MFEI Level of Care Tool

Module 4 – Cognition, Communication and Vision

Module 4: Cognition, Communication and Vision

Covered in this module:

- Coma, no discernable consciousness
- Cognitive skills for daily decision making
- Memory/recall ability
- Periodic disordered thinking or awareness
- BI cognition
- Making self understood
- Ability to understand others
- Hearing
- Vision



Cognition: Overview

All Consumers	BI Only Items
1. Coma, no discernable consciousness	5a. Fund of information
2. Cognitive skills for daily decision making	5b. Impaired self- awareness
3. Memory/recall ability	5c. Susceptibility to victimization
4. Periodic disordered thinking or awareness	5d. Safety judgment in emergency situations

1. Coma, No Discernable Consciousness

- Intent: To record if the person is in a coma, with no discernable consciousness, in order to trigger a skip pattern
- Process:
 - Observe the person's current status
 - Consult with a family member or caregiver, if needed
 - If the person has no discernable consciousness or is in a coma, then skip to the Functional Status domain
 - If no coma present, continue to next item in Cognition
- Coding:
 - **No** (coma not present)
 - **Yes, coma present** (Skip to Functional Status)

2. Cognitive Skills for Daily Decision Making: Intent

- To record the person's actual performance in making everyday decisions about the tasks or activities of daily living
- Items can alert the assessor to a mismatch between a person's abilities and their current level of performance, as caregivers may inadvertently be fostering the person's dependence

2. Cognitive Skills for Daily Decision Making: Definition

Examples of daily decisions:

- Choosing items of clothing
- Knowing when to eat meals
- Making safe mobility decisions (e.g., use of walker)
- Making safe decisions in navigating home and community
- Making prudent decisions about how/when to leave the home
- Using environmental cues (e.g. weather app, clock)
- Seeking information appropriately in absence of environmental cues
- Using awareness of one's own strengths and limitations
- Ability to make informed choices regarding health
- This item does NOT include an informed choice to make poor lifestyle/health choices (e.g., smoking, poor diet choices)

2. Cognitive Skills for Daily Decision Making: Process

- Interview and observe the person, then consult with a family member or caregiver, if needed
- Review the events of each day
- Focus on whether the person is actively making decisions about how to manage tasks of daily living, not whether the caregiver believes the person is capable of doing so
- Remember that the intent of this item is to record what the person is doing (actual performance)

2. Cognitive Skills for Daily Decision Making: Example Questions

- Tell me what you did from the time you got up until now?
- Walk me through what you ate for breakfast? Did you decide what to eat?
- How do you take your medications?
- Do you need reminders to eat?

2. Cognitive Skills for Daily Decision Making: Coding

- Independent (decisions are 1. consistent, 2. reasonable, 3. safe)
- Image: Modified independence (some difficulty in new situations only)
- Minimally impaired (in specific recurring situations, decisions become poor/unsafe; cues/supervision necessary at those times)
- Moderately impaired (decisions consistently poor or unsafe; cues/supervision required at all times

Severely impaired (*never or rarely makes decisions*)

2. Cognitive Skills for Daily Decision Making: Coding Examples

Cognitive Skills for Daily Decision Making	
Independent	Ms. A makes all of her own decisions. These
	decisions are consistent, reasonable, and safe.
Modified	Ms. A's partner tells you that Ms. A has trouble
independence	making decisions that are consistent,
	reasonable, and safe when she has to do a new
	activity or meets new people.
Minimally	Ms. A never remembers to use her cane when
impaired	she is in the house, despite falling on many
	occasions, unless reminded by her partner.

2. Cognitive Skills for Daily Decision Making: Coding Examples

Cognitive Skills for Daily Decision Making	
Moderately	Ms. A will run out of the house unless there is
impaired	someone there to watch her. She also needs
	supervision in the community so that she does
	not get lost or wander into traffic.
Severely	Ms. A's partner makes all of the decisions for her.
impaired	Her partner decides what she will wear, what
	they will eat for meals, and when they will go
	into the community.

