



Functional Assessment Standardized Items (FASI)

FASI Assessor Training



FASI Project Training Team

- Trudy Mallinson GW
- Kathleen Woodward Lewin

For questions about anything in this training or conduct of the study, please contact:
trudy@gwu.edu 202-994-6833

Overview

- Testing standardized items for home and community-based waiver recipients
- Builds on the national efforts to create exchangeable data across the caregiving team, including those in the Medicare and Medicaid programs.
- Items will be tested on five population groups:
 - Aged
 - Disabled
 - ID/DD
 - Brain Injury
 - Seriously Mentally Ill

Training Objectives

- Define Functional Assessment Standardized Items (FASI)
- Explain the intent of the items and the rating scale
- Discuss coding instructions and data gathering strategies
- Provide opportunities to accurately code case examples

Who is Assessed?

- Current recipients in each of the HCBS programs:
 - I/DD
 - Aging
 - Disability
 - Seriously Mentally Ill
 - Brain Injury

Time Frames

Assessment Reference Period

- The time frame is **3 days and past month**.
 - For the 3 day period, this means the 3 consecutive calendar days prior to the day the assessment is being conducted. For the 3 day period, code the usual performance
 - **Example:** The assessment is being conducted on Tuesday
 - The assessment reference period is Saturday, Sunday, Monday
 - For the past month period, this looks at approximately the past 30 days. For this period, code the most dependent performance.
 - **Example:** The assessment is being conducted on August 24th.
 - The assessment reference period is July 24th – August 24th.

Modes of Data Collection

- The FASI Items are collected using multiple sources of information.
- The preferred modes of are:
 - Direct observation
 - Recipient self-report
 - Primary caregiver report
 - Other caregiver report
 - Case notes

Steps in the Assessment Process

1. Assess the person's functional status

Based on direct observation, their own self-report, family reports, and/or caregiver reports, including reports documented in the person care plan record during the 3-day assessment period.

2. Allow individuals to perform activities as independently as possible, as long as they are safe.

3. If helper assistance is required because the person's performance is unsafe or of poor quality, score according to amount of assistance usually provided.

Steps in the Assessment Process (continued)

4. Activities may be completed with or without assistive device(s).

Use of assistive device(s) to complete an activity should not affect your coding of the activity.

5. Code the person's **usual functional performance** in the past 3 days in **Column A**.

If the person's functional performance changed during the past 30 days, code their **most dependent** performance in **Column B**.

6. Refer to agency, Federal, and State policies and procedures to determine who may complete an assessment. Assessments are to be done in compliance with facility, Federal, and State and regulatory requirements.

Unknown & Not Applicable

- There should always be a coding option for you to use in response
- Score “09” if the item is not applicable
- If scoring “other” please specify to what that refers

Section A

IDENTIFICATION INFORMATION

Identification Information

Identifier (Assessor ID #/Recipient #) TM01

Testing Experience and Functional Tools (TEFT)

Functional Assessment Standardized Items (FASI)

Please Complete All Items on Each Page

SECTION A	Identification Information
0115	1. Recipient Study ID Number <i>State ID and observation number</i>
35	2. Age <i>In years</i>
01	3. Gender <i>01 – Male; 02 – Female</i>
03	4. Waiver Population <i>01=Aged 02=BI 03=ID/DD 04=Physically Disabled 05=SMI</i>
TM	5. Assessor ID Number <i>Assessor assigned number</i>

Identification Information

- Complete each of the 5 items in Section A by writing in the appropriate numbers or letters
- Make sure you fill in each box provided
- Please use a dark permanent pen (not a pencil)

The Rating Scale and How to Use It

CODING FASI ITEMS

Put your identifier on every page

The FASI Forms

Identifier (Assessor ID# / Recipient #) TM01

Rating Scale definitions are right on the page

TM01

Section B		Functional Abilities and Goals									
Self-Care		If boxed is checked, only fill out Column A, otherwise also complete Column B									
<p>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, indicate in the checkbox below. <i>If the activity was not attempted, code the reason.</i></p> <p><i>Please complete the Self-Care Priorities section at the bottom of this page</i></p>											
<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>Performance Level Enter Codes in Boxes</p> <table border="1"> <tr> <td>A Usual</td> <td>B Most Dependent</td> </tr> <tr> <td>06</td> <td>05</td> </tr> <tr> <td>04</td> <td>04</td> </tr> <tr> <td>04</td> <td>04</td> </tr> </table>		A Usual	B Most Dependent	06	05	04	04	04	04
A Usual	B Most Dependent										
06	05										
04	04										
04	04										
<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</p>		<p><input type="checkbox"/> Checkbox: Indicate here if the person's self-care performance was unchanged during the past month.</p> <p>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.</p> <p>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.]</p> <p>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.</p>									

