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By checking this box, I certify that:

- I reviewed the consent form (and assent form when required) with the person and/or their Legally Authorized Representative (LAR) and gave them the opportunity to ask questions,
- the person was cognitively competent to provide informed consent (if the person does not have an LAR),
- or the person, or their LAR, provided informed consent by signing the form (and the person gave assent when required),
- I have provided the person, or their LAR, with a signed copy of the consent (or assent form when required), and
- I have retained another copy of the signed consent (and assent form when required) that I have securely stored at my assessment entity.

I further certify, to the best of my knowledge, the information I have recorded in this assessment:

- was collected only after the person, or their LAR, provided informed consent/assent,
- was collected in accordance with the guidelines provided by CMS for participation in this TEFT FASI Testing project,
- is an accurate and truthful reflection of assessment information for this person, and
- was entered accurately.

CMS-10243

OMB 0938-1037

Expiration Date: TBD

**Testing Experience and Functional Tools (TEFT)**  
**Functional Assessment Standardized Items (FASI)**

**Please Complete All Items on Each Page**

<b>SECTION A</b>	<b>Identification Information</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>1. Recipient Study ID Number</b> <i>State ID and observation number</i>
<input type="text"/> <input type="text"/>	<b>2. Assessor ID Number</b> <i>Assessor assigned number</i>

**Section B**      **Functional Abilities and Goals**

**Self-Care**

**Form Instructions:**

Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code their **most dependent** performance in **Column B**. If the person's self-care performance was **unchanged** during the **past month**, column B should be coded the same as column A. *If the activity was not attempted, code the reason.*

*Please complete the Self-Care Priorities section at the bottom of this page.*

**CODING:**

**Safety and Quality of Performance** – If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** – Person completes the activity by him/herself with no assistance from a helper.

05. **Setup or cleanup assistance** – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.

03. **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.

02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.

**If activity was not attempted, code reason:**

07. **Person refused.**

09. **Not applicable** – Person does not usually do this activity.

88. Not attempted due to **short-term medical condition or safety concerns.**

**Performance Level  
Enter Codes in Boxes**

**A  
Usual**

**B  
Most  
Dependent**

 
 

**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. Includes modified food consistency.

 
 

**6b. 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.]

 
 

**6c. Toileting hygiene:** The ability to maintain perineal/feminine hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening but not managing equipment.

 
 

**6d. Wash upper body:** The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

 
 

**6e. 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.

 
 

**6f. Upper body dressing:** The ability to put on and remove shirt or pajama top; includes buttoning, if applicable.

 
 

**6g. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.

 
 

**6h. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility.

**Self-Care Priorities:** Please indicate your top two priorities in the area of self-care for the next six months.

1. \_\_\_\_\_

2. \_\_\_\_\_

Section B		Functional Abilities and Goals		
<b>Mobility (Bed mobility and transfers)</b>				
<b>Form Instructions:</b> Code the person's <b>usual</b> performance during the <b>past 3 days</b> using the 6-point scale in <b>Column A</b> . If the person's performance <b>changed</b> during the <b>past month</b> , also code their <b>most dependent</b> performance in <b>Column B</b> . If the person's transfer/bed mobility performance was <b>unchanged</b> during the <b>past month</b> , column B should be coded the same as column A. <i>If the activity was not attempted</i> , code the reason.				
<b>CODING:</b>  <b>Safety and Quality of Performance</b> – If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>  06. <b>Independent</b> – Person completes the activity by him/herself with no assistance from a helper. 05. <b>Setup or cleanup assistance</b> – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity. 04. <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently. 03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. <b>Dependent</b> – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.  <b>If activity was not attempted, code reason:</b> 07. <b>Person refused</b> 09. <b>Not applicable</b> – Person does not usually do this activity 88. Not attempted due to <b>short term medical condition or safety concerns</b>	<b>Performance Level</b> <b>Enter Codes in Boxes</b>			
		<b>A</b> <b>Usual</b>	<b>B</b> <b>Most Dependent</b>	
		<input type="text"/>	<input type="text"/>	<b>7a. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back.
		<input type="text"/>	<input type="text"/>	<b>7b. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
		<input type="text"/>	<input type="text"/>	<b>7c. Lying to sitting on side of bed:</b> The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
		<input type="text"/>	<input type="text"/>	<b>7d. Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
		<input type="text"/>	<input type="text"/>	<b>7e. Chair/bed-to-chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).
		<input type="text"/>	<input type="text"/>	<b>7f. Toilet transfer:</b> The ability to safely get on and off a toilet or commode.
		<input type="text"/>	<input type="text"/>	<b>7g. Car transfer:</b> 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.