3. Memory/Recall Ability: Intent

- To determine a person's ability to remember recent events (a. short-term memory)
- To determine a person's level of orientation to surroundings (b. situational memory) and to perform sequential activities (c. procedural memory)

3. Memory/Recall Ability: Definitions

- a. Short-term memory OK –seems to recall after 5 minutes
- b. Procedural memory OK—can perform all or almost all steps in a multi-task sequence without cues
- c. Situational memory OK—both recognizes the names/faces of caregivers frequently encountered and knows location of places regularly visited (bedroom, kitchen, etc.)

a. Short-term Memory OK: Process

- Conduct a structured test (e.g., 3 word recall—must get all 3 for memory ok)
 - Name 3 unrelated items (e.g., pen, car, watch; cat, rug, lock)
 - Have the person repeat the words back to you so that you know they have understood what you said; repeat the names of the items if the person says a word incorrectly
 - Ask the person to remember those words as you will ask them about them later
 - Continue with the assessment. After about 5 minutes, ask the person to repeat the 3 words that you gave them earlier. Do not give hints. Give the person a few minutes to recall if needed. If the person cannot repeat all 3 words, then code them as having a memory problem
- If this is not possible ask the person to describe a recent event that you both have knowledge of (e.g., elections or holidays) or that you can verify with a caregiver/family member

a. Short-term Memory OK

Example Questions:

- What did you have for breakfast/ lunch/ dinner?
- What did you do this morning/ afternoon?

Coding:

- **Yes, Memory OK**
- Memory Problem

a. Short-term Memory OK: Coding Examples

Short Term Memory	
Yes,	Mr. B is able to remember the three words that
Memory Ok	you give him. OR Mr. B is able to point to the
	same three objects that you pointed to.
Memory	Mr. B is not able to remember the three words
Problem	that you gave him. OR Mr. B is not able to point
	to the same three objects that you pointed to.

b. Procedural Memory OK: Process

- This item refers to the cognitive ability needed to perform sequential activities (e.g., dressing, cooking) and person must be able to perform or remember how to perform all or most of the steps in order to be scored Memory OK
- Do not confuse physical limitations with the cognitive ability (or inability) to perform tasks

b. Procedural Memory OK

Example Questions:

- How do you prepare your meals?
- How do you make coffee?
- How do you get ready/dressed in the morning? What do you put on first?

Coding:

- □Yes, Memory OK
- **Memory Problem**

b. Procedural Memory OK: Coding Examples

Procedural Memory

Yes,	Ms. C is able to tell you how she gets dressed in
Memory Ok	the morning. She remembers each step and
	correctly states the order of the steps (e.g., bra
	before shirt)
Memory	Ms. C can tell you some of the steps in how she
Problem	gets dressed in the morning, but forgets several
	steps (e.g., she can tell you that she wears a shirt
	and pants, but doesn't remember to tell you that
	she puts her bra and underwear on first, even
	when prompted).

c. Situational Memory OK: Process

- This two-part measure of orientation assesses the person's ability to recognize both people and places
- Person must recognize *both* names/faces of *frequently* encountered family members/caregivers AND know location of places in the home (bedroom, kitchen, etc.) to score Memory OK

c. Situational Memory OK

Example Questions:

- Where is the bathroom?
- Where do you eat?
- Who helps you?

Coding: Yes, Memory OK Memory Problem

c. Situational Memory OK: Coding Examples

Situational Memory

Yes, Memory Ok	Mr. D can tell you both the name of his caregiver and correctly points to where the bathroom and dining room are.
Memory Problem	Mr. D cannot remember the name of his caregiver, but can point to where the bathroom is. Or Mr. D can tell you the name of his regular caregiver, but cannot tell you where the bathroom is.

4. Periodic Disordered Thinking or Awareness: Intent

- To record behavioral signs that may indicate that delirium is present
- The characteristics of delirium are often manifested behaviorally and therefore can be observed
- If person has a pre-existing cognitive impairment or pre-existing behaviors, ask relative/caregiver if there have been any recent changes to person's usual functioning

4. Periodic Disordered Thinking or Awareness: Definitions

- a. Easily distracted—e.g., episodes of difficulty paying attention, person gets sidetracked
- **b.** Episodes of disorganized speech—e.g. speech is nonsensical, irrelevant, or rambling from subject to subject; person loses train of thought
- c. Mental function varies over the course of the day—e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not

4. Periodic Disordered Thinking or Awareness: Process

- Observe for signs of being easily distracted or disorganized speech during your assessment interview
- Ask the person or others involved with the person if any of the behaviors you are assessing have been noticed over the last 3 days
- If the response is yes, probe to determine whether the behavior is different from the person's typical functioning

4. Periodic Disordered Thinking or Awareness: Example Questions

- Use observation when possible
- Do you ever get sidetracked when you are talking with someone? How often does that happen?
- Are you able to pay attention when someone is talking?
- Do you ever lose your train of thought? How often does that happen?
- Do your medications affect your thinking? Does fatigue?
- Are you able to think more clearly in the morning or evenings?