Full item definitions right on the page

The Rating Scale

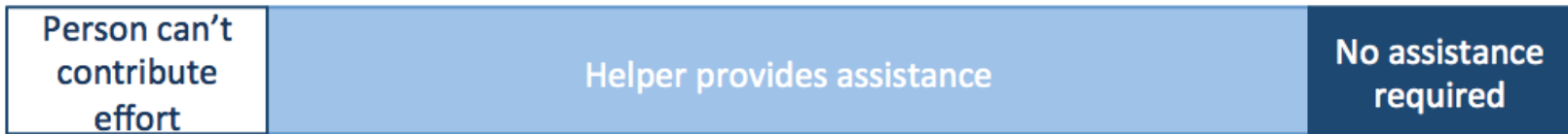
Code the person's usual performance for the past 3 days (Column A), and most dependent performance in the past month (Column B) using the 6-point scale:

- Code “06” for Independent.
- Code “05” for Setup or clean-up assistance.
- Code “04” for Supervision or touching assistance.
- Code “03” for Partial/moderate assistance.
- Code “02” for Substantial/maximal assistance.
- Code “01” for Dependent.

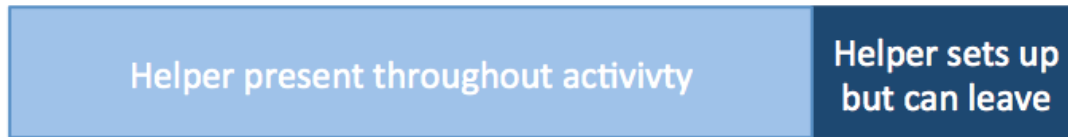
The Rating Scale



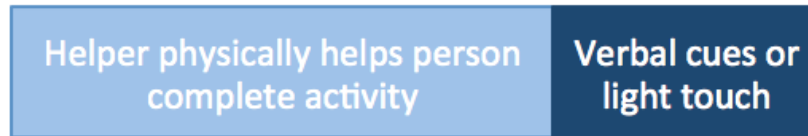
Assistance



Presence



Type of help



Effort



Key Coding Questions

- Does the person need assistance (physical, verbal/ non-verbal cueing, setup/clean-up) to complete the activity
 - ✓ If no, Code 06-Independent
 - ✓ If yes ...
- Does the person need only set-up or clean-up assistance?
 - ✓ If yes, Code 05-Set-up or clean-up
 - ✓ If no ...

Key Coding Questions (cont'd)

- Does the person need only verbal/non-verbal cueing, or steadying/touching assistance?
 - ✓ If yes, Code 04-Supervision or touching assistance
 - ✓ If no ...
- Does the person need lifting assistance or trunk support with the helper providing less than half of the effort?
 - ✓ If yes, Code 03-Partial/moderate assistance
 - ✓ If no ...

Key Coding Questions (cont'd)

- Does the person need lifting assistance or trunk support with the helper providing more than half of the effort?
 - ✓ If yes, Code 02-Substantial/maximal assistance
 - ✓ If no ...
- Does the helper provide all of the effort, or are two helpers needed, to complete the activity?
 - ✓ If yes, Code 01-Dependent

Complete Coding Definitions

- **06. Independent** – Person completes the activity by him/herself with no assistance from a helper.
- **05. Setup or clean-up 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.

Complete Coding Definitions

- **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.

Additional Coding Questions

Why was the activity not attempted? Code the reason:

- **Code 07**, Person refused, if the person refused to complete the activity during the 3 day assessment period.
- **Code 09**, Not Applicable, if the person does not usually perform this activity.
- **Code 88**, Not attempted due to **short-term** medical condition or safety concerns, if the person did not attempt the activity during the assessment period due to short-term medical condition or safety concerns.

Coding Tips

- Whenever possible, observe the person as he/she performs each activity.
- Talk with participant, usual caregivers and family members.
- Use probing questions.
- When possible, review documentation for the 3-day and 30-day assessment periods.
- Code based on the person's actual usual/most dependent (Column A/Column B) performance of each activity.
- Code to reflect the usual/most dependent (Column A/Column B) amount of assistance/effort provided.
- Activities may be completed with or without assistive devices.