**Section B      Functional Abilities and Goals**

**Mobility (Ambulation)**

**Form Instructions:**

Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code their **most dependent** performance in **Column B**. If the person's ambulation mobility performance was **unchanged** during the **past month**, column B should be coded the same as column A. *If the activity was not attempted, code the reason.*

**CODING:**

**Safety and Quality of Performance** – If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** – Person completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or cleanup assistance** – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **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.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.

**If activity was not attempted, code reason:**

- 07. **Person refused.**
- 09. **Not applicable** – Person does not usually do this activity.
- 88. **Not attempted due to short-term medical condition or safety concerns.**

<b>8. Does the person walk?</b>		
<input type="checkbox"/>		<ul style="list-style-type: none"> <li>0. <b>Yes</b> – Continue to question 8a.</li> <li>1. <b>No</b>, but walking is indicated in the future – skip to question 9.</li> <li>2. <b>No</b>, and walking is not indicated – skip to question 9.</li> </ul>
<b>Performance Level Enter Codes in Boxes</b>		
<b>A Usual</b>	<b>B Most Dependent</b>	
<input type="text"/>	<input type="text"/>	<b>8a. Walks 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
<input type="text"/>	<input type="text"/>	<b>8b. Walks 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>8c. Walks 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	<b>8d. Walks 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
<input type="text"/>	<input type="text"/>	<b>8e. 1 step (curb):</b> The ability to step over a curb or up and down one step.
<input type="text"/>	<input type="text"/>	<b>8f. 4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>8g. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>8h. Walks indoors:</b> from room to room, around furniture and other obstacles.
<input type="text"/>	<input type="text"/>	<b>8i. Carries something in both hands:</b> While walking indoors e.g. several dishes, light laundry basket, tray with food.
<input type="text"/>	<input type="text"/>	<b>8j. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
<input type="text"/>	<input type="text"/>	<b>8k. Walks for 15 minutes:</b> without stopping or resting (e.g., department store, supermarket.)
<input type="text"/>	<input type="text"/>	<b>8l. Walks across a street:</b> crosses street before light turns red.

**Section B Functional Abilities and Goals**

**Mobility (Wheelchair)**

**Form Instructions:**  
 Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code their **most dependent** performance in **Column B**. If the person's wheelchair mobility performance was **unchanged** during the **past month**, column B should be coded the same as column A. *If the activity was not attempted, code the reason.*  
*Please complete the Mobility Priorities section at the bottom of this page.*

<p><b>CODING:</b></p> <p><b>Safety and Quality of Performance</b> – If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided.  <i>Activities may be completed with or without assistive devices.</i></p> <p>06. <b>Independent</b> – Person completes the activity by him/herself with no assistance from a helper.</p> <p>05. <b>Setup or cleanup assistance</b> – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.</p> <p>04. <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. <b>Dependent</b> – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.</p> <p><b>If activity was not attempted, code reason:</b></p> <p>07. <b>Person refused.</b></p> <p>09. <b>Not applicable</b> – Person does not usually do this activity.</p> <p>88. Not attempted due to <b>short-term medical condition or safety concerns.</b></p>	<input type="checkbox"/> <b>9. Does the person use a manual wheelchair?</b> 0. No – Skip to question 10. 1. Yes – Continue to question 9a.	
	<b>Manual Wheelchair</b>	
	<b>Performance Level</b> <b>Enter Codes in Boxes</b>	
	<b>A</b> Usual	<b>B</b> Most Dependent
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<b>9a. Wheels 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<b>9b. Wheels 150 feet:</b> Once seated in wheelchair/ scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<b>9c. Wheels for 15 minutes:</b> without stopping or resting (e.g., department store, supermarket.)
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<b>9d. Wheels across a street:</b> crosses street before light turns red.	
<input type="checkbox"/> <b>10. Does the person use a motorized wheelchair/scooter?</b> 0. No – Skip to question 11a. 1. Yes – Continue to question 10a.		
<b>Motorized Wheelchair/Scooter</b>		
<b>Performance Level</b> <b>Enter Codes in Boxes</b>		
<b>A</b> Usual	<b>B</b> Most Dependent	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<b>10a. Wheels 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<b>10b. Wheels 150 feet:</b> Once seated in wheelchair/ scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<b>10c. Wheels for 15 minutes:</b> without stopping or resting (e.g., department store, supermarket.)	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<b>10d. Wheels across a street:</b> crosses street before light turns red.	