4. Periodic Disordered Thinking or Awareness: Coding

- Code for the person's behavior in the last 3 days regardless of what you believe the cause to be, focusing on when the manifested behavior first occurred and whether it is different from the person's usual pattern
 - **Behavior not present**
 - Behavior present, consistent with usual functioning
 - Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

4. Periodic Disordered Thinking or Awareness: Coding Examples

a. Easily Distracted	
Behavior not	Ms. E is able to follow the conversation and answer
present	all of your questions.
Behavior present,	Ms. E gets easily sidetracked during the
consistent with	conversation and you have to repeat your questions
usual functioning	several times. Her partner lets you know that this is
	normal for her.
Behavior present,	Ms. E gets easily sidetracked during the
appears different	conversation and you have to repeat your questions
from usual	several times. Ms. E apologizes several times and
functioning	says that she can usually pay attention better, but
	has really had trouble the last few weeks.

5. BI Cognition

• These items are assessed only for people with BI (in addition to the other cognition items)

Intent: to determine the degree to which problems with cognition interfere with the person's daily or valued activities

Process:

- Interview the person and/or their caregiver(s)
- Ask for specific examples, and probe to determine the extent to which cognitive impairments interfere with daily activities

5. BI Cognition: Definitions

- a. Fund of Information Problems remembering information learned in school or on the job; difficulty remembering information about self and family from years ago
- b. Impaired Self Awareness Lack of recognition of personal limitations and disabilities, and how they interfere with everyday activities and work or school

5a, b. BI Cognition: Example Questions

Questions to ask the person:

- Since the accident, do you ever have trouble remembering how to do things that you used to do?
- Do you use anything to help you remember?
- Are you having difficulty doing things that you like or want to do?
- Do you ask for help if you are having trouble with anything?
- What would you do if you get lost?
- Do you know who you would call if you needed help?

5a, b. BI Cognition: Example Questions

Questions to ask caregivers:

- Does the person remember new information or skills?
- Are accommodations, such as written instructions, required for the person to remember how to complete daily tasks?
- Does the person understand their limits?
- Does the person have a tendency to take on more than they can handle?
- Does the person know what to do in an emergency?
- Are you concerned that the person makes unsafe decisions?

5a, b. BI Cognition: Coding

None, no problem

- Mild problem, but does not interfere with activities: may use assistive device or medication to compensate
- □ **Mild problem**: interferes with activities 5-24% of the time
- Moderate problem: interferes with activities 25-74% of the time
- Severe problem: interferes with activities more than 75% of the time

Note: Problems that rarely interfere with daily or valued activities (less than 5%) should not be considered to interfere

5a, b. BI Cognition: Coding Examples

Fund of information	
None, no problem	Mrs. H is able to talk to you about what
	she is learning in college.
Mild Problem, but does not	Mrs. H tells you that she sometimes has
interfere with activities (may	trouble remembering things from before
use assistive device or	the accident, but that she is able to work
medication to compensate)	just fine now. She uses phone apps to
	help her remember her work tasks.
Mild problem (interferes	Mrs. H has trouble remembering how to
with activities 5-24% of the	do some of her work related tasks, and
time)	has cut back on the amount of work she
	does in order to compensate.

5a, b. BI Cognition: Coding Examples

Fund of information	
Moderate problem	Mrs. H has trouble remembering how
(interferes with	to do a lot of the tasks at her volunteer
activities 25-74% of	job. She is only able to do a few of the
the time)	activities that she used to do and needs
	a lot of assistance to complete her
	tasks.
Severe problem	Mrs. H has trouble remembering how
(interferes with	to get dressed and see to her personal
activities more than	needs. She no longer works or
75% of the time)	volunteers as a result.

5c. Susceptibility to Victimization: Definition

- Determine person's risk of being victimized by others: ability to protect self against abuse and exploitation by others, including financial exploitation, sexual abuse, emotional abuse, etc.
- Ability to seek appropriate help when need arises
- Refers to abuse and exploitation by anyone, whether they are strangers, care providers, or close friends/family
- Note, refers to person's risk of being victimized; if the person abuses others, assess in behavior section

5c. Susceptibility to Victimization: Process

- Report issues of abuse right away
- Interview person and consult caregivers
- When possible, interview person and caregiver separately
- Ask if person understands the meaning of physical abuse, sexual abuse, financial exploitation, etc.
- Ask about how person interacts with strangers

Example Questions:

- Do you feel safe with the people in your life?
- Is there someone that doesn't make you feel safe or good?
- Is there a place that you go to that doesn't feel safe/good?
- What would you do if you felt someone was taking advantage of you?

