

SECTION 2: ASSESSMENT INFORMATION

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Assessments are completed by trained screeners in each CDDO area. Many of the questions in the Assessment section could be interpreted differently by different people. In an effort to create as much consistency as possible across the State, this manual gives guidance on how to answer specific questions and also provides many examples. However, there will certainly be times when specific circumstances require the assessor to make a determination for which there is no previous guidance. Before making a determination, the assessor should review notes from previous BASIS Roundtable meetings. Copies of the minutes from these meetings should be kept in Appendix XX of this manual and are considered to be a part of the manual. In the absence of any guidance from the Appendix, the assessor should try to achieve consensus among those participating in the meeting as to the appropriate response. If that is not possible, the assessor will make a final determination. The assessor should then bring the issue to the next BASIS Roundtable for discussion and a determination as to the appropriate response if the same circumstances occur again.

Effectively completed BASIS assessments are reflective of a consistent thread of information that includes such other documents as person-centered support plans, behavior management plans and support plans.

The Social Security number and name of the individual will automatically be entered into the computer when it is entered in Section 1: Information. The tier will automatically be entered after the scores are updated. For your paper records, however, you may want to mark them on the Assessment form

CHILDREN'S SUPPLEMENTAL SCORE: *Enter the children's assessment score for children age five or older, but under age eleven. If the score is below 21, the tier will default to 0. However, the assessment should still be completed and entered.*

1. **TYPE OF REPORT** (Mark only one):
 1. **Initial Assessment** - If this is the first time assessment information is being entered into BASIS for the individual, mark 'Initial'. This includes assessments completed for children reaching 5 years of age.
 2. **Annual Re-evaluation** - Thereafter, mark 'Annual Re-evaluation' when the individual's re-evaluation is completed. ***The first annual re-evaluation is to be completed in the birth month that immediately follows the initial assessment regardless of the amount of time since the initial assessment was completed.***

For example, if a person has his/her initial evaluation in March and his/her birth month is in April, evaluations would be completed in consecutive months.

3. **Special Re-evaluation w/HCP permission** – ‘Special Re-evaluation’ is only marked when you have permission from the HCP Administrator of Program Support to revise the Assessment (see page 11 of this manual).
4. **Re-admitted from same facility** – If the person left services altogether (e.g., to go to a nursing facility, mental health facility, decided he/she did not need services, etc.) and came back to the same CDDO area (regardless of which agency actually served the person in the area) mark ‘Readmitted’.

2. **DATE ASSESSMENT COMPLETED** - Mark the date the Assessment is completed for the person. The Date Submitted field will auto-populate with the date the assessment is entered into the system.

3. **MEDICAL CONDITIONS – Indicate 1-Yes or 2-No for each of the following:**

To mark a medical condition ‘Yes’ at least one of the following criteria must be met: 1) be a current condition, 2) be on maintenance medication(s), 3) be receiving on-going medical care with doctor reviewing treatment at least one time per year, 4) the condition requires on-going staff support. Otherwise, mark ‘No’. **The following is a brief explanation/example of each category; when there is doubt about whether an individual has any of these, check the medical record or interview a medical professional.**

Documentation should be available that the person has been receiving on-going medical treatment as part of a treatment plan prescribed by a physician.

- **Respiratory** - asthma, emphysema, cystic fibrosis, chronic obstructive pulmonary disease (COPD), bronchiectasis, chronic bronchitis, fibrosis
- **Cardiovascular** - heart disease, high/**low** blood pressure, arteriosclerosis, Raynaud’s Disease, high cholesterol
- **Gastro-intestinal** - ulcers, colitis, liver and bowel difficulties, celiac disease, irritable bowel syndrome, diverticular disease, cirrhosis, hepatitis, gall stones. To mark this section yes, the person must be receiving maintenance medications or on-going medical treatment.

- **Genito-urinary** - kidney problems, diabetes, neurogenic bladder, dysmenorrhea
- **Neoplastic disease** - cancer, tumors, carcinomas
- **Neurological diseases** - MS, ALS, Huntington's disease, narcolepsy, Parkinson's Disease, muscular dystrophy.