**Mobility Priorities:** Please indicate your top two priorities in the area of mobility for the next six months.

1. \_\_\_\_\_

2. \_\_\_\_\_

Section B		Functional Abilities and Goals		
<b>Instrumental Activities of Daily Living</b>				
<b>Form Instructions:</b> Code the person's <b>usual</b> performance during the <b>past 3 days</b> using the 6-point scale in <b>Column A</b> . If the person's performance <b>changed</b> during the <b>past month</b> , also code their <b>most dependent</b> performance in <b>Column B</b> . If the person's IADL performance was <b>unchanged</b> during the <b>past month</b> , column B should be coded the same as column A. <i>If the activity was not attempted, code the reason.</i>				
<b>CODING:</b>				
<b>Safety and Quality of Performance</b> – If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>		<b>Performance Level</b> Enter Codes in Boxes		
		<b>A</b> Usual	<b>B</b> Most Dependent	
		<input type="text"/>	<input type="text"/>	<b>11a. Makes a light cold meal:</b> The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and sandwich and cold drink.
06. <b>Independent</b> – Person completes the activity by him/herself with no assistance from a helper.		<input type="text"/>	<input type="text"/>	<b>11b. Makes a light hot meal:</b> 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.
05. <b>Setup or cleanup assistance</b> – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.		<input type="text"/>	<input type="text"/>	<b>11c. Light daily housework:</b> The ability to complete light daily housework to maintain a safe home environment such that the person is not at risk for harm within their home. Examples include wiping counter tops or doing dishes.
04. <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.		<input type="text"/>	<input type="text"/>	<b>11d. Heavier periodic housework:</b> The ability to complete heavier periodic housework to maintain a safe home environment such that person is not risk for harm within their home. Examples include doing laundry, vacuuming, cleaning bathroom.
03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.		<input type="text"/>	<input type="text"/>	<b>11e. Light shopping:</b> Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.
02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.		<input type="text"/>	<input type="text"/>	<b>11f. Telephone-answering call:</b> The ability to answer call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.
01. <b>Dependent</b> – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.		<input type="text"/>	<input type="text"/>	<b>11g. Telephone-placing call:</b> The ability to place call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.
<b>If activity was not attempted, code reason:</b>				
07. <b>Person refused.</b>		<input type="text"/>	<input type="text"/>	
09. <b>Not applicable</b> – Person does not usually do this activity.		<input type="text"/>	<input type="text"/>	
88. Not attempted due to <b>short-term medical condition or safety concerns.</b>		<input type="text"/>	<input type="text"/>	

**Section B**      **Functional Abilities and Goals**

**Instrumental Activities of Daily Living (continued)**

**Form Instructions:**

Code the person's **usual** performance during the **past 3 days** using the 6-point scale in **Column A**. If the person's performance **changed** during the **past month**, also code their **most dependent** performance in **Column B**. If the person's IADL performance was **unchanged** during the **past month**, column B should be coded the same as column A. *If the activity was not attempted, code the reason.*

*Please complete the IADL Priorities section at the bottom of this page.*

CODING:	Performance Level Enter Codes in Boxes																																		
	A Usual	B Most Dependent																																	
<p><b>Safety and Quality of Performance</b> – If helper assistance is required because person's performance is unsafe or of poor quality score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i></p> <p>06. <b>Independent</b> – Person completes the activity by him/herself with no assistance from a helper.</p> <p>05. <b>Setup or cleanup assistance</b> – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.</p> <p>04. <b>Supervision or touching assistance</b> – Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as person completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. <b>Partial/moderate assistance</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. <b>Substantial/maximal assistance</b> – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. <b>Dependent</b> – Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity.</p> <p><b>If activity was not attempted, code reason:</b></p> <p>07. <b>Person refused.</b></p> <p>09. <b>Not applicable</b> – Person does not usually do this activity.</p> <p>88. Not attempted due to <b>short-term medical condition or safety concerns.</b></p>	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																	<p><b>11h. Medication management-oral medications:</b> The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/ intervals.</p> <p><b>11i. Medication management-inhalant/mist medications:</b> The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.</p> <p><b>11j. Medication management-injectable medications:</b> The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.</p> <p><b>11k. Simple financial management:</b> The ability to complete financial transactions such as counting coins, verifying change for a single item transaction or writing a check.</p> <p><b>11l. Complex financial management:</b> The ability to complete financial decision-making such as budgeting and remembering to pay bills.</p>

**IADL Priorities:** Please indicate your top two priorities in the area of instrumental activities of daily living for the next six months.

