

Member Name:		
Member ID:		
Date:		
ADL: Mobility Transfers		
Do you need assistance getting in and out of bed or chair?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need cueing/standby assistance?	No Yes
	Do you need occasional assistance with transfer?	No Yes (Min)
	Do you need assistance to rise from sitting to standing and positioning use of walking apparatus?	No Yes (Min)
	Do you need assistance with changing position in bed or chair?	No Yes (Mod)
	Do you need total assistance with positioning or transferring?	No Yes (Max)
	Mobility/Transfers Impairment Level	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	
ADL: Ambulation		
Do you need any assistance walking?		No Yes
If Yes - answer these questions to determine impairment level.	Do you require supervision/standby assistance only?	No Yes
	Do you need assistance with putting on and removing leg braces or prosthesis?	No Yes (Min)
	Do you require occasional hands on assistance for safety?	No Yes (Min)
	Do you require hands on assistance to help with steadying or using steps?	No Yes (Min)
	Do you need assistance with ambulation using stairs?	No Yes (Min)
	Do you require hands on assistance at all times during ambulation?	No Yes (Mod)
	Do you require hands on assistance to help with wheelchair mobility?	No Yes (Max)
	Ambulation Impairment Level	Minimal Moderate Maximum
Narrative (will feed over to Functional Summary)		

ADL: Medications		
Do you need any assistance taking your medications?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need assistance with cueing or reminding to take medications?	No Yes
	Do you need assistance with getting a glass of water?	No Yes (Min)
	Do you need someone to bring you your medications?	No Yes (Min)
	Do you need assistance opening bottles/containers upon request?	No Yes (Min)
	Do you need assistance applying prescribed lotion/cream?	No Yes (Mod)
	Do you need assistance administering eye drops?	No Yes (Mod)
	Do you need assistance crushing pills/diluting powders?	No Yes (Mod)
	Medications Impairment Level	Minimal Moderate Maximum
Narrative (will feed over to Functional Summary)		

ADL: Bathing		
Do you need any assistance taking a bath or shower?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need cueing/standby assistance for safety?	No Yes
	Do you need assistance setting up supplies?	No Yes (Min)
	Do you need assistance in and out of tub or shower?	No Yes (Min)
	Do you need assistance drawing water?	No Yes (Min)
	Do you require assistance with back washing?	No Yes (Min)
	Do you need assistance washing lower extremities, arms, or shoulders?	No Yes (Mod)
	Do you need hands on assistance with most of the bathing process?	No Yes (Mod)
	Do you need full assistance with sponge, bed, or tub bathing and drying?	No Yes (Max)
	Bathing Impairment Level (Note: Hauling/heating water - add 30 minutes)	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	

ADL: Grooming			
Do you need any assistance with your grooming needs, like shaving, brushing your teeth, and combing your hair?		No Yes	
If Yes - answer these questions to determine impairment level.	Do you need cueing/standby assistance for safety?	No Yes	
	Do you need assistance with laying out supplies?	No Yes (Min)	
	Do you need assistance with brushing teeth?	No Yes (Min)	
	Do you need assistance with combing/brushing hair?	No Yes (Min)	
	Do you need assistance with nail care?	No Yes (Min)	
	Do you need assistance with shaving (arms, legs, face) as necessary?	No Yes (Mod)	
	Do you need assistance with washing hands/face?	No Yes (Min)	
	Do you need assistance with applying make-up?	No Yes (Min)	
	Do you need assistance with washing hair?	No Yes (Mod)	
	Do you need assistance with drying hair?	No Yes (Mod)	
	Do you need assistance with curling/braiding/setting hair?	No Yes (Mod)	
	Do you need full assistance with all grooming activities?	No Yes (Max)	
	Grooming Impairment Level (Note: Grooming needs required < daily should be calculated on partial time)		Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)		

