |
| <input type="checkbox"/> Able to brush/comb hair | <input type="checkbox"/> Cooperates with caregivers |
| <input type="checkbox"/> Able to trim nails | <input type="checkbox"/> Female caregiver |
| <input type="checkbox"/> Assistance before bedtime | <input type="checkbox"/> Hair done in a salon |
| <input type="checkbox"/> Assistance in the morning | <input type="checkbox"/> Male caregiver |
| <input type="checkbox"/> Aware of grooming needs | <input type="checkbox"/> Needs reminders to brush teeth |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Prefers disposable razor |
| <input type="checkbox"/> Can shave him/herself | <input type="checkbox"/> Prefers electric razor |
| <input type="checkbox"/> Can brush teeth | <input type="checkbox"/> Using a specific type of toothbrush |
| <input type="checkbox"/> Can brush or setup denture cleaning | <input type="checkbox"/> Using a specific type of toothpaste |
| <input type="checkbox"/> Can place dentures in mouth | |



- Using a specific type of denture treatment
- Other,

Describe preferences for support with personal hygiene tasks: _____
 None

7I. Is training/skill building needed to increase independence with personal hygiene?

- No
- Yes, describe training/skill building needed around personal hygiene: _____

7J. Notes/Comments: Personal Hygiene

2. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

I. Meal Preparation

1A. Make a light cold meal - The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and a sandwich and cold drink.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation
- Self-report
- Proxy



1B. Make a light hot meal - The ability to plan and prepare all aspects of a light hot meal such as heating a bowl of soup and reheating a prepared meal. ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

1C. Has the level of support the participant needs for meal preparation varied over the last 30 days? ⓘ

- No **(Skip items 1D-1F) follow automation instructions after item 1F**
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity



<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

1D. How frequently has this enhanced support for meal preparation been needed in the past 30 days? ⓘ

- 2 or more times per day 3-4 times per month Other, specify frequency of enhanced support for meal preparation: _____
 Daily 1-2 times per month
 4-6 times per week
 1-3 times per week

1E. Approximately how long does each instance of enhanced meal preparation support last? ⓘ

- 0-15 minutes 31-45 minutes Greater than 60 minutes
 16-30 minutes 46-60 minutes

1F. Describe the circumstances that result in this additional need for meal preparation support. ⓘ

If the participant responded to items 1A and B as "Independent" or "Age Appropriate Dependence" AND "No" to Item 1C, skip to "Notes and Comments: Meal Prep". Refers to only questions asked of participant based on age

II. Meal Preparation-Preferences and Guidance for Workers

1G. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with meal preparation. Consider age appropriate factors. ⓘ

- | | |
|---|--|
| <input type="checkbox"/> Assists with meals | <input type="checkbox"/> Cannot plan meals |
| <input type="checkbox"/> Aware of food allergies | <input type="checkbox"/> Directs caregiver to prepare meal |
| <input type="checkbox"/> Bland diet | <input type="checkbox"/> Disease/symptoms interfere with performing task |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Does not know how to cook |
| <input type="checkbox"/> Can prepare a simple meal | <input type="checkbox"/> Food allergies |
| <input type="checkbox"/> Can prepare food with cueing | <input type="checkbox"/> Fresh fruits and vegetables |
| <input type="checkbox"/> Can use the microwave | <input type="checkbox"/> Has accessible kitchen |
| <input type="checkbox"/> Cannot cut/peel/chop | |



- Keeps spoiled food
- Kosher diet
- Label/organize food products
- Large portions
- Leaves burners on
- Makes good meal choices
- Make food accessible to participant
- Other religious/ethnic/cultural foods
- Prefers home-cooked meals
- Prefers home delivered meals
- Prepare all meals
- Prepare meals for participant to reheat
- Prepare special diet
- Salt-free foods
- Small portions
- Smaller meals, more than three times per day
- Special diet
- Sugar-free foods
- Supplemental nutrition required (e.g., PediaSure, Ensure)
- Vegan diet
- Vegetarian diet
- Work out a menu with participant
- Other, Describe preferences for support with meal preparation: _____
- None

1H. Is training/skill building needed to increase independence with meal preparation?