SECTION B1

SELF CARE

Functional Assessment Standardized Items (FASI)

Self Care Items

Identifier (Assessor ID# / Recipient #) TM01

Section B		Functional Abilities and Goals							
Self-Care									
<p>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, indicate in the checkbox below. <i>If the activity was not attempted, code the reason.</i></p> <p><i>Please complete the Self-Care Priorities section at the bottom of this page.</i></p>									
<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 –</p>	<p>Performance Level Enter Codes in Boxes</p> <table border="1"> <thead> <tr> <th>A Usual</th> <th>B Most Dependent</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">□ □</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">□ □</td> </tr> </tbody> </table>		A Usual	B Most Dependent	04	□ □	04	□ □	<p><input checked="" type="checkbox"/> Checkbox: Indicate here if the person's self-care performance was unchanged during the past month.</p>
	A Usual	B Most Dependent							
	04	□ □							
	04	□ □							
		<p>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.</p>							
		<p>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.]</p>							

8 Self Care Items

- 6a. Eating
- 6b. Oral hygiene
- 6c. Toileting hygiene
- 6d. Wash upper body
- 6e. Shower/bathe self
- 6f. Upper body dressing
- 6g. Lower body dressing
- 6h. Putting on/taking off footwear

Self Care Item Definitions

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 or tray. Includes modified food consistency.

Self Care Definitions (cont'd)

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.

Self Care Definitions (cont'd)

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.

Self Care Definitions (cont'd)

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 Scoring Example I

- Ms. F brushes her teeth while sitting on the side of the bed. Her care attendant gathers her toothbrush, toothpaste, water, and an empty cup and puts them on the bedside table for her before leaving the room. Once Ms. F is finished brushing her teeth, which she does without any help, her care attendant returns to gather her items and dispose of the waste.

Self Care Scoring Example I

- What item is this?
- How would you code this?
- What is your rationale?

Self Care Scoring Example 2

Assessor: “Describe how Mr. C usually washes his upper body. Specifically, does he wash, rinse, and dry his face, hands, chest, and arms while sitting in a chair or bed?”

Caregiver: “He has to sit in his bed because he’s too weak in the morning to get to the sink, and I have to help him do most of it.”

Assessor: “What can Mr. C complete for himself when washing, rinsing, and drying his upper body? Does he need instructions, safety reminders, setup, or physical help?”

Caregiver: “I have to give him a basin of water, washcloth, and open his soap container, lather his wash rag and place it in his hand. I encourage him to wash his arms, but he always gets tired after washing one of his arms. I then do all the remaining washing, rinsing, and drying of his upper body. I’ve tried giving him a little rest break before asking him to continue washing himself, but he then complains of feeling cold and wants me to finish washing him. After washing his upper body, I have to clean up the wash basin, washcloth, and soap for him.”

Self Care Scoring Example 2

- What item is this?
- How would you code this?
- What is your rationale?

Section B2

MOBILITY

Functional Assessment Standardized Items (FASI)

Mobility Items

Identifier (Assessor ID# / Recipient #) TM01

Section B		Functional Abilities and Goals									
Mobility (Bed mobility and transfers)											
<p>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, indicate in the checkbox below. <i>If the activity was not attempted, code the reason.</i></p>											
<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>Performance Level Enter Codes in Boxes</p> <table border="1"> <thead> <tr> <th>A Usual</th> <th>B Most Dependent</th> </tr> </thead> <tbody> <tr> <td>06</td> <td></td> </tr> <tr> <td>06</td> <td></td> </tr> <tr> <td>05</td> <td></td> </tr> </tbody> </table>		A Usual	B Most Dependent	06		06		05		<p><input checked="" type="checkbox"/> Checkbox: Indicate here if the person's transfer/bed mobility performance was unchanged during the past month.</p>
	A Usual	B Most Dependent									
	06										
	06										
05											
			<p>7a. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.</p>								
			<p>7b. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</p>								
			<p>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.</p>								

Mobility: 7 Moving & Transfer Items

7a. Rolls left and right

7b. Sits to lying

7c. Lying to sitting on side of bed

7d. Sits to stand

7e. Chair/bed-to-chair transfer

7f. Toilet transfer

7g. Car transfer

Mobility: Moving & Transfer Item Definitions

7a. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.

7b. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.

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.

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.

7e. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).

7f. Toilet transfer: The ability to safely get on and off a toilet or commode.

7g. Car transfer: The ability to transfer safely 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.

Mobility Item Skip Pattern I

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.

