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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.*

Performance Level
Enter Codes in Boxes

A Usual	B Most Dependent
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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.**

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?		
<input type="checkbox"/>		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="text"/>	<input type="text"/>	8a. Walks 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
<input type="text"/>	<input type="text"/>	8b. Walks 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	8c. Walks 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	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="text"/>	<input type="text"/>	8e. 1 step (curb): The ability to step over a curb or up and down one step.
<input type="text"/>	<input type="text"/>	8f. 4 steps: The ability to go up and down four steps with or without a rail.
<input type="text"/>	<input type="text"/>	8g. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	8h. Walks indoors: from room to room, around furniture and other obstacles.
<input type="text"/>	<input type="text"/>	8i. Carries something in both hands: While walking indoors e.g. several dishes, light laundry basket, tray with food.
<input type="text"/>	<input type="text"/>	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="text"/>	<input type="text"/>	8k. Walks for 15 minutes: without stopping or resting (e.g., department store, supermarket.)
<input type="text"/>	<input type="text"/>	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%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </td></tr> </table>			<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 50%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </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%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </td></tr> </table>			<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 50%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </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%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </td></tr> </table>			<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 50%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </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%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </td></tr> </table>			<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 50%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </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%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </td></tr> </table>			<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 50%; height: 50px;"> </td><td style="width: 50%; height: 50px;"> </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
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□ □	□ □
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□ □	□ □
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15a. Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding).

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

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

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

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

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

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

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. _____