- No
- Yes, describe training/skill building needed around meal preparation: _____

1I. Notes/Comments: Meal Preparation

III. Housework

2A. Light daily housework- *The ability to complete light daily housework to maintain a safe home environment such that the participant is not at risk for harm within their home. Examples include wiping counter tops or doing dishes. EXCLUDES doing laundry.*

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity



<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

2B. Heavier periodic housework: The ability to complete heavier periodic housework to maintain a safe home environment such that the participant is not at risk for harm within their home. Examples include vacuuming and cleaning bathroom. EXCLUDES doing laundry. **Only show for participant's age 8 and older** ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy



2C. Laundry- The ability to wash, dry, and fold laundry, including getting to and from the laundry area and carrying a laundry basket. **Only show for participant's age 8 and older** ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

2D. Is the washer and dryer the participant uses for laundry located within his/her residence? **Only show for participant's ages 8 and older** ⓘ

- No
 Yes

2E. Has the level of support the participant needs for housework varied over the last 30 days? ⓘ

- No **(Skip items 2F-2H) follow automation instructions after item 2H**
 Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort



<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

2F. How frequently has this enhanced support for housework been needed in the past 30 days? ⓘ

- 2 or more times per day
 Daily
 4-6 times per week
 1-3 times per week
 3-4 times per month
 1-2 times per month
 Other, describe frequency for enhanced support for housework: _____

2G. Approximately how long does each instance of enhanced housework support last? ⓘ

- 0-15 minutes 31-45 minutes Greater than 60 minutes
 16-30 minutes 46-60 minutes

2H. Describe the circumstances that result in this additional need for housework support. ⓘ

If the participant responded to items 2A, B AND C as "Independent" or "Age Appropriate Dependence" AND Item 2E as "No", skip to "Notes and Comments: Housework"
Refers to only questions asked of participant based on age

IV. Housework-Preferences and Guidance for Workers

2I. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with housework.

Consider age appropriate factors. 📄

- Able to make bed Behavioral issues
 Able to sweep Can do dishes
 Allergies to dust, pollen, etc. Can do light housekeeping



- Can do light laundry
- Can fold clothes
- Can instruct caregiver
- Can take out garbage
- Can wash windows
- Cannot make or change bedding
- Cannot operate washer/dryer
- Cannot see when surfaces need cleaning
- Change/wash linens weekly
- Cue to perform tasks
- Disease/symptoms interfere with performing task
- Staff should dust/vacuum as needed
- Has chemical sensitivities
- Likes a neat house
- Mow lawn as needed
- Shovel snow as needed
- Sweep/mop floors as needed
- Take out garbage
- Unaware of need
- Wants items left where they are
- Other, Describe preferences for support with housework: _____
- None

2J. Is training/skill building needed to increase independence with housework?

- No
- Yes, describe training/skill building needed around housework: _____

2K. Notes/Comments: Housework

V. Telephone Use

3A. Telephone-Answering: The ability to answer call in participant's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort



<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

3B. Telephone-placing call: The ability to place call in participant's customary manner and maintain for 1 minute or longer. Does not include getting to the phone. ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input checked="" type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

3C. Texting- The ability to unlock a cell phone and open, read, create, and respond to a text message. ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input checked="" type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity



<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

3D. Has the level of support the participant needs for telephone use varied over the last 30 days? ⓘ

- No (**Skip items 3E-3G**) (follow automation instructions after item 3G)
 Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

3E. How frequently has this enhanced support for telephone use been needed in the past 30 days? ⓘ

- 2 or more times per day Daily 1-3 times per week
 4-6 times per week



- 3-4 times per month
- 1-2 times per month
- Other, specify frequency of enhanced support _____

for telephone use: _____

3F. Approximately how long does each instance of enhanced telephone use support last?



- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

3G. Describe the circumstances that result in this additional need for telephone use support.