ADL: Dressing or Undressing			
Do you need any assistance getting dressed or undressed?		No Yes	
If Yes - answer these questions to determine impairment level.	Do you need cueing/standby assistance for safety?	No Yes	
	Do you need assistance laying out clothes?	No Yes (Min)	
	Do you need occasional assistance with buttons, belts, zippers, putting on shoes?	No Yes (Min)	
	Do you always require assistance with buttons, belts, zippers, putting on shoes?	No Yes (Min)	
	Do you need hands on assistance getting into and out of garments?	No Yes (Min)	
	Do you need hands on assistance with putting on or removing footwear?	No Yes (Min)	
	Do you need assistance with donning/removing prosthesis and orthotics?	No Yes (Mod)	
	Do you need full assistance with all dressing and undressing activities?	No Yes (Max)	
	Dressing or Undressing Impairment Level		Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)		

ADL: Toileting		
Do you need assistance with toileting and using the bathroom?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need cueing/standby assistance for safety?	No Yes
	Do you need assistance preparing toileting supplies?	No Yes (Min)
	Do you need assistance with clothing during toileting?	No Yes (Min)
	Do you need assistance with toileting hygiene (toilet paper, hand washing?)	No Yes (Min)
	Do you need occasional assistance with catheter or colostomy care?	No Yes (Mod)
	Do you need assistance on/off bedpan?	No Yes (Mod)
	Do you need assistance with urinal?	No Yes (Mod)
	Do you need assistance with changing diapers?	No Yes (Max)
	Do you need assistance with changing external catheter/colostomy bag?	No Yes (Max)
	Do you need assistance with emptying catheter bag?	No Yes (Max)
	Do you need total assistance with toileting?	No Yes (Max)
	Toileting Impairment Level	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	
ADL: Passive Range of Motion		
Have passive ROM exercises been recommended?		No Yes
If Yes - answer these questions to determine impairment level.	Do you have passive ROM with upper extremity?	No Yes (Min)
	Do you have passive ROM with lower extremity?	No Yes (Mod)
	Do you have passive ROM with both extremities?	No Yes (Max)
	Passive Range of Motion Impairment Level	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	

ADL: Feeding		
Do you require assistance with eating and feeding yourself?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need cueing/standby assistance for safety?	No Yes
	Do you need assistance with setup and cutting food?	No Yes (Min)
	Do you need assistance with eating or drinking?	No Yes (Min)
	Do you need assistance with utensils/adaptive devices?	No Yes (Min)
	Do you need physical assistance with feeding some, but not all of the meal?	No Yes (Mod)
	Do you need total assistance with feeding?	No Yes (Max)
	Do you need assistance with tube feeding prep and administration?	No Yes (Max)
	Feeding Impairment Level	Minimal Moderate Maximum
Narrative (will feed over to Functional Summary)		

IADL: Cleaning	
Do you need assistance cleaning your house? (sweep, dust, wash dishes, vacuum)	
	No Yes
If Yes - answer these questions to determine impairment level.	Are you able to do most homemaking tasks?
	No Yes (Min)
	Do you need minimal assistance with cleaning?
	No Yes (Min)
	Do you need assistance to make beds?
	No Yes (Min)
	Do you need assistance cleaning up after personal care tasks?
	No Yes (Min)
	Do you need assistance with carrying out trash or garbage?
	No Yes (Min)
	Do you need assistance with dusting?
	No Yes (Min)
	Do you need assistance with cleaning bathrooms?
	No Yes (Min)
Do you need assistance with changing beds?	
No Yes (Mod)	
Do you need assistance with cleaning counters, stovetops, and dishes?	
No Yes (Mod)	
Do you need assistance with cleaning floors or living area used by enrollee?	
No Yes (Mod)	
Do you need total assistance with cleaning?	
No Yes (Max)	
Individual Cleaning Impairment Level	Minimal Moderate Maximum
Narrative (will feed over to Functional Summary)	