NOTE: This category does not include neurological conditions, which are reported in #25 of the Information section.

4a. SEIZURE HISTORY – Does the individual have a history of seizures?

Mark 'Yes' if the person has a documented history (*which must include a DSM IV-TR diagnosis code listed in question 25 of section 1), by a health care professional of seizure activity*, and proceed to questions 4b and 4c. If the person has no seizure history, mark 'No' and skip to question 5a. ***Consider only seizures of an epileptic nature; do not include seizures that have occurred as a result of high blood pressure or other medical condition. If the individual has not had a seizure during the most recent 5 years and is not receiving any treatment for a seizure condition, the answer to this question should be "No". The individual should have any historical diagnosis re-evaluated prior to the next annual BASIS assessment. In the absence of updated documentation the question will continue to be answered 'No' for future assessments.***

4b. SEIZURE TYPE – Which type of seizure has the individual experienced in the last twelve months? (Mark all that apply.)

Mark all types of seizures the person has experienced in the last twelve months. (*If the person has a history of seizures, but has not had any seizures in the last twelve months, mark 'No seizures this year' and skip to question 5a*). If the individual has had a seizure in the last 12 months and in the absence of documentation **regarding the type** of seizure, mark 'Had some type.'

- **No seizures this year.** (The individual has a history of seizures, but has experienced none in the past year)
- **Simple partial** (simple motor movements affected; no loss of awareness)
- **Complex partial** (loss of awareness)
- **Generalized-absence** (Petit Mal)
- **Generalized - tonic-clonic** (Grand Mal)
- **Had some type of seizure** (unsure of type)

4c. **SEIZURE FREQUENCY – In the past year, how frequently has the individual experienced seizures that involve loss of awareness and/or loss of consciousness?**

Mark the one category that indicates how frequently the person has experienced seizures that involve a loss of awareness and/or consciousness in the last twelve months. If a person's seizures are very episodic or cyclical in nature, report the frequency of episodes over the last twelve months rather than individual occurrences. For example, if a person has seizures several times a week, mark that category, however, if a person is usually seizure-free, yet has several seizures throughout one or two weeks during the year, treat this as episodic and mark 'less than once a month'.

1. None during past year
2. Less than once a month
3. About once a month
4. About once a week
5. Several times a week
6. Once a day or more

5a. **PRESCRIPTION MEDICATION – Indicate Yes or No if the individual is currently taking prescription medication(s)?**

Mark 'Yes' if the individual is currently taking any of the medications listed in question 5b (*by any route, including injections*) on an ongoing, scheduled basis, which is prescribed by a physician and cannot be purchased without a prescription. ***The question should be answered "Yes" if the medication has been taken for less than 12 months, as long as the medication will be on-going.*** If you can purchase the medication over the counter, without a prescription, it is not considered prescription medication even if a physician has written a prescription. If the individual receives no prescription medication mark 'No' and skip to question 6.

5b. **MEDICATIONS – Indicate 1-Currently taking or 2-Not currently taking for each type of medication:**

For each type of medication, mark the number that indicates whether the person is taking a medication in that class. ***Note: Although an individual may be taking a medication in a particular class, they may be taking it for another purpose, yet the class type still needs to be recorded (i.e., individual may be taking an antipsychotic drug to regulate their heart, or taking an antidepressant to help with sleeping. The class type should still be recorded as antipsychotic or antidepressant respectively). For medications that have multiple classes, the reviewer should identify the purpose for which the medication is being prescribed and mark the most appropriate classification. As a best practice, a list of***

current medications should be available at the screening for review.