5c. Susceptibility to Victimization: Coding

- Independent—Interactions with others are consistent, reasonable, and safe
- Modified independence—Some difficulty in new situations only (e.g., meeting new people or in unfamiliar environments)
- Minimally impaired—In specific recurring situations, interactions with others become poor or unsafe; cues/ supervision necessary at those times
- Moderately to severely impaired—Interactions with others consistently poor or unsafe; cues/supervision required at most/all times

5c. Susceptibility to Victimization: Coding Examples

Susceptibility to Victimization

Independent –	Ms. L understands the meaning of
Interactions with others	abuse and exploitation, does not feel
are consistent,	she is at risk, and reports that she
reasonable, and safe	would contact authorities if someone
	was trying to take advantage of her.
Modified	Ms. L has difficulty judging new
independence—Some	situations, and her family is therefore
difficulty in new	concerned that she is too trusting of
situations	strangers.

5c. Susceptibility to Victimization: Coding Examples

Susceptibility to Victimization

Minimally impaired—In specific recurring situations, interactions with others become poor or unsafe; cues/ supervision necessary at those times Ms. L has a history of loaning money to people, even if they do not pay her back. Therefore, caregivers monitor her finances closely and have instructed her to consult with them before loaning money.

Moderately to severely impaired—Interactions with others consistently poor or unsafe; cues/supervision required at most/all times Ms. L is overly friendly with everyone she meets and also very susceptible to scams. Therefore, she is always accompanied in public. Phone calls and emails are also closely monitored.

5d. Safety Judgment in Emergency Situations: Definition

- To determine how the person will handle an actual emergency
- Ability to recognize an emergency situation and respond appropriately
- Includes medical emergencies, fire, natural disasters, etc.
- For example: knows how and when to call 911; ability to follow emergency protocols; ability to safely evacuate self

5d. Safety Judgment in Emergency Situations: Process

- Interview person and consult caregiver(s)
- Inquire into whether the person has ever experienced an emergency and how it was handled
- Inquire into level of support person receives during emergency drills (e.g. fire, tornado)

Example Questions:

- Ask person when and how they would ask for help
- What would you do if:
 - The fire alarm went off?
 - The tornado sirens went off?
 - Your roommate was choking?
 - Your caregiver passed out?
 - Other examples that pertain to the individual

5d. Safety Judgment in Emergency Situations: Coding

- Independent e.g. person independently recognizes and responds appropriately to an emergency; may use assistive devices
- □ Supervision/Cueing e.g. ability to follow verbal/visual instructions during an emergency
- □ Hands-On Support e.g. person needs hands-on assistance to follow emergency protocols
- Total Dependence e.g. person unable to recognize and respond to an emergency in any capacity; completely dependent on others for evacuation

5d. Safety Judgment in Emergency Situations: Coding Examples	
Safety Judgment in Emergency Situations	
Independent	Mr. J provides appropriate responses to how he would respond to an emergency and participates in safety drills at work. His caregiver also reports that they feel he would respond appropriately.
Supervision/ Cueing	Mr. J indicates that he would call 911 in an emergency, but does not provide additional detail. His caregiver is concerned that he may not actually recognize an emergency, although feels he would follow instructions during an emergency.

5d. Safety Judgment in Emergency Situations: Coding Examples		
Safety Judgment in Emergency Situations		
Hands-On Support	Mr. J has been known to panic in emergency situations and therefore has trouble following instructions. His caregiver feels that Mr. J would likely need physical guidance to stay focused and safely evacuate.	
Total Dependence	Mr. J is unable to recognize when an emergency has occurred and is totally dependent on caregivers to follow emergency protocols.	

Practice Scenarios

Cognitive Skills for Daily Decision Making: Scenario

Mrs. F is an 86-year-old female who lives with her husband. She reports no problems in making her own day-to-day decisions. Yet, her husband reports that Mrs. F has been taken to the emergency room twice in the last two months due to injuries from falls. When asked whether she requires a walker or cane to ambulate, Mrs. F responds "only when he reminds me". During the interview, Mrs. F. gets up to get some water and almost falls. Her husband reminds her to use her cane.

Based on this information, how would you code item 2. *Cognitive Skills for Daily Decision Making* for Mrs. F?

Cognitive Skills for Daily Decision Making: Scenario Answer

Mrs. F is an 86-year-old female who lives with her husband. She reports no problems in making her own dayto-day decisions. Yet, her husband reports **that Mrs. F has been taken to the emergency room twice in the last two months due to injuries from falls. When asked whether she requires a walker or cane to ambulate, Mrs. F responds "only when he reminds me."** During the interview, **Mrs. F. gets up to get some water and almost falls. Her husband reminds her to use her cane.**

Answer: Minimally impaired. In specific recurring situations, Mrs. F's decisions were poor or unsafe and she needs cues/supervision at those times.

