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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

SECTION A	Identification Information
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Recipient Study ID Number <i>State ID and observation number</i>
<input type="text"/> <input type="text"/>	2. Assessor ID Number <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		
Mobility (Bed mobility and transfers)				
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 transfer/bed mobility performance was unchanged during the past month , column B should be coded the same as column A. <i>If the activity was not attempted</i> , 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. <i>Activities may be completed with or without assistive devices.</i> 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	
		<input type="text"/>	<input type="text"/>	7a. Roll left and right: 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"/>	7b. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
		<input type="text"/>	<input type="text"/>	7c. Lying to sitting on side of bed: 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"/>	7d. Sit to stand: 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"/>	7e. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
		<input type="text"/>	<input type="text"/>	7f. Toilet transfer: The ability to safely get on and off a toilet or commode.
		<input type="text"/>	<input type="text"/>	7g. 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.

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.**

8. Does the person walk?

- 0. **Yes** – Continue to question 8a.
- 1. **No**, but walking is indicated in the future – skip to question 9.
- 2. **No**, and walking is not indicated – skip to question 9.

**Performance Level
Enter Codes in Boxes**

A Usual	B Most Dependent
------------	------------------------

	<input type="checkbox"/>	<input type="checkbox"/>	8a. Walks 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
	<input type="checkbox"/>	<input type="checkbox"/>	8b. Walks 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
	<input type="checkbox"/>	<input type="checkbox"/>	8c. Walks 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
	<input type="checkbox"/>	<input type="checkbox"/>	8d. Walks 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.
	<input type="checkbox"/>	<input type="checkbox"/>	8e. 1 step (curb): The ability to step over a curb or up and down one step.
	<input type="checkbox"/>	<input type="checkbox"/>	8f. 4 steps: The ability to go up and down four steps with or without a rail.
	<input type="checkbox"/>	<input type="checkbox"/>	8g. 12 steps: The ability to go up and down 12 steps with or without a rail.
	<input type="checkbox"/>	<input type="checkbox"/>	8h. Walks indoors: from room to room, around furniture and other obstacles.
	<input type="checkbox"/>	<input type="checkbox"/>	8i. Carries something in both hands: While walking indoors e.g. several dishes, light laundry basket, tray with food.
	<input type="checkbox"/>	<input type="checkbox"/>	8j. 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.
	<input type="checkbox"/>	<input type="checkbox"/>	8k. Walks for 15 minutes: without stopping or resting (e.g., department store, supermarket.)
	<input type="checkbox"/>	<input type="checkbox"/>	8l. Walks across a street: 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>CODING:</p> <p>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. <i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Person completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or cleanup assistance – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If activity was not attempted, code reason:</p> <p>07. Person refused.</p> <p>09. Not applicable – Person does not usually do this activity.</p> <p>88. Not attempted due to short-term medical condition or safety concerns.</p>	<input type="checkbox"/> 9. Does the person use a manual wheelchair? 0. No – Skip to question 10. 1. Yes – Continue to question 9a.	
	Manual Wheelchair	
	Performance Level Enter Codes in Boxes	
	A Usual	B Most Dependent
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	9a. Wheels 50 feet with two turns: 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"/>
	9b. Wheels 150 feet: 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"/>
	9c. Wheels for 15 minutes: without stopping or resting (e.g., department store, supermarket.)	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
9d. Wheels across a street: crosses street before light turns red.		
<input type="checkbox"/> 10. Does the person use a motorized wheelchair/scooter? 0. No – Skip to question 11a. 1. Yes – Continue to question 10a.		
Motorized Wheelchair/Scooter		
Performance Level Enter Codes in Boxes		
A Usual	B Most Dependent	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
10a. Wheels 50 feet with two turns: 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"/>	
10b. Wheels 150 feet: 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"/>	
10c. Wheels for 15 minutes: without stopping or resting (e.g., department store, supermarket.)		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
10d. Wheels across a street: 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		
Instrumental Activities of Daily Living				
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. <i>If the activity was not attempted, code the reason.</i>				
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. <i>Activities may be completed with or without assistive devices.</i>		Performance Level Enter Codes in Boxes		
		A Usual	B Most Dependent	
06. Independent – Person completes the activity by him/herself with no assistance from a helper.		<input type="text"/>	<input type="text"/>	11a. Makes a light cold meal: The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and sandwich and cold drink.
05. Setup or cleanup assistance – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.		<input type="text"/>	<input type="text"/>	11b. Makes 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.
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.		<input type="text"/>	<input type="text"/>	11c. Light daily housework: 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.
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.		<input type="text"/>	<input type="text"/>	11d. Heavier periodic housework: 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.
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.		<input type="text"/>	<input type="text"/>	11e. Light shopping: Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.
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.		<input type="text"/>	<input type="text"/>	11f. Telephone-answering call: The ability to answer call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.
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.		<input type="text"/>	<input type="text"/>	11g. Telephone-placing call: The ability to place call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.