If the participant responded to items 3A and 3B as "Independent" or "Age Appropriate Dependence" and 3C as "Independent", "Age Appropriate Dependence", or "Not Applicable", and Item 3D as "No", skip to "Notes and Comments: Telephone Use"?
Refers to only questions asked of participant based on age

VI. Telephone Use-Preference and Guidance to Workers

3H. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with using the telephone.

Consider age appropriate factors.

- Answer telephone for participant
- Assist with TDD/TTY
- Behavioral issues
- Can take messages
- Can use PERS
- Can use phone book/411 service
- Can use relay service
- Can use speaker phone
- Can dictate text messages
- Cannot dial phone
- Cannot get to phone
- Cannot hear phone ringing
- Cannot unlock cell phone
- Cannot type text messages
- Cannot read text messages
- Difficulty hearing/understanding callers
- Disease/symptoms interfere with performing task
- Leave phone within reach of participant
- No telephone
- Set up speed dial
- Set up voice-activated dialing
- Other, Describe preferences for support with using telephone_____
- None

3I. Is training/skill building needed to increase independence with telephone use?

- No



Yes, describe training/skill building needed around telephone use: _____

3J. Notes/Comments: Telephone Use

VII. Shopping- Only show for ages 10 and older

4A. Light Shopping - Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

4B. Has the level of support the participant needs for shopping varied over the last 30 days?

No **(Skip items 4C-4E) follow automation instructions after item 4E**

Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper



<input type="radio"/>	Age appropriate dependence - <i>The participant requires a level of support consistent with his/her age</i>
<input type="radio"/>	Setup or clean-up assistance – <i>Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i>
<input type="radio"/>	Supervision or touching assistance – <i>Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently</i>
<input type="radio"/>	Partial/moderate assistance – <i>Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort</i>
<input type="radio"/>	Substantial/maximal assistance – <i>Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort</i>
<input type="radio"/>	Dependent – <i>Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity</i>
<input type="radio"/>	Activity not Attempted - <i>Participant refused</i>
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - <i>Participant does not usually do this activity</i>

Scoring based on:

- Observation Self-report Proxy

4C. How frequently has this enhanced support for shopping been needed in the past 30 days? ⓘ

- 2 or more times per day
 Daily
 4-6 times per week
 1-3 times per week
 3-4 times per month
 1-2 times per month
 Other, specify frequency enhanced support for shopping: _____

4D. Approximately how long does each instance of enhanced shopping support last? ⓘ

- 0-15 minutes
 16-30 minutes
 31-45 minutes
 46-60 minutes
 Greater than 60 minutes

4E. Describe the circumstances that result in this additional need for shopping support. ⓘ

If the participant responded "Independent" or "Age Appropriate Dependence" to 4A AND "No" to 4B, skip to "Notes and Comments: Shopping"
Refers to only questions asked of participant based on age

VIII. Shopping-Preferences and Guidance for Workers

4F. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with shopping. Consider age appropriate factors. ⓘ



- Able to arrange transportation
- Able to budget income and expenses
- Able to communicate with store personnel
- Arrange to have groceries delivered
- Behavioral issues
- Can carry small items
- Can navigate within the store
- Can see/identify/locate needed items
- Cannot carry heavy items
- Cannot reach items
- Cannot read labels
- Cannot shop online
- Disease/symptoms interfere with performing task
- Do all shopping for participant
- Guide participant within store, find items
- Help participant make grocery list
- Label items
- Prefers specialty items
- Prefers to shop at a specific store
- Read labels to participant
- Shops weekly
- Staff put items away
- Take participant to store
- Use coupons
- Other, _____
Describe preferences for support with shopping: _____
- None

4G. Is training/skill building needed to increase independence with shopping?

