

Response Code/Lever Cheat Sheet

ADL (FASI) Responses

- **Independent** - Participant completes the activity by him/herself with no assistance from helper.
- **Age appropriate dependence**- The participant requires a level of support consistent with his/her age.
- **Setup or clean-up assistance** - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.
- **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.
- **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.
- **Substantial/maximal assistance** - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **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.
- **Activity not Attempted**- Participant refused

Outfit for Weather

- No impairment
- Age appropriate difficulty/dependence
- Mildly impaired: Demonstrates some difficulty
- Moderately impaired: Demonstrates marked difficulty
- Severely impaired: Demonstrates extreme difficulty

Clean After Toilet & Toilet Environment

- Never
- Daily
- Weekly
- Monthly or less

Yes/No Responses- Use Wheelchair

- Yes
- No, but walking is indicated in the future
- No, and walking is not indicated

Type of Wheelchair

- Manual
- Motorized wheelchair/scooter

Behavior Issues

- No history and no concern about this behavior/Behavior is present but is consistent with chronological age
- Has history, no symptoms or interventions in past year, no concern about reoccurrence (describe history)
- Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (describe history and concerns)
- Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age

Behavior Frequency

- 1) Less than monthly to once per month - Intervention occurs once per month or less. This option may also indicate that the behavior is intermittent and/or cyclical
- 2) More than once per month and up to weekly - Intervention occurs twice or more per month, up to once per week
- 3) More than once per week and up to daily - Intervention occurs twice or more per week, up to once per day
- 4) 2+ times per day (at least 5 days per week) - Intervention occurs 2 or more times per day, at least 5 days per week

Behavior Reoccurrence

- Behavior would almost certainly reoccur
- Very likely
- Likely
- Unlikely
- Highly unlikely
- Not sure
- Not currently receiving services

Mem/Cog Issues

- No impairment
- Age appropriate difficulty/dependence
- Mildly impaired: Demonstrates some difficulty
- Moderately impaired: Demonstrates marked difficulty
- Severely impaired: Demonstrates extreme difficulty
- Impairment present, unable to determine degree of impairment
- Unable to answer

Express Needs/Ideas

- Expresses complex messages without difficulty
- Age appropriate difficulty/dependence
- Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts)
- Frequently exhibits difficulty with expressing needs and idea
- Rarely/never expresses self
- Unable to assess
- Unknown