IADL: Laundry		
Do you require assistance doing your laundry?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need assistance gathering and sorting?	No Yes (Min)
	Do you need assistance with light hand washables?	No Yes (Min)
	Do you need assistance with folding and putting away laundry?	No Yes (Min)
	Do you need assistance with hanging clothes to dry?	No Yes (Min)
	Do you need occasional assistance transporting/loading/and unloading a residential machine?	No Yes (Mod)
	Do you usually need assistance transporting/loading/and unloading a residential machine?	No Yes (Mod)
	Are you unable to perform any laundry function?	No Yes (Max)
	Individual Laundry Impairment Level Note: No washer/dryer on premises (laundromat required) - add 60 minutes Note: Special laundry needs - add 60 minutes	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	
IADL: Shopping		
Do you need assistance with shopping?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need assistance with preparing a shopping list?	No Yes (Min)
	Do you need assistance with going to the store to purchase and pick up items?	No Yes (Mod)
	Do you need assistance with picking up medications?	No Yes (Mod)
	Do you need assistance with putting food away?	No Yes (Mod)
	Are you unable to do any shopping activity?	No Yes (Max)
	Individual Shopping Impairment Level	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	

IADL: Meal Prep		
Do you require assistance preparing your meals?		
	No Yes	
If Yes - answer these questions to determine impairment level.	Do you need assistance with meal planning?	No Yes (Min)
	Do you need assistance with preparing meals?	No Yes (Min)
	Do you need assistance with warming, cutting, serving prepared meals?	No Yes (Min)
	Do you need minimal assistance with breakfast and/or snacks?	No Yes (Min)
	Do you need occasional assistance using the microwave, stovetop, or oven?	No Yes (Min)
	Do you need assistance with opening jars/containers?	No Yes (Min)
	Do you need assistance with cooking full meals?	No Yes (Mod)
	Do you need assistance with grinding and/or pureeing food?	No Yes (Mod)
	Do you need total assistance with meal prep?	No Yes (Max)
	Individual Meal Prep Impairment Level	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	
	Companion Meal Prep Impairment Level	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	

IADL: Transport/Escort		
Do you require an escort for appointments?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need assistance with arranging for transportation?	No Yes (Min)
	Do you need someone to accompany you to medical appointments? (clinic, doctor's office)	No Yes (Mod)
	Do you need someone to wait with you at the appointment?	No Yes (Max)
	Do you need assistance with language translation or interpretation?	No Yes (Max)
	Do you need an escort less than once a month?	No Yes (Mod)
	Transport Impairment Level	Minimal Moderate Maximum
	Narrative (will feed over to Functional Summary)	
IADL: Durable Medical Equipment		
Do you use any Durable Medical Equipment?		No Yes
If Yes - answer these questions to determine impairment level.	Do you need assistance with cleaning your cane/walker?	No Yes (Min)
	Do you need assistance with cleaning your sliding transfer board/transfer bench?	No Yes (Min)
	Do you need assistance with cleaning your commode?	No Yes (Mod)
	Do you need assistance with cleaning your lift chair?	No Yes (Mod)
	Do you need assistance with cleaning your wheelchair?	No Yes (Mod)
	Do you need assistance with cleaning your Hoyer lift?	No Yes (Max)
	Do you need assistance with cleaning your power operated vehicle?	No Yes (Max)
	DME Impairment Level	Minimal Moderate Maximum
Narrative (will feed over to Functional Summary)		

Overnight Services		
Are overnight services required?		No Yes
If Yes - answer these questions to determine impairment level.	What do you need assistance with overnight? (Check all that apply)	Mobility
		Transfers
		Ambulation
		Medications
		Bathing
		Grooming
		Dressing
		Undressing
		Toileting
		Passive ROM
		Feeding
	Other	
	Impairment Level Select one and state your rationale for needed night services in narrative below:	Minimal Moderate Maximum
Narrative (will feed over to Functional Summary)		