- No
- Yes, describe training/skill building needed around shopping: _____

4H. Notes/Comments: Shopping

IX. Financial (Money) Management

5A. Simple financial management: *The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, and/or using a debit or credit card.* **Only show for ages 8 and older**

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age



<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

5B. Complex financial management: The ability to complete financial decision-making such as budgeting, balancing a checking/banking account, online/mobile bill pay, online or in-person banking, and remembering to pay bills. **Only show for ages 18 and older**

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy



5C. Has the level of support the participant needs for financial management varied over the last 30 days? ⓘ

- No **(Skip items 5D-5F) (Follow automation instructions after item 5F)**
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

5D. How frequently has this enhanced support for financial management been needed in the past 30 days? ⓘ

- 2 or more times per day
 - Daily
 - 4-6 times per week
 - 1-3 times per week
 - 3-4 times per month
 - 1-2 times per month
 - Other, specify frequency of _____
- enhanced support for financial management: _____

5E. Approximately how long does each instance of enhanced financial management support last? ⓘ

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

5F. Describe the circumstances that result in this additional need for financial management support. ⓘ



If the participant responded "Independent" or "Age Appropriate Dependence" to items 5A AND B AND "No" to Item 5C, skip to "Item 5I- Have rep payee"?
Refers to only questions asked of participant based on age

X. Financial (Money) Management-Preferences and Guidance for Workers

5G. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with financial management. Consider age appropriate factors.

- | | |
|--|--|
| <input type="checkbox"/> Arrange credit counseling | <input type="checkbox"/> Has guardian |
| <input type="checkbox"/> Balance checkbook monthly | <input type="checkbox"/> Has POA |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Has conservator |
| <input type="checkbox"/> Can use EBT card | <input type="checkbox"/> Needs POA |
| <input type="checkbox"/> Can use debit card | <input type="checkbox"/> Hides money |
| <input type="checkbox"/> Can write checks and pay bills | <input type="checkbox"/> Pay bills for participant |
| <input type="checkbox"/> Cannot see/read bills or account information | <input type="checkbox"/> Setup automatic payment plan |
| <input type="checkbox"/> Contact POA regarding finance issues | <input type="checkbox"/> Needs assistive/adaptive equipment to see paperwork |
| <input type="checkbox"/> Difficulty keeping up with paperwork to maintain eligibility for health care and other benefits | <input type="checkbox"/> Set up budget for participant |
| <input type="checkbox"/> Difficulty differentiating between needs /wants | <input type="checkbox"/> Set up utility payment plan |
| <input type="checkbox"/> Disease/symptoms interfere with performing task | <input type="checkbox"/> Vulnerable to financial exploitation |
| <input type="checkbox"/> Has direct deposit | <input type="checkbox"/> Will not pay bills |
| | <input type="checkbox"/> Other,
Describe preferences for support with financial management: _____ |
| | <input type="checkbox"/> None |

5H. Is training/skill building needed to increase independence with financial management?

- No
- Yes, describe training/skill building needed around financial management: _____

5I. Does the participant have a representative payee?

- No **(Skip to Notes and Comments: Money Management)**
- Yes



5J. I would like to be my own payee. Being your own payee means that you are responsible for receiving money, such as supplemental security income (SSI) benefits, and paying bills, such as rent and utilities. ⓘ

- No
- Yes, check all that apply:
 - Develop plan to transition payee ship
 - Scheduled meeting at Social Security
 - Develop plan for client to learn the skills to become own payee
 - Change payee ship prior to discharge
 - Establish plan for client to receive check
- Unknown

5K. Participant would like to have a different representative payee. ⓘ

- No
- Yes, identify individual and whether they have been consulted: _____
- Unknown

5L. Notes/Comments: Money Management

XI. Technology

6A. Managing and using technology: The ability to use and manage technology, including computers and tablets. Includes the ability to access the Internet. ⓘ

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort



<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

6B. Has the level of support the participant needs for using technology varied over the last 30 days? ⓘ

- No **(Skip items 6C-6E) (Follow automation instructions after item 6E)**
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

6C. How frequently has this enhanced support for using technology been needed in the past 30 days? ⓘ

- | | | |
|---|---|--|
| <input type="radio"/> 2 or more times per day | <input type="radio"/> 1-3 times per week | <input type="radio"/> 1-2 times per month |
| <input type="radio"/> Daily | <input type="radio"/> 3-4 times per month | <input type="radio"/> Other, specify frequency of enhanced support for using technology: _____ |
| <input type="radio"/> 4-6 times per week | | |