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>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. <i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Person completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or cleanup assistance – Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If activity was not attempted, code reason:</p> <p>07. Person refused.</p> <p>09. Not applicable – Person does not usually do this activity.</p> <p>88. Not attempted due to short-term medical condition or safety concerns.</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<p>11h. Medication management-oral medications: 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>
□ □	□ □						
□ □	□ □						
	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<p>11i. Medication management-inhalant/mist medications: 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>
□ □	□ □						
□ □	□ □						
	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<p>11j. Medication management-injectable medications: 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>
□ □	□ □						
□ □	□ □						
	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<p>11k. Simple financial management: The ability to complete financial transactions such as counting coins, verifying change for a single item transaction or writing a check.</p>
□ □	□ □						
□ □	□ □						
	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; text-align: center;">□ □</td> <td style="width: 50%; text-align: center;">□ □</td> </tr> </table>	□ □	□ □	<p>11l. Complex financial management: 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	
Assistive Devices for Everyday Activities			
Form Instructions: 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>			
CODING: Code the person's usual need for, and availability of, assistive devices to complete self-care, mobility, or instrumental activities of daily living. 02. Assistive device needed and available – Person needs this device to complete daily activities and has the device in the home. 01. Assistive device needed but current device unsuitable – Device is in home but no longer meets person's needs. 00. Assistive device needed but not available – Person needs the device but it is not available in the home. If device is not used, code reason: 07. Person refused – Person chooses not to use needed device. 09. Not applicable – Person does not need this device.	Enter Codes in Boxes		
	<input type="text"/>	<input type="text"/>	12a. Manual wheelchair
	<input type="text"/>	<input type="text"/>	12b. Motorized wheelchair or scooter
	<input type="text"/>	<input type="text"/>	12c. Specialized seating pad (e.g. air-filled, gel, shaped foam)
	<input type="text"/>	<input type="text"/>	12d. Mechanical lift
	<input type="text"/>	<input type="text"/>	12e. Walker
	<input type="text"/>	<input type="text"/>	12f. Walker with seat
	<input type="text"/>	<input type="text"/>	12g. Cane
	<input type="text"/>	<input type="text"/>	12h. Crutch(es)
	<input type="text"/>	<input type="text"/>	12i. Prosthetics
	<input type="text"/>	<input type="text"/>	12j. Orthotics/Brace
	<input type="text"/>	<input type="text"/>	12k. Bed rail
	<input type="text"/>	<input type="text"/>	12l. Electronic bed
	<input type="text"/>	<input type="text"/>	12m. Grab bars
	<input type="text"/>	<input type="text"/>	12n. Transfer board
	<input type="text"/>	<input type="text"/>	12o. Shower/commode chair
	<input type="text"/>	<input type="text"/>	12p. Walk/wheel-in shower
	<input type="text"/>	<input type="text"/>	12q. Glasses or contact lenses
	<input type="text"/>	<input type="text"/>	12r. Hearing aid
	<input type="text"/>	<input type="text"/>	12s. Communication device
	<input type="text"/>	<input type="text"/>	12t. Stair rails
	<input type="text"/>	<input type="text"/>	12u. Lift chair
	<input type="text"/>	<input type="text"/>	12v. Ramps
	<input type="text"/>	<input type="text"/>	Other: _____
	<input type="checkbox"/>		I have indicated all the devices needed (check box)
<input type="checkbox"/>		Not Applicable – No assistive device needed in past month (check box)	

Section D		Living Arrangements, Caregiver Assistance and Availability	
Living Arrangements			
13. Identify the person's usual living arrangement during the past 3 days and the past month. CODING: 05. Person lives alone – no other residents in the home. 04. Person lives with others in the home – for example, family, friends, or paid caregiver. 03. Person lives in congregate home – for example, assisted living, or residential care home. 02. Person does not have a permanent home or is homeless. 01. Person was in a medical facility.	A Past 3 Days	B Past month	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Availability of Assistance			
14. Does the person have assistance in their home? 0. No – Do not code availability of assistance – skip to question 15a. 1. Yes – Continue to question 14a.	<input type="checkbox"/>		
14a. Code the level of assistance in the person's home (both paid and unpaid) during the past month. CODING: 05. No assistance received 04. Occasional/short term assistance 03. Regular night time 02. Regular daytime 01. Around the clock	A Paid	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	
		<input type="text"/>	<input type="text"/>	15a. Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding).
		<input type="text"/>	<input type="text"/>	15b. Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling).
		<input type="text"/>	<input type="text"/>	15c. IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances).
		<input type="text"/>	<input type="text"/>	15d. Medication administration (for example, oral, inhaled, or injectable medications).
		<input type="text"/>	<input type="text"/>	15e. Medical procedures/treatments (for example, changing wound dressing, or home exercise program).
		<input type="text"/>	<input type="text"/>	15f. Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies).
		<input type="text"/>	<input type="text"/>	15g. Supervision (for example, due to safety concerns).
		<input type="text"/>	<input type="text"/>	15h. Advocacy or facilitation of person’s participation in appropriate medical care (for example, transportation to or from appointments).
	<input type="checkbox"/>	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		
	<input type="checkbox"/>	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. _____