Mobility: 12 Walking Items

- 8. Does the person walk?
- 8a. Walks 10 feet
- 8b. Walks 50 feet with two turns
- 8c. Walks 150 feet
- 8d. Walks 10 feet on uneven surfaces
- 8e. 1 step (curb)
- 8f. 4 steps
- 8g. 12 steps
- 8h. Walks indoors
- 8i. Carries something in both hands
- 8j. Picking up objects
- 8k. Walks for 15 minutes
- 8l. Walks across a street

Mobility Item Skip Pattern II

9. Does the person use a manual wheelchair?

0. No – Skip to question 10.

1. Yes – Continue to question 9a.

10. Does the person use a motorized wheelchair/scooter?

0. No – Skip to question 11a.

1. Yes – Continue to question 10a.

Mobility: Manual Wheelchair

- 9. Does the person use a manual wheelchair?
 - 9a. Wheels 50 feet with two turns
 - 9b. Wheels 150 feet
 - 9c. Wheels for 15 minutes
 - 9d. Wheels across street

Mobility: Motorized Wheelchair/Scooter

10. Does the person use a motorized wheelchair/scooter?

10a. Wheels 50 feet with two turns

10b. Wheels 150 feet

10c. Wheels for 15 minutes

10d. Wheels across street

Mobility: Walking Item Definitions

- 8a. Walks 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.
- 8b. Walks 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
- 8c. Walks 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.
- 8d. Walks 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel.

Mobility: Walking Item Definitions

- 8e. **1 step (curb):** The ability to step over a curb or up and down one step.
- 8f. **4 steps:** The ability to go up and down four steps with or without a rail.
- 8g. **12 steps:** The ability to go up and down 12 steps with or without a rail.
- 8h. **Walks indoors:** from room to room, around furniture and other obstacles.
- 8i. **Carries something in both hands:** While walking indoors e.g. several dishes, light laundry basket, tray with food.
- 8j. **Picking up objects:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
- 8k. **Walks for 15 minutes:** without stopping or resting (e.g. department store, supermarket.)
- 8l. **Walks across a street:** crosses street before light turns red.

Mobility: Wheeling Item Definitions

9a & 10a. Wheels 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

9b & 10b. Wheels 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

9c & 10c. Wheels for 15 minutes: without stopping or resting (e.g. department store, supermarket.)

9d & 10d. Wheels across a street: crosses street before light turns red.

Mobility Scoring Example I

- Mr. M has has motor control problems following a severe traumatic brain injury 10 years ago. When transitioning from a sitting to a standing position, Mr. M's mother assists by touching his trunk slightly to steady him.

Mobility Scoring Example I

- What item is this?
- How would you code this?
- What is your rationale?

Mobility Scoring Example 2

- **Assessor:** “Please describe how Ms. L usually moves from sitting on the side of the bed to sitting in a chair. Once she is sitting, how does she get to the chair?”
- **Caregiver:** “She needs help to get to sitting up and then to the chair.”
- **Assessor:** “I’d like to know how much help she needs for getting from sitting on the bed to get to sitting in a chair.”
- **Caregiver:** “She needs two people to help her to stand up from sitting on the side of the bed and to swivel and to sit down in a chair.”

Mobility Scoring Example 2

- What item is this?
- How would you code this?
- What is your rationale?

Section B3

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Functional Assessment Standardized Items (FASI)

IADL Items

Identifier (Assessor ID# / Recipient #) TM01

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 , indicate in the checkbox below. <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> 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.	Performance Level Enter Codes in Boxes		<input checked="" type="checkbox"/> Checkbox: Indicate here if the person's IADL performance was unchanged during the past month .
	A Usual	B Most Dependent	
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	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.
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	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.
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	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.

12 IADL Items

- 11a. Make light cold meal
- 11b. Make light hot meal
- 11c. Light daily housework
- 11d. Heavier periodic housework
- 11e. Light shopping
- 11f. Telephone-answering call
- 11g. Telephone-placing call
- 11h. Medication management-oral
- 11i. Medication management-inhalant/mist
- 11j. Medication management-injectables
- 11k. Simple financial management
- 11l. Complex financial management

IADL Item Definitions

- 11a. Make 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.
- 11b. Make 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.
- 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.
- 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.
- 11e. Light shopping:** Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.

IADL Item Definitions

- 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.
- 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.

IADL Item Definitions

- 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.
- 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.
- 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.
- 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.
- 11l. Complex financial management:** The ability to complete financial decision-making such as budgeting, remembering to pay bills, and investment decision-making.

IADL Scoring Example I

- Mr. W's caregiver places the phone in front of him and then leaves. Mr. W makes a call to his friend using on his phone and they talk for 10 minutes.

IADL Scoring Example I

- What item is this?
- How would you code this?
- What is your rationale?