6D. Approximately how long does each instance of enhanced technology support last? ⓘ

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

6E. Describe the circumstances that result in this additional need for technology support. ⓘ

If the participant responded "Independent" or "Age Appropriate Dependence" to 6A AND "No" to 6B, skip to "Notes and Comments: Managing and using technology"
Refers to only questions asked of participant based on age

XII. Technology-Preferences and Guidance for Workers

6F. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with managing and using technology. Consider age appropriate factors: ⓘ

- | | |
|---|---|
| <input type="checkbox"/> Can use tablet (e.g., iPad) | <input type="checkbox"/> Does not like others to use device |
| <input type="checkbox"/> Can use computer | <input type="checkbox"/> Other, |
| <input type="checkbox"/> Can access the internet where available | Describe preferences for support with |
| <input type="checkbox"/> Can use a mouse or other remote operating device | managing and using technology: |
| <input type="checkbox"/> Able to use device for work/school | _____ |
| <input type="checkbox"/> Needs specific support in using the device (e.g., turning on, open specific application, charging) | <input type="checkbox"/> None |

6G. Is training/skill building needed to increase independence with using technology?

- No
- Yes, describe training/skill building needed around using technology: _____

6H. Notes/Comments: Managing and using technology



XIII. Transportation

7A. The participant uses the following for transportation:

- Drives self- [Show Item 7B](#)
- Public transportation- [Show Item 7C](#)
- Transportation provided by others- [Show Item 7D](#)
- None ([Skip to Item 7E- Support Needs Varied past 30 days](#))

7B. Driving self: Including the ability to access and navigate the participant’s personal vehicle, such as a car or van.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

7C. Public Transportation: Including navigating public transit system and paying fares. This includes buses and light rail.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity



<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

7D. Arranges Transportation Provided by Other: Ability to understand when transportation is needed, contact and schedule with others for transportation, and navigating to and from the vehicle. This includes paratransit, pre-scheduled taxis, ride sharing services such as Uber or Lyft, and transportation provided by others, such as family members.

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy



7E. Has the level of support the participant needs for transportation varied over the last 30 days? ⓘ

- No **(Skip items 7F-7H) (Follow automation instructions after item 7H)**
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on:

- Observation Self-report Proxy

7F. How frequently has this enhanced support for transportation been needed in the past 30 days? ⓘ

- 2 or more times per day
- Daily
- 4-6 times per week
- 1-3 times per week
- 3-4 times per month
- 1-2 times per month
- Other, specify enhanced support for transportation: _____

7G. Approximately how long does each instance of enhanced transportation support last? ⓘ

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

7H. Describe the circumstances that result in this additional need for transportation support. ⓘ



If response to Item 7A is NOT "None" AND responses of "Independent" or "Age Appropriate Dependence" were indicated to ALL OF items 7B-7D asked of the participant AND "No" to 7E, skip to "Notes and Comments: Transportation"
Refers to only questions asked of participant based on age

XIV. Transportation-Preferences and Guidance for Workers

7I. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her with transportation.

Consider age appropriate factors:

- | | |
|--|---|
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Orientation and mobility instruction |
| <input type="checkbox"/> Difficult to transfer | <input type="checkbox"/> Training for fixed-route bus |
| <input type="checkbox"/> Difficulty communicating with drivers | <input type="checkbox"/> Travel training |
| <input type="checkbox"/> Disease/symptoms interfere with performing task | <input type="checkbox"/> Unable to arrange own transportation |
| <input type="checkbox"/> Needs escort if public transportation is used | <input type="checkbox"/> Will not ride a bus |
| <input type="checkbox"/> Needs to take walker/ wheelchair | <input type="checkbox"/> Other,
Describe preference for support with transportation: _____ |
| <input type="checkbox"/> Needs to use vehicle with lift | <input type="checkbox"/> None |
| <input type="checkbox"/> No car | |

7J. Is training/skill building needed to increase independence with transportation?

- No
- Yes, describe training/skill building needed around transportation: _____

7K. Notes/Comments: Transportation