- Antipsychotic medication
- Antianxiety medication
- Antidepressant medication
- Anticonvulsant medication
- Diabetes medication
- Sedative/hypnotic medication
- Other maintenance medication

5c. **INJECTION – Does the individual receive medication by injection?**

Mark 'Yes' if the person receives any **ongoing** medication by injection. Examples of these would include Depo-Provera given once every three months, haloperidol decanoate given monthly, allergy medications injected weekly, and insulin given daily. ***This should not include PRN injections, flu shots, dialysis, blood transfusions, baclofen pumps or injections by feeding tubes.***

5d. **LEVEL OF SUPPORT – Which best describes the level of support the individual receives when taking prescription medications.**

Indicate the level of support the person receives when taking prescription medication. ***This does not include the ordering of medications.*** If the person takes more than one medication and the support is provided at different levels (e.g., tablets and injections), mark the one that indicates more support. Mark only one response. Please read the descriptions of the levels of support carefully. These levels of support have been defined as follows:

1. **No Medications**
2. **Total Support** - The caregiver or medical provider must physically administer medications by such means as injections, drops, mixed in food, or the person is physically incapable of taking medication or is often resistive (spits out or refuses to swallow it).
3. **Assistance** - The caregiver keeps the medications and gives them to the person at the appropriate time for self-administration. Please note: if an individual is able to administer their own insulin injection and only needs assistance with drawing the appropriate number of units, Assistance should be marked.
4. **Supervision** - The person keeps and takes his/her own medication, but the caregiver may have to prompt or confirm that he/she has indeed taken it

5. **Independent** - The person is totally responsible for his/her own medications. (If the person is independent in taking medication from a bubble pack, "Independent" should be marked.)

6. **MEDICAL CONSEQUENCES – Indicate Yes or No if the individual has:**

(This question relates to the consequences of a person's medical condition.)

- **Missed more than a total of two weeks of regular activities due to medical conditions during the last year** - In determining whether or not the person missed two weeks (14 calendar days) of regular activities due to medical conditions in the past 12 months, please consider all aspects of the person's medical condition. Exclude routine examinations or assessments. Include only days missed due to actual medical problems.
- **Was hospitalized for a medical problem in the last year** - Hospitalization only refers to in-patient overnight stay during which the person was actually admitted to a hospital. It does not include outpatient procedures or psychiatric hospitalization.
- **Presently requires caregiver be trained in special healthcare procedures (e.g., ostomy care, positioning, adaptive devices)** - *Special health care procedures do not include CPR, seizure training or Heimlich or behavior management unless those trainings are specific to the individuals need. Example: if a person requires a Vagus nerve stimulator and staff must be trained in this procedure to know where to place the stimulator. Note: a communication board is NOT considered an adaptive device. (For additional information see Special Procedures and Equipment listed below.)*
- **Presently requires special diet planned by dietitian, nutritionist, nurse (e.g., high fiber, low calories, low sodium, pureed)** - A special diet is only one that has been specially planned by a nutritionist, dietician, nurse, or physician specifically for that person **AND requires staff support to follow the diet. It must be part of a written, formalized diet (i.e. 1800 calories per day, diet for diabetes, etc.) and it should be included in the PCSP. (A recommendation from the doctor to reduce caloric intake in order to lose weight would not be considered a special diet.) Mark this question "Yes", only if additional staff support is**

needed and documentation exists that the diet is related to some type of medical condition.

Special Procedures and Equipment - When answering whether or not the person requires the caregiver to have training in special health care procedures, include the following special procedures and equipment:

a) Special Treatment/Testing Needs

Sterile Dressings - a procedure where, in a sterile environment, dressings are changed for a chronic condition on a daily basis.

Diabetic Test - The person is diagnosed as being diabetic and requires daily testing.

b) Elimination Needs

Ostomy Equipment - The person has a colostomy or ileostomy and requires direct care and treatment by another person (including changing colostomy bag, application of dressing, and irrigations). The person may be able to perform some of the tasks, but requires close supervision.

Catheter - The person has a condition that necessitates the use of either an indwelling or external catheter on a daily basis.

Enema - The person requires regularly prescribed enemas on an ongoing basis.

c) Respiratory Needs

Apnea Monitor - The person is diagnosed as having apneic spells that require the use of an apnea monitor.