Memory/Recall Ability: Practice Scenario

Ms. D is 87 and lives alone. She greets you at the door and you introduce yourself. During the conversation, you ask Ms. D how she prepares meals, to which she responds only that she prepares food and eats three times daily. You probe to ask the steps to making a sandwich, and she loses track of the conversation. She also cannot name the room where she prepares her meals. When asked about her caregiver, she cannot recall the name of the person who has been providing services weekly for the last six months. You administer the 3-word recall test (book, watch, pen), and she only remembers book.

Based on this information, how would you code items 3a. *Short term memory*, 3b. *Procedural memory*, and 3c. *Situational memory* for Ms. D?

Memory/Recall Ability: Practice Scenario Answer

Ms. D is 87 and lives alone. She greets you at the door and you introduce yourself. During the conversation, you ask Ms. D how she prepares meals, to which she responds only that she prepares food and eats three times daily. You probe to ask the steps to making a sandwich, and she loses track of the conversation. She also cannot name the room where she prepares her meals. When asked about her caregiver, she cannot recall the name of the person who has been providing services weekly for the last six months. You administer the 3word recall test (Book, watch, pen), and she only remembers book.

- **Short-term = Memory problem**
- **Procedural = Memory problem**
- Situational = Memory problem

Periodic Disordered Thinking or Awareness: Practice Scenario

Mrs. T has frequently been observed to be picking at her clothing when she is spoken to and rambles incoherently whenever she is awake. These behaviors began about one month ago, according to her family with whom she lives.

Based on this information, how would you code items 4a. *easily distracted*, 4b. *episodes of disorganized speech*, and 4c. *mental function varies over the course of the day* for Mrs. T?

Periodic Disordered Thinking or Awareness: Practice Scenario Answer

Mrs. T has frequently been observed to be **picking at her clothing when she is spoken to** and **rambles incoherently whenever she is awake.** These **behaviors began about one month ago**, according to her family with whom she lives.

- Easily distracted Behavior present, appears different from usual functioning.
- Episodes of disorganized speech Behavior present, appears different from usual functioning.
- Mental function varies over the course of the day

 not indicated, but additional information
 needed

BI Cognition: Fund of Information Practice Scenario A

Mr. J is 32 and was injured two years ago in a motorcycle crash. He tells you he is ready to go back to his former job as an office manager. His wife confides that she doesn't think he is ready to go back to work as about half the time he has trouble remembering how to do a lot of things he used to be able to do, like finding documents on his computer.

Based on this information, how would you item code 5a. *Fund of Information* for Mr. J?

BI Cognition: Practice Scenario A Answer

Mr. J is 32 and was injured two years ago in a motorcycle crash. He tells you he is ready to go back to his former job as an office manager. His wife confides that she doesn't think he is ready to go back to work **as about half the time he has trouble remembering how to a lot of things he used to be able to do, like finding documents on his computer.**

5a. Fund of Information – Moderate problem, interferes with activities 25-74% of the time.

(Also cues on impaired self-awareness; assessor should probe further to code that item)

BI Cognition: Impaired Self Awareness Practice Scenario B

Ms. S is a 23-year-old woman who was injured in a domestic violence incident 18 months ago. Her parents inform you that she needs daily supervision as she often overexerts herself, makes poor decisions, and claims she is the same as she was before the brain injury. They note that she overestimates her ability across most life activities.

How would you code item 5b. *Impaired Self Awareness* for Ms. S?

BI Cognition: Impaired Self Awareness Practice Scenario B Answer

Ms. S is a 23-year-old woman who was injured in a domestic violence incident 18 months ago. Her parents inform you that she needs daily supervision as she often overexerts herself, makes poor decisions, and claims she is the same as she was before the brain injury. They note that she overestimates her ability across most life activities.

5b. Impaired self-awareness: Severe problem, interferes with activities more than 75% of the time.

BI Cognition: Susceptibility to Victimization, Safety Judgment in Emergency Situations

Mrs. G is a 40-year-old woman with a BI. Her brother reports that she's "never met a stranger;" she treats even unknown people as friends. Her family worries because of this, and she does not go out in public alone. Her brother also reports that Mrs. G knows how to call 911 for help. However, when their father had a heart attack recently, Mrs. G did not move to the phone to make the call until her brother instructed her to.

How would you rate items 5c. Susceptibility to Victimization and 5d. Safety Judgment in Emergency Situations?

BI Cognition: Susceptibility to Victimization, Safety Judgment in Emergency Situations

Mrs. G is a 40-year-old woman with a developmental disability. Her brother reports that she's "never met a stranger;" she treats even unknown people as friends. Her family worries because of this, and she does not go out in public alone. Her brother also reports that Mrs. G knows how to call 911 for help. However, when their father had a heart attack recently, Mrs. G did not move to the phone to make the call until her brother instructed her to.