IADL Scoring Example 2

- **Assessor:** “Please describe how Ms. B usually takes her oral medication?”
- **Caregiver:** “She can take them by herself.”
- **Assessor:** “Does she need assistance to take the right amount or at the right time?”
- **Caregiver:** “I set the pills up in a pill box at the start of each week and she remembers to take them each morning.”

IADL Scoring Example 2

- What item is this?
- How would you code this?
- What is your rationale?

Functional Assessment Standardized Items

PERSONAL PRIORITIES

Personal Priorities

- At the end of each set of functional/caregiver items, record the individual's top two priorities in this area for the next six months.
 - Self-care, Mobility, IADLs, and Living arrangements, Caregiver Assistance and Availability
- To the extent possible, have the person say how much (or how little) assistance they are hoping to need in 6 months
- Probe to ensure these are the person's most important goals
- Write the goals using the person's own words

Examples of Personal Priorities

Please indicate your top two priorities in the area of self-care for the next six months:

1. Be independent in cleaning my teeth
2. Go to the toilet by myself

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

1. Walk to the store by myself
2. Run a 5k race with my sister

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

1. Go out to dinner with my friends
2. Find someone to do my laundry

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. Strong enough to watch TV without a caregiver present
2. _____

SECTION C

ASSISTIVE DEVICES

Assistive Devices

Identifier (Assessor ID# / Recipient #) TM01

Section C	Assistive Devices
------------------	--------------------------

Assistive Devices for Everyday Activities

Form Instructions:

Identify the person's need for and availability of each assistive device. *If no assistive device is needed to complete self-care, mobility, and instrumental activities of daily living, check "Not Applicable" box.*

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.

Enter Codes in Boxes

<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="02"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="2"/>	12a. Manual wheelchair
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="09"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="9"/>	12b. Motorized wheelchair or scooter
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="02"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="2"/>	12c. Specialized seating pad (e.g. air-filled, gel, shaped foam)
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="00"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="0"/>	12d. Mechanical lift
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="02"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="2"/>	12e. Walker
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="02"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="2"/>	12f. Walker with seat
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="02"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="2"/>	12g. Cane
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="09"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text" value="9"/>	12h. Crutch(es)

Scoring Assistive Devices

Indicate which assistive devices the person needs to complete self-care, mobility, and IADL activities

- 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.

Assistive Devices Scoring Tip

- Remember, to score the person's need for and availability of each assistive device for the past month.
- Do not score what you think the person could do if they had an assistive device.

Assistive Device Items

Mobility-related Devices

- 12a. Manual wheelchair
- 12b. Motorized wheelchair or scooter
- 12c. Specialized seating pad (e.g. air-filled, gel, shaped foam)
- 12d. Mechanical lift
- 12e. Walker
- 12f. Walker with seat
- 12g. Cane
- 12h. Reacher/Grabber
- 12i. Sock aid
- 12j. Orthotics/Brace

Moving around safely

- 12k. Bed rail
- 12l. Electronic bed
- 12m. Grab bars
- 12n. Transfer board

ADLs/IADLs

- 12o. Shower/commode chair
- 12p. Walk/wheel-in shower
- 12q. Glasses or contact lenses
- 12r. Hearing aid
- 12s. Communication device

Environment adaptations

- 12t. Stair rails
- 12u. Lift chair
- 12v. Ramps
- 12.w. Raised toilet seat

Medical monitoring

- 12.x. Glucometer
- 12.y. CPAP
- 12.z. Oxygen concentrator

Other: _____

Not Applicable – No assistive device needed in past month (Check box)

SECTION D

SUPPORT NEEDS AND CAREGIVER ASSISTANCE

Living Arrangements and Availability of Assistance

Identifier (Assessor ID# / Recipient #) TM01

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	
	04	04	
Availability of Assistance			
14. Does the person have assistance in their home? 0. No – Do not code availability of assistance- skip to question 15. 1. Yes– Continue to question 14a.	1		
	A Paid	B Unpaid	
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	04	04	

Living Arrangements and Availability of Assistance

- Indicate the person's usual living arrangements and the availability of assistance.

Availability of Paid and Unpaid Assistance

Identifier (Assessor ID# / Recipient #) TM01

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 the reason.*

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

CODING:

Code safety and quality of 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 provided 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

Enter Codes in Boxes

A Paid	B Unpaid
04	04
05	05
03	03
09	09

- 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).

Availability of Paid and Unpaid Assistance

Code safety and quality of 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 provided 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.

Availability of Paid and Unpaid Assistance

- 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).