



## HOW OFTEN EACH WEEK...

Less than once a week

Once or twice a week

3 to 5 times a week

More than 5 times a week

One-time evaluation



## HOW LONG A PERIOD...

Less than 1 week

1 to 3 weeks

4 to 8 weeks

More than 8 weeks but not the whole  
time

About the whole time



## **OTHER CERTIFIED OR LICENSED HEALTH CARE PROVIDERS**

Audiologist

Dietician

Laboratory Technician

Nurse Practitioner

Ophthalmologist

Optometrist

Physicians Assistant

Recreational Therapist

Registered Nurse

Social Worker

X-ray Technician

Other



# **SUPPLIES AND MEDICAL SERVICES**

Ambulance service

Cloth diapers

Diabetic equipment or supplies

Disposable diapers

Equipment or supplies for kidney dialysis

Eye glasses or contact lenses

Hearing aid or other communication device

Orthopedic items

Ostomy supplies

Oxygen

Prosthesis

None of the above



## **OTHER MEDICAL DEVICE OR EQUIPMENT**

Bedside Commode

Bed Pads (cloth or disposable)

Catheter and catheter supplies

Feeding supplies (include pumps,  
syringes, tubes)

G tube and supplies

Geri chair

Hospital bed

IV supplies

Nebulizer

Special mattress, cushions or mattress  
pads (include egg crate, air)

Suction machine and supplies

TED hose and Supplies

Wheelchair/Walker

Some other type of device or equipment

None of the above

5/1/12



## **OTHER NECESSARY MEDICAL ITEMS OR SERVICES**

Applying/changing dressings including band-aids

Applying/monitoring hot packs

Catheterization and irrigation

Feeding (with spoon, syringe, pump or other device)

G tube use and care

Incontinence

IV use and care

Pacemaker check

Skin treatments for prevention/treatment of skin ulcers

Some other kind of item or service

Suctioning

None of the above