Codes:

Susceptibility to Victimization = Moderately to severely impaired—interactions with others consistently poor or unsafe; cues/supervision required at most/all times

Safety Judgment in Emergency Situations = Supervision/Cueing -- e.g., ability to follow verbal instructions during an emergency

Communication and Vision: Overview

All Consumers	BIOnly
8. Hearing	6. Making self understood
9. Vision	7. Ability to understand others

Communication and Vision: Intent

- To document the person's ability to express or communicate requests, needs, opinions, and urgent problems and to engage in social conversation
- Such communication may take the form of speech, writing, sign language, or a combination of these

Communication and Vision: Process

- Observe and listen to the person's efforts to communicate with you, and in interactions with others in different settings (e.g. one-on-one, in groups, with family members) and different circumstances (e.g. when calm, agitated)
- If possible, observe the person's interactions with family or caregivers
- If person uses a hearing or communication device, encourage its use during the assessment
- Items are not intended to capture differences in language

6. Making Self Understood (Expression): Definition

- Item is only assessed for BI
- Expressing information content—both verbal and nonverbal
- Such communication may take the form of speech, writing, sign language, or a combination of these – both verbal and nonverbal communication

6. Making Self Understood (Expression): Process

- If person has communication devices, encourage use during assessment
- Observe the person's ability to understand and answer your questions and communicate with others
- Item takes into account both cognitive ability to communicate as well as speech related needs

Example Questions:

- Do you ever have difficulty making yourself understood?
- Are people able to understand your questions and ideas?

6. Making Self Understood (Expression): Coding

- **Understood** Expresses ideas clearly without difficulty
- Usually understood Person has difficulty finding the right words or finishing thoughts, but if given time, requires little or no prompting
- Often understood Person has difficulty finding words or finishing thoughts and prompting is usually required
- Sometimes understood person has limited ability, but is able to express concrete requests regarding basic needs (i.e. food, drink, etc.)
- Rarely/never understood –Understanding is limited to interpretation of sounds or body language

Note: The manual contains modified definitions for cases in which the primary difficulty is speech

6. Making Self Understood (Expression): Coding Examples

Making Self Understood	
Understood	Mr. A is able to communicate with you easily. He answers all your
	questions and you are able to understand his statements. No
	speech difficulties are present.
Usually	Mr. A is able to answer your questions, but he has difficulty
understood	finding the right words and needs time to answer your questions.
	Ms. B has speech difficulties and sometimes has to repeat herself
	or use synonyms for words that others are not understanding,
	but most people can understand her.

6. Making Self Understood (Expression): Coding Examples

Making Self Understood	
Often	Mr. A has difficulty answering your questions. You have to
understood	prompt him throughout the conversation and ask him to clarify if
	he meant certain words.
	Ms. B has moderate-to-severe speech difficulties. The assessor
	cannot understand most of what she says and family reports that
	she is also not well understood when in public by clerks,
	waitresses, etc. However, her family understands her well and
	caregivers come to understand her speech patterns overtime.
	She is able to communicate effectively with these people and
	these people help translate her requests when in public.

6. Making Self Understood (Expression): Coding Examples

Making Self Understood	
Sometimes understood	Mr. A has a lot of difficulty answering your questions. He is able to tell you that he needs to use the bathroom and that he is tired. You rely on his caregiver and documentation for some answers, but he still provides some of the needed information
	himself. Ms. B has severe speech difficulties but has learned signs for a few basic commands related to toileting and eating needs.
Rarely/never understood	Mr. A cannot answer any of your questions, and his caregiver provides you with all the answers.

7. Ability to Understand Others (Comprehension): Definition

- Item is only assessed for BI
- Understanding verbal information content (however able; with hearing appliance or other assistive technology normally used) whether communicated to the person orally, in writing, or through sign language or Braille
- This item measures the person's ability not only to hear messages but also to process and understand language

7. Ability to Understand Others (Comprehension): Process

 Observe the person's ability to understand and answer your questions

Example Questions:

- In an emergency, are you able to understand and follow directions?
- Do you need help understanding written materials, such as mail, emails, or texts?

7. Ability to Understand Others (Comprehension): Coding

- **Understands**—Clear comprehension
- Usually understands—Misses some part/intent of message BUT comprehends most conversation
- Often understands—Misses some part/intent of message BUT with repetition or explanation can often comprehend conversation
- Sometimes understands—Responds adequately to simple, direct communication only
- **Rarely/never understands**

7. Ability to Understand Others (Comprehension): Coding Examples

Ability to Understand Others	
Understands	Ms. B is able to answer all of you questions. She tells you
	about how she enjoys going out and socializing with her
	friends.
Usually	Ms. B is mostly able to answer your questions, but she
understands	sometimes has difficulty with details.
Often	Ms. B is only able to answer your questions after you
understands	repeat them or provide many examples.
Sometimes	Ms. B can answer simple questions about if she ate or
understands	bathed, but cannot answer complex questions.
Rarely/never	Ms. B is not able to answer your questions. Her caregiver
understands	provides you with the answers.