Tracheostomy Care - The person presently has a tracheostomy, including relevant suctioning care.

Suctioning - The person's respiratory condition is such that he/she requires suctioning on a daily basis.

Inhalation Therapy - The person requires inhalation therapy three times a week or more.

Oxygen - The person requires oxygen assistance to maintain adequate ventilation.

Respirator - The person needs mechanical assistance to maintain adequate ventilation.

d) Eating Needs

Special eating utensils - The person requires special cups, plates, spoons, knives, forks, etc., in order to feed self.

- ***The consumer's use of an adaptive device needs to be based on a recommendation from a health care professional (i.e. Occupational Therapist, Physician) and the staff must require specialized training to assist in the use of the device to answer the question "Yes." There would need to be documentation of the professional recommendation, which would include documentation in the Person Centered Support Plan.***

Nasal gastric tube or gastrostomy - The person requires all dietary needs via nasal/gastric tube or gastrostomy tube, or oral feedings are supplemented with nasal/gastric tube or gastrostomy tube feedings.

Parenteral Equipment - The person requires parenteral (intravenous or other) feedings to augment existing diet or as primary source of nutrition.

e) Mobility Needs

Prosthetic device (limb, hand, etc.) - The person requires a prosthetic device, such as an artificial limb, hand, etc., in order to ambulate or complete activities of daily living.

Electric wheelchair - The person uses an electric wheelchair.

Manual wheelchair - The person uses a manual wheelchair.

Special chair - The person uses a specially designed chair for positioning purposes.

Walker - The person needs the assistance of a walker for ambulation.

Braces/splints/casts/orthopedic shoes - Person wears braces, splints, casts, or orthopedic shoes on a daily basis to prevent contractures and aid in ambulation.

Crutches/cane - The person uses a cane and/or crutch.

f) Adaptive Positioning Needs

Special bed - The person's medical needs are such that they require other than the standard bed.

Floatation cushion/pad - The person requires a floatation cushion or pad, or similar device.

Belly board - The person has to be placed on a belly board as part of daily program.

Decubitus care and equipment - The person has bedsores and requires frequent turning, medical treatment and/or special mattresses.

Frequent turning in bed - The person is unable to reposition self, and requires frequent repositioning.

Head protective device - The person has to wear a helmet or similar protective device as part of a daily program.

7. **MOBILITY – Indicate which one response best describes the individual’s typical level of mobility (mark only one):**

Mark the one response that best describes the person’s typical level of mobility. Note: ‘walks independently but with difficulty’ involves walking unaided; ‘walks independently with corrective device’ involves the use of a corrective device such as a cane or walker; ‘walks only with assistance from another person’ means the person needs some help from another person when walking. Include sensory deficits in your assessment if they are a significant impediment to mobility.

1. Walks independently.
2. Walks independently, but with difficulty (no corrective device).
3. Walks independently with corrective device. (a gait belt is considered a corrective device)
4. Walks only with assistance from another person.
5. Cannot walk.

8a. **WHEELCHAIR – Does individual use a wheelchair?**

Mark ‘Yes’ if the person uses a wheelchair per the recommendation of a healthcare professional. If the person does not use a wheelchair, mark ‘No’ and skip to question 9. ***This does not include varying frequent use. Answer ‘Yes’ only if the person uses a wheelchair more than 50% of the time for mobility purposes.***

8b. **WHEELCHAIR MOBILITY - Indicate the one response that best describes wheelchair (may be motorized) mobility:**

Mark the one response that best describes the person’s wheelchair mobility. Note that the wheelchair may be motorized.

1. Can use wheelchair independently, including transferring
2. Can use wheelchair independently with assistance in transferring
3. Requires assistance in transferring and moving
4. No Mobility – Must be transferred and moved.
(If question 8a is answered No, question 8b should not be answered, skip to question 9.)