1. \_\_\_\_\_

2. \_\_\_\_\_



Section C		Assistive Devices	
<b>Assistive Devices for Everyday Activities</b>			
<b>Form Instructions:</b> Identify the person's need for and availability of each assistive device. <i>If no assistive device is needed to complete self-care, mobility, and instrumental activities of daily living, check "Not Applicable" box. If device is not used, code reason.</i>			
<b>CODING:</b> Code the person's usual need for, and availability of, assistive devices to complete self-care, mobility, or instrumental activities of daily living.  02. <b>Assistive device needed and available</b> – Person needs this device to complete daily activities and has the device in the home.  01. <b>Assistive device needed but current device unsuitable</b> – Device is in home but no longer meets person's needs.  00. <b>Assistive device needed but not available</b> – Person needs the device but it is not available in the home.  <b>If device is not used, code reason:</b>  07. <b>Person refused</b> – Person chooses not to use needed device. 09. <b>Not applicable</b> – Person does not need this device.	<b>Enter Codes in Boxes</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12a. Manual wheelchair</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12b. Motorized wheelchair or scooter</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12c. Specialized seating pad (e.g. air-filled, gel, shaped foam)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12d. Mechanical lift</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12e. Walker</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12f. Walker with seat</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12g. Cane</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12h. Crutch(es)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12i. Prosthetics</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12j. Orthotics/Brace</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12k. Bed rail</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12l. Electronic bed</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12m. Grab bars</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12n. Transfer board</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12o. Shower/commode chair</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12p. Walk/wheel-in shower</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12q. Glasses or contact lenses</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12r. Hearing aid</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12s. Communication device</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12t. Stair rails</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12u. Lift chair</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>12v. Ramps</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other:</b> _____
	<input type="checkbox"/>	<input type="checkbox"/>	<b>I have indicated all the devices needed (check box)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Applicable</b> – No assistive device needed in past month (check box)	

Section D		Living Arrangements, Caregiver Assistance and Availability	
<b>Living Arrangements</b>			
<b>13. Identify the person's usual living arrangement during the past 3 days and the past month.</b> <b>CODING:</b> 05. <b>Person lives alone</b> – no other residents in the home. 04. <b>Person lives with others in the home</b> – for example, family, friends, or paid caregiver. 03. <b>Person lives in congregate home</b> – for example, assisted living, or residential care home. 02. <b>Person does not have a permanent home or is homeless.</b> 01. <b>Person was in a medical facility.</b>	<b>A</b> Past 3 Days	<b>B</b> Past month	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Availability of Assistance</b>			
<b>14. Does the person have assistance in their home?</b> 0. <b>No</b> – Do not code availability of assistance – skip to question 15a. 1. <b>Yes</b> – Continue to question 14a.	<input type="checkbox"/>		
<b>14a. Code the level of assistance in the person's home (both paid and unpaid) during the past month.</b> <b>CODING:</b> 05. <b>No assistance received</b> 04. <b>Occasional/short term assistance</b> 03. <b>Regular night time</b> 02. <b>Regular daytime</b> 01. <b>Around the clock</b>	<b>A</b> Paid	<b>B</b> Unpaid	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

**Section D Living Arrangements, Caregiver Assistance and Availability**
**Availability of Paid and Unpaid Assistance**
**Form Instructions:**

Code the **Paid** caregiver's usual ability and willingness to provide assistance with each activity during the past 3 days in **Column A** and the **Unpaid** caregiver's usual ability and willingness to provide assistance with each activity during the past 3 days in **Column B**. *If the activity was not attempted, code as not applicable (09).*

*Please complete the Living Arrangement and Caregiving Priorities section at the bottom of this page.*

**CODING:**

Code safety and quality of **BOTH** paid and unpaid caregiver assistance and their willingness to provide assistance with each of the following activities.

05. **Assistance not needed** – No assistance needed.

04. **Caregiver(s) currently provide assistance** – Person's usual caregiver(s) willing and able to provide needed assistance.

03. **Caregiver(s) need training/supportive services to provide assistance** – Caregiver(s) available and need assistance to provide support.

02. **Unclear if caregiver(s) will provide assistance** – Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance.

01. **Assistance needed but no caregiver(s) available** – Person needs assistance but no caregiver(s) available in the home.

00. **Assistance needed but person declines assistance** – Person needs caregiving but declines this assistance.

09. **Not applicable** – Person does not do this activity.

**Enter Codes in Boxes**

A Paid	B Unpaid
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**15a.** Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding).

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**15b.** Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling).

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**15c.** IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances).

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**15d.** Medication administration (for example, oral, inhaled, or injectable medications).

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**15e.** Medical procedures/treatments (for example, changing wound dressing, or home exercise program).

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**15f.** Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies).

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**15g.** Supervision (for example, due to safety concerns).

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**15h.** Advocacy or facilitation of person's participation in appropriate medical care (for example, transportation to or from appointments).

**16. Has the PAID caregiver(s) ability, willingness, or availability changed during the past month?**  
 0. No – it was the same (or better).  
 1. Yes – caregiver(s) had less ability, willingness, or availability

**17. Has the UNPAID caregiver(s) ability, willingness, or availability changed during the past month?**  
 0. No – it was the same (or better).  
 1. Yes – caregiver(s) had less ability, willingness or availability.

**Living Arrangement and Caregiving Priorities:** Please indicate your top two priorities in the area of living arrangements and caregiving for the next six months.

1. \_\_\_\_\_

2. \_\_\_\_\_