8. Hearing & 9. Vision: Definitions

• Hearing – Ability to hear (with hearing appliance normally used, if necessary)

- Vision Ability to see in adequate light with glasses or other visual appliance normally used
 - Adequate light what is sufficient or comfortable for a person with normal vision

8. Hearing: Process

- Evaluate hearing ability with hearing appliance in place if used; make sure battery works and device is on
- Ask person about hearing function and observe hearing function during interactions
- In addition to hearing loss, take into consideration other hearing challenges such as ringing in ears or inability to filter out background noise
- Use a variety of observations (e.g., one-on-one, group, etc.)
- Be mindful of environmental factors (e.g., outside noises, other conversations, etc.)

Example Questions:

- Do you hear well in a crowded room?
- Can you hear the doorbell?
- Have you had to increase the volume on your TV?
- Can you hear me?

8. Hearing: Coding

- Adequate No difficulty in normal conversation, social interaction, or listening to TV
- □ **Minimal difficulty** Difficulty in some environments
 - e.g. when the other person speaks softly or is more than 6 feet away, environments with more background noise than typical
- Moderate difficulty Problem hearing normal conversation, requires quiet setting to hear well
- □ Severe Difficulty Difficulty in all situations

e.g. speaker has to talk loudly or speak very slowly, or person reports that all speech is mumbled

No hearing

8. Hearing: Coding Examples

Hearing	
Adequate	Mr. C tells you that he uses hearing aids and is able to
	hear and respond to your questions.
Minimal	Mr. C has trouble hearing you from the kitchen when
difficulty	he leaves the table to get a glass of water. He asks you
	to hold your questions until he is back at the table.
	Ms. D usually hears just fine, but on bad days
	experiences ringing in her ears; this is distracting but
	she can still hear most conversations.

8. Hearing: Coding Examples

Hearing	
Moderate difficulty	Mr. C interrupts your questions to turn off the radio in the other room, as he cannot hear your questions.
	Ms. D has persistent ringing in ears that interferes substantially with hearing, but if people slow down and speak louder she can hear the conversations.
Severe difficulty	Mr. C asks you to speak up several times. He complains that everyone is always mumbling.
	Ms. D has severe ringing in her ears that makes it difficult to hear most all conversations, but some hearing is still present.
No hearing	Mr. C has profound hearing loss and cannot hear you.

9. Vision: Process

- Observe how the person moves around their environment
- Pay attention to how the person handles paperwork
- To test accuracy of findings ask person to read regular-sized print with usual appliances
- Be mindful that some people can't read so ask them to identify pictures/letters/numbers in regular sized print
- If person is unable to communicate or follow directions, observe person's eye movements to see if they follow movement (this method should only be used to determine if person has any visual ability at all)
- In addition to visual acuity (e.g., near sightedness, far sightedness), take into consideration depth of perception
 - The assessor may rely on observation of mobility or motor skills
 - If a person has challenges with both visual acuity and depth-ofperception, focus on the visual need that affects their independence and daily life functioning the most

9. Vision: Example Questions

- How is your vision?
- Do you have any problems reading labels or newspapers?
- Do you have any difficulty driving at night?
- Do you need large print materials?
- Do you have depth of perception issues?
- How does your impaired depth perception impact your daily life?
 - Can you pour a glass of coffee?
 - Can you move about your home safely?
 - Do you have trouble getting around in a store or public place?

9. Vision: Coding

- **Adequate:** The person sees fine detail,
 - including regular print. The person has normal depth-of-perception.
- Minimal difficulty: Person sees large print, but not regular print. The person has impaired depth-of-perception, but is able to manage independently and safely with adaptive equipment or modified approaches to daily tasks.

9. Vision: Coding

□ Moderate difficulty: Person has limited vision, is not able to see newspaper headlines but can identify objects in their environment. The person has impaired depth perception that limits independence in daily living tasks, transfers, or mobility; and/or safety risks are apparent due to impaired depth perception. **Severe difficulty:** Person's ability to identify objects in their environment is unknown, but person's eye movements appear to be following objects/people. **No vision:** Person has no vision; eyes do not appear to be following objects/people.