9. **MOTOR CONTROL – Indicate whether or not the individual:**

Mark ‘Yes’ or ‘No’ for each item. **Try to base your response primarily on personal knowledge and observation of the person and only secondarily on the person’s record.** These questions should be viewed as whether or not the person is presently capable of doing

these things. If you have not had the opportunity to observe the person perform a particular task (e.g., 'can cut with scissors along a straight line') estimate their ability to perform that task based on similar tasks you have observed the person perform. **Base your answers only on the person's capabilities and not on his/her willingness or unwillingness to engage in these activities.**

- Can roll from back to stomach
- Can pull self to standing (*includes from a chair to standing*)
- Can walk up and down stairs by alternating feet from step to step
- Can pick up a small object
- Can transfer an object from hand to hand
- Can mark with a pencil, crayon or chalk
- Can turn pages of a book one at a time
- Can copy a circle from an example
- Can cut with scissors along a straight line

10. COGNITIVE ABILITY – Indicate whether or not the individual can perform each of the following:

Mark 'Yes' or 'No' for each item. This question is attempting to determine cognitive abilities. The person may have to be prompted verbally, but base your answers only on the person's capabilities as in the previous question. Persons should be able to perform the tasks a majority (not necessarily 100%) of the time. **For each of the items the person should be able to generalize their ability to other settings.** For example in 'understand simple functional signs', the person should be able to recognize and understand these signs wherever he or she encounters them.

- Sort objects by size
- Correctly spell first and last name
- Tell time to nearest five minutes (digital or analog)
- Distinguish between right and left
- Count ten or more objects
- Understand simple functional signs (e.g., EXIT, restrooms)
- Do simple addition and subtraction of figures
- Read and comprehend simple sentences
- Read and comprehend newspaper or magazine articles

11. COMMUNICATION – Indicate whether or not the individual typically displays each of the following receptive and expressive communication skills

Mark 'Yes' or 'No' for each item. In this item the word 'typically' means most of the time. Also note, the method of communication can be written, verbal, sign or symbolic **and should typically occur naturally**

for the person. “Describes realistic plans” can be as simple as what the person plans to do when they get home tonight or this weekend (short term). This does not necessarily include future goals. “Asks a simple question” should be answered “Yes” as long as the individual can communicate what they want (using a communication board, sign language or gestures are acceptable) and the guardian or care provider is able to understand. If this is a typical behavior for the person and is generalized to other situations or settings, the answer should be Yes.

- Understands the meaning of “No”
- Understands one-step directions (e.g., “Put on your coat.”)
- Understands two-step directions (e.g., “Put on your coat, then go outside.”)
- Understands a joke or story
- Indicates a “Yes” or “No” response to a simple question
- Asks simple questions
- Relates experiences when asked
- Tells a story, joke or the plot of a television show
- Describes realistic plans in detail

12. **BEHAVIOR – Indicate the frequency of each behavior over the last twelve months.**

Mark the appropriate frequency for each of the items, **over the course of the past twelve months**. If the person has not exhibited a certain behavior in the past twelve months, enter 1-Not this year, for that behavior. If a certain behavior is very episodic or cyclical in nature, report the frequency of the episodes over the last twelve months, rather than individual occurrences. For example, if a person has tantrums several times a week, enter 5-Frequently. However, if a person is usually calm yet has several emotional outbursts throughout one or two days during the month treat this as episodic in nature and enter 3-Monthly. If there is more than one occurrence within one day, they should be counted as a single episode.

Restrict your answers to behaviors that have been observed in the person’s current situation only. To consider frequency of behaviors that have been exhibited in the past or in previous settings, written documentation as to the frequency of those behaviors must be available for review and consideration at the time of the assessment meeting.

Documentation regarding behaviors is required and must be reviewed except for the Initial evaluation. Inform individuals at the initial evaluation that documentation regarding the frequency of behaviors will be required at the next assessment. Simple data collection

systems that do not require a large amount of family or staff time are acceptable. For example, a calendar may be used by marking Yes or No if a behavior occurred that day.