9. Vision: Coding Examples

Vision		
Adequate	Ms. D is able to read the fine print in the newspaper you ask her to read. She wears eyeglasses regularly. Ms. D has normal depth-of-perception.	
Minimal difficulty	 Ms. D can read the large print in the newspaper, but not the small print even though she wears her eyeglasses. She requested enlarged paperwork for the assessment. Mr. E has good vision in regards to print materials, but has impaired depth-of-perception due to loss of vision in one eye. Mr. E worked with an occupational therapist to learn how to use spatial cues and physical touch to accommodate his visual needs independently. 	

9. Vision: Coding Examples

Vision	
Moderate	Ms. D cannot read the headlines in the newspaper, but can tell you
difficulty	the names of objects that you point to.
	Mr. E is able to read large print materials and watch TV on a large screen, but he struggles more with impaired depth-of-perception, which impacts his mobility. He has learned to navigate his apartment, but he needs assistance when in new environments or in public. In the past, he fell because he couldn't tell that there was a step present and he also has a tendency to bump into people or objects.
Severe	Ms. D is not able to read the newspaper and she cannot identify
difficulty	the objects that you point to, though she is able to see their colors.
No vision	Ms. D is unable to see.

Practice Scenarios

Communication and Vision: Practice Scenario A

BI Only

Mr. R sustained a brain injury along with physical injuries in an auto crash. He now pauses often to find words and his speech is difficult to understand, but he is willing to repeat and rephrase his responses as needed. Despite his slowness in cognitive processing and physical difficulty in speaking, he expresses his responses clearly if given sufficient time.

How would you rate item 6. *Making Self Understood* for Mr. R?

Communication and Vision: Practice Scenario A Answer

Mr. R sustained a brain injury along with physical injuries in an auto crash. He now pauses often to find words and his speech is difficult to understand, but **he is willing to repeat and rephrase his responses as needed**. Despite his slowness in cognitive processing and physical difficulty in speaking, **he expresses his responses clearly if given sufficient time**.

Making self understood: Usually understood— Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required

Communication and Vision: Practice Scenario B

BI Only

Ms. A, 27, acquired a head injury from a skiing accident. She is working part-time at a childcare center, where she interacts effectively with the children, staff and parents, but she has trouble comprehending instructions in some instances, especially written ones. One parent dropped off some medication for her child along with administration instructions, but Ms. A did not administer the dose at lunchtime. When her supervisor questioned her about it, Ms. A said the instructions confused her.

How would you rate item 7. *Ability to Understand Others* for Ms. A?

Communication and Vision: Practice Scenario B Answer

Ms. A, 27, acquired a head injury from a skiing accident. She is working part-time at a childcare center, where she interacts effectively with the children, staff and parents, but she has trouble comprehending instructions in some instances, especially written ones. One parent dropped off some medication for her child along with administration instructions, but Ms. A did not administer the dose at lunchtime. When her supervisor questioned her about it, Ms. A said the instructions confused her.

Ability to understand others: Often understands—Misses some part/intent of message BUT with repetition or explanation can often comprehend conversation 87

Communication and Vision: Practice Scenario C

Mrs. E appears to have difficulty hearing. You had to speak loudly on the phone when making the appointment. When you arrive, the television volume is very loud. After she turns it down for the assessment, she asks you to speak up and appears to watch your lips when you talk. Her daughter speaks to her in a raised voice and mentions she has had a hearing aid for several years but her mother has misplaced it. Mrs. E reports the hearing aid doesn't work anyway.

How would you rate item 8. *Hearing* for Mrs. E?

Communication and Vision: Practice Scenario C Answer

Mrs. E appears to have difficulty hearing. You had **to speak loudly on the phone** when making the appointment. When you arrive, the **television volume is very loud**. After she turns it down for the assessment, **she asks you to speak up and appears to watch your lips** when you talk. Her daughter **speaks to her in a raised voice** and mentions she **has had a hearing aid for several years** but her mother has misplaced it. Mrs. E reports the **hearing aid doesn't work anyway**.

Hearing

Severe difficulty: Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)

Communication and Vision: Practice Scenario D

When you arrive at Mr. F's home, you notice several books and crossword puzzles lying on the table. His partner states that Mr. F has always loved to read and do crosswords. As you focus on one of the books, however, you notice it says "large print edition". When you ask about this, Mr. F says he had to change to large print books about a year ago, as the print in regular books and magazines is now too small for him to see.

How would you rate item 9. Vision for Mr. F?

Communication and Vision: Practice Scenario D Answer

When you arrive at Mr. F's home, you notice several books and crossword puzzles lying on the table. His partner states that Mr. F has always loved to read and do crosswords. As you focus on one of the books, however, you notice it says "large print edition". When you ask about this, **Mr. F says he had to change to large print books about a year ago, as the print in regular books and magazines is now too small for him to see.**

Vision

Minimal difficulty: Sees large print, but not regular print in newspaper/books