Frequency:

1. **Not this year** (has not exhibited this behavior in the past 12 months)
2. **Occasionally** (less than once a month)
3. **Monthly** (about once a month)
4. **Weekly** (about once a week)
5. **Frequently** (Several times a week)
6. **Daily** (Once a day or more)

The questions should not be answered using averages. If a behavior only occurs at the day site, but not at the residential site it should still be marked as having occurred.

If the person does not have a behavior intervention program or procedure which specifically defines a maladaptive behavior, use the following definitions when interviewing caregivers. Questions to ask regarding behaviors may include, “does the behavior require staff support” and “is there risk involved”. Behavior that is not acceptable by the norms of society, for the particular setting, are considered to be socially unacceptable

Tantrums/emotional outbursts - A combination of two or more of the following behaviors: screaming, crying, swearing, banging on walls, doors, windows, other objects, throwing self on floor.

Property damage - deliberately breaking, defacing or destroying things by hitting, tearing or cutting, throwing, burning, marking or scratching.

Physical assault - causing physical pain to other people or to animals by hitting, kicking, biting, pinching, scratching, pulling hair or striking with an object.

Disruption - interfering significantly with activities of others by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

Verbal/gestural abuse - swearing, verbal threats, name-calling, obscene gestures, gestures that indicate aggressive intent or threat.

Self-injury - causing injury to own body by hitting self; banging head; scratching, cutting or puncturing, biting, rubbing skin; pulling out hair; picking on skin; biting nails or pinching. (*Anorexia/bulimia are not considered to be "Self-Injurious".*)

Teasing/harassing - any behavior performed deliberately to annoy another person.

Resists supervision - noncompliant behavior, refusing to follow instructions.

Running/wandering away - repeatedly and deliberately or inadvertently leaving program area, group activity or living area and requires staff support to insure the persons' health and safety.

Steals - deliberately taking belongings, including food, of another.

Eats inedibles - putting objects other than food or medicine, that are not considered to be acceptable or appropriate to eat into the mouth and ingesting them.

Inappropriate sexual behavior - public masturbation, public undressing, inappropriate touching of self or others, making sexual remarks or gestures, forcing sexual attentions on others or voyeurism.

Smears feces - deliberately handling, throwing or spreading feces.

13. **BEHAVIOR CONSEQUENCES – As a result of any behavior problem(s) consider whether or not each of the following presently apply:**

Mark 'Yes' or 'No' for each consequence of a person's behavior as it is currently exhibited. Respond based on what has happened as a result of any behavior on the part of the individual, not just those listed in the previous question.

- **Behavior problems currently prevent this individual from moving to a less restrictive setting** - To answer the first item 'Yes' the person must be exhibiting some aberrant behavior that his/her current environment (which may include the school setting) is helping to lessen, however, the behavior must be occurring at some frequency. It is not appropriate to answer 'Yes' to this item because you believe the person would display some aberrant behavior in a different environment.

- **Has a written behavior intervention plan** - Answer “Yes” to the second item if there is a written plan and the following conditions are met:
 1. There is a clear definition of the behavior(s) at issue;
 2. There is a clear definition of what support staff are doing with regard to the behavior (prevention and support strategies, responses);
 3. There is collection of information as to the frequency and objective severity of the behavior at issue (as required by regulation); and,
 4. The plan ensures that the supports are specific to the individual involved (i.e., person centered).

This question may be marked “Yes” without a Behavior Intervention Plan in place, but the information in 1-4 must be clearly documented in the PCSP.

- **Individual’s environment must be carefully structured to avoid behavior problems.** – To mark “Yes”, the PCSP should clearly document as to how the environment is being structured
- **Because of behavior problems, staff must sometimes intervene physically with individual** (e.g., physically restrain or guide individual from room)

Mark “Yes” if, as a result of specific, deviant, endangering behaviors to self or others. (e.g., Person is hitting self or others) staff must *intervene* to stop the endangering behavior and the staff’s physical presence is the only thing that will stop the continuance of the aberrant behavior. Mark “Yes” if guiding is being used as a response to an aberrant behavior, or is necessary to prevent the person from causing harm to his/her self or others. The behavior management plan must be VERY specific as to what type of guiding, and also when and why guiding will be used (e.g. Putting a hand on Joe's shoulder to guide him to his room because he is starting to become loud and disruptive is not guiding for BASIS purposes. Putting a hand on Joe's shoulder to guide him from the room when he is threatening to hit his housemate is guiding.).

- **Because of behavior problems, a supervised “time-out” period is needed at least once a week.**

Timeout is an aversive procedure and it should be difficult to answer this question “Yes”. At a minimum the timeout intervention should meet the following criteria;

Behavior Specific: The timeout procedure is a *one-to-one intervention*, only used as a specific consequence to a specific behavior that has been defined in a behavior intervention plan and for which data is being collected over time to measure the effectiveness of the intervention.

Exclusionary: The timeout should occur in a private area. (Simply putting your head on a pillow does not meet this criteria)

Supervised: The timeout period must be supervised by a person who is responsible for assuring the persons’ health and welfare during the timeout period.

- **Because of behavior problems, the individual requires one-on-one supervision for many program activities.** - Consider the following information when answering the last item. One-on-one supervision is one individual being provided direct services by ONE staff person who has no other responsibilities except to be with, support and provide direct care support and services to that individual.

Many is defined as:

- (a) consisting of, or amount to, a large but indefinite number
- (b) a large number of persons or things. Use your judgment, but typically, 50% of the waking hours is a reasonable amount

14. SELF CARE – As best you can, indicate how independently the individual typically performs each activity:

Mark the appropriate number (1-4) for each item. We are interested here in how well the person performs these activities as stated in each item from start to finish at a reasonably acceptable level. These questions should be viewed as whether or not the person is presently capable of doing these things. Base your answers only on the person’s capabilities and not on their willingness or unwillingness to engage in these activities

Each item means exactly what it says. For example, ‘putting on clothes’, asks if the person can put on clothes, not if he or she is

capable of selecting appropriate clothes. 'Feeding self' involves just being able to feed oneself once the food is on the table, not being able to cook or prepare food.

The following descriptions may help clarify the four column headings. Please note that 'Independent' (#4) appears at the far right in this question.

1. **Total Support**: The person is completely dependent on others to carry out activities on their behalf. Total support requires that the service provider be involved throughout the task. (Depending)
2. **Assistance**: The person often requires physical aid in order to accomplish tasks. The service provider would offer regular verbal prompting and instructions as well as regular physical hands-on-aid. (Helping)
3. **Supervision**: The person is able to perform tasks with some verbal direction. (Reminding)
4. **Independent**: The person can perform tasks with no prompting. The person may need supervision and/or assistance in exceptional circumstances.

- **Toileting/bowels**
- **Toileting/bladder**
- **Taking a shower/bath**
- **Brushing/combing hair**
- **Selecting clothes appropriate to weather**
- **Putting on clothes**
- **Undressing self**
- **Drinking from a cup or glass**
- **Chewing and swallowing food** - If a person receives a pureed or ground diet because they have problems chewing or if their food must be cut up or otherwise modified, mark #2, 'Assistance'. If the person also needs help swallowing, mark #1, 'Total support'
- **Feeding Self**

15. **DAILY LIVING – As best you can, indicate how independently the individual typically performs each task.**

These items use the same rating scale listed for question 14. Where the individual's situation does not really allow him or her to perform a certain activity; we would like an estimate of the person's ability to perform this task independently. For example, 'Crossing street in residential neighborhood' - **If the situation doesn't allow someone to do this on their own, estimate their ability to do this independently.** If a person has a conservator or payee, the question can be answered, "assistance". If the person can do some things with

their money such as make a purchase at a restaurant or from a vending machine, it cannot be marked as total support.

16. **ASSESSMENT COMPLETED BY** - Enter the last and first name of the person who completed the assessment.
17. **PHONE** – Enter the phone number of the person